

# Final Report of the Algoma Citizens' Reference Panel on Integrated Care

We are a group of civic-minded Algoma residents who are concerned about the health system, its services, and its delivery across Algoma. Some of us work in the health system. Some of us are caregivers. Some of us are frequent users of the health and social services system, while others are not. Collectively, we are all invested in the process of improvement and possibility afforded by the creation of the Algoma Ontario Health Team.







# Table of Contents

Letter from the Algoma Ontario Health Team and its Partners	6
Letter from the Panel Host	7
What Policy Makers Need to Know	8
Understanding the Reference Panel Process	10
Report of the Algoma Citizens' Reference Panel on Integrated Care	13
Introduction	13
Guiding Principles	14
Our Recommendations	16
Individual Panelist Reports	24
Appendix	27
Appendix A: Meet the Members	27
Appendix B: Detailed Meeting Summaries	37
Appendix C: List of Panel Speakers	43

# Letter from the Algoma Ontario Health Team and its Partners

On behalf of the Algoma Ontario Health Team (AOHT) and our partners from across the district, we would like to thank the 33 dedicated citizens from across Algoma who formed the Citizens' Reference Panel on Integrated Care and authored this report.

Integrated care means coordinating efforts across health and social service organizations to improve the experience of Algoma residents. This means that patients should receive a continuum of connected services from one large team, regardless of where care, services, and resources are accessed. As a new partnership, the AOHT is on a multi-year journey towards this goal, including collaborating with partners in the East and the North of Algoma. We want to create a network where citizens will have access to the right care, right team, and right care setting when they need it.

To this end, we felt it was important to hear from the community early in our journey about what matters most. This is why we convened 33 representative community members to form the Citizens' Reference Panel on Integrated Care. Over the course of a month, panelists had the opportunity to learn about the health system in Algoma and work together to craft guiding principles for care, identify priority areas for improvement, and recommend solutions for moving forward. The report highlights many of the ongoing themes that need to be addressed to advance integrated care in our District. Throughout this report, you'll see a focus on patient-centred and community-led work, restoration of trust in the health system, and commitment to diversity, growth, and innovation. Going forward, the panel's insight and recommendations will help us build the foundation of our first Strategic Plan and continue to guide us past the end of the pandemic and into our new normal.

We sincerely commend and thank the panel for their work to improve health services in Algoma, especially during this year of upheaval and change. We also want to acknowledge the hard work of the AOHT's engagement working group, who helped prepare our team for the work of the Citizens' Reference Panel and have committed to seeing this work meaningfully integrated into our strategic planning.

Finally, to you, the reader: thank you for taking the time to engage with this report. As you read through the panel's deliberations, we encourage you to reflect on opportunities for community collaboration and growth amongst all facets of the health system. We hope that you will be as inspired by the Citizens' Reference Panel as we are and prepared to join us on this journey to a better health system that truly serves the unique needs of Algoma citizens.

Sincerely and on behalf of AOHT and its partners,



**Dr. David Fera**  
Family Physician,  
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Algoma OHT



**Wendy Hansson**  
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Algoma OHT



**Stephanie Parniak**  
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CEO, Lady Dunn  
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North Algoma OHT



**Mary Ellen Luukonen**  
Co-Chair,

East Algoma OHT

# Letter from the Panel Host

It is with great pleasure that we present the final report of the Algoma Citizens' Reference Panel on Integrated Care to the Algoma Ontario Health Team (AOHT). This report is the outcome of close to 1,000 hours of cumulative learning and deliberation completed voluntarily by 33 randomly selected residents across the region.

In May 2021, the AOHT, and its partners across East and North Algoma, convened its first reference panel to bring together a representative and diverse group of residents from across the region. The Panel's task was to define a set of guiding principles for integrated care and provide recommendations for how the AOHT and its partners could strengthen care closer to home.

The Panel's work was not easy. Panelists were asked to discuss the future of the health system in the midst of a pandemic that has both demonstrated the importance of having a well-designed health system and highlighted some of its current fissures. The Panel also completed all of its work virtually - a challenge that the members accepted with patience and good humour. The panelists' enthusiasm and desire to work collaboratively despite these challenges is a testament to their civic-mindedness and their commitment to improving the health system in Algoma.

Over the course of their time together, panel members heard from 22 experts, ranging from AOHT staff, family physicians, nurse practitioners, social workers, health system leaders, frontline workers, patients, and caregivers from across Algoma. Together, the Panel weighed the benefits and drawbacks of the different solutions they learned about, considered the variety of perspectives they heard from, and reflected on the needs of those who were not in the room with them.

In this report, you will find a set of guiding principles as well as recommendations that cover a wide range of themes. The report stresses the need to design a health system that is patient centred and that considers the unique needs of people and local communities. In particular, it highlights the importance of improving access to primary health care, enhancing collaboration and information sharing between providers, and improving health literacy as ways to deliver more integrated care. In addition, panelists noted that recruiting, retaining, and developing health and social services staff is key to ensuring that all Algoma residents receive high-quality, culturally-safe care. Finally, the panel's report also stresses the need to rebuild trust between patients and providers as well as between health systems actors and the community.

We hope that these recommendations will prove useful to the AOHT and its partners, especially as the AOHT develops its first Strategic Plan and brings its vision of creating an integrated health system to life.



**Laurie Drake**  
Panel Host  
Algoma Citizens' Reference Panel on Integrated Care

# What Policy Makers Need to Know

Created in 2020, the Algoma Ontario Health Team (AOHT) brings together local health professionals, organizations, and community members to improve the coordination of care for Algoma communities and to work towards building an integrated health system for Algoma residents.

The AOHT and its health system partners convened their first reference panel – a group of representative and diverse Algoma residents – and asked them what principles should guide the health system, which issues are most important to resolve, and how care might be strengthened. Their recommendations will inform the creation of the AOHT’s first Strategic Plan as well as a Patient Declaration of Values, which will guide the health system in Algoma.

Over the course of six days in May 2021, the panel’s 33 members met virtually to learn about the challenges and opportunities facing the health system in Algoma. Together, they have produced a report that summarizes their vision for improving the health system and their vision for delivering more integrated care closer to home.

This summary highlights some of the cross-cutting themes you’ll read about in their report.

- 1. The health system in Algoma must do a better job of putting patient needs first.** The report demonstrates the panel’s concern that despite good intentions, the health system is not as patient-friendly as it should be. A fragmented health system that has historically led many actors and organizations to work in silos often leaves patients and caregivers in the lurch. In addition to causing frustration for many people, this fragmentation has also eroded people’s trust in the system, leading some patients to avoid seeking the help they need. Specifically, readers will note that a number of the report’s recommendations highlight ways to design a more patient-centred health system. For example, several recommendations promote the use of system navigators to help patients and clients navigate the broader health system. Other recommendations urge the AOHT and health partners to spearhead the development of patient experience standards and promote ongoing training to ensure greater consistency in the quality of service people receive. Finally, the report notes that easy-to-understand tools, resources, and instructions, will also help to empower patients.
- 2. Greater collaboration and coordination is needed.** The panel’s report stresses that one of the biggest barriers to delivering patient-centred care is the lack of collaboration and coordination within the health system. Organizations that would benefit from connecting don’t know about each other, electronic medical record systems are not well coordinated between providers, and communication between providers, patients and caregivers is poor. This lack of collaboration makes it difficult for patients to receive seamless and high-quality care. Several recommendations in the report present ideas for how to address this, including facilitating the sharing of information between providers, creating a publicly available asset map, and leveraging and supporting caregivers and people with lived



experience to facilitate collaboration between organizations and patients.

- 3. Algoma needs better access to services and more health professionals.** Algoma's vast geography makes it hard for many people, especially those living in the eastern and northern regions, to access the care they need. Moreover, a shortage of health professionals in certain areas often means that wait times for certain services can be long. Throughout the report, you will read recommendations for ways to address this, including developing a transportation coordination hub, creating a regional health human resources plan, and finding ways to attract and retain more health professionals.
- 4. New voices are needed at the table.** The panel's report highlights the importance of ensuring that residents, patients, caregivers, and frontline workers are included on advisory committees and governance bodies. Each of these groups should bring its expertise and insight to bear and help to ensure that the health system in Algoma is patient-centred, community-led, and locally driven. The report's recommendations also stress that including more Indigenous people and people with lived experiences of mental health and addictions is key to building a more equitable and culturally safe health system. Bringing new voices to the table will enhance the transparency of the system and go a long way in rebuilding trust with the community.
- 5. Focusing more on health promotion and upstream disease prevention can go a long way.** Whether it's working to identify "orphan patients" and connect them to a primary care provider, promoting health and wellness education, or improving mental health and addictions services before an individual reaches a crisis point, a number of recommendations in the report point to a desire to see the health system in Algoma focus its energy and resources more upstream. As the report discusses, doing so will allow more Algoma residents to live longer and healthier lives and reduce costs to the system, while also ensuring that people have greater access to the services they need.
- 6. Indigenous voices and knowledge must be included and elevated.** The panel's report highlights the importance of designing a health system that is culturally safe for everyone, especially Indigenous people who often do not feel safe accessing services. To do this, a number of the panel's recommendations point to the need to include more Indigenous voices at the table, recruit more Indigenous health and social service workers, and promote Indigenous knowledge and approaches to health and well-being.
- 7. Mental health and addictions is a particularly important issue to address in the region.** Readers of the report will note that all of these themes converge in the report's final section, which highlights the need for greater access to mental health and addictions services throughout the region. This will require more collaboration between different actors working in the health system, greater access to upstream services, peer support, and access to top-quality doctors and health and social service providers that use culturally-safe and trauma-informed practices.

# Understanding the Reference Panel Process

## CONTEXT

In May 2021, the Algoma Ontario Health Team and partners across North and East Algoma convened a reference panel consisting of 33 randomly selected residents from across the District of Algoma. The Citizens' Reference Panel on Integrated Care was asked to help shape the future of the health system in Algoma.

## MANDATE

Members of the Algoma Citizen's Reference Panel on Integrated Care were asked to identify guiding principles for integrated care and make recommendations about how to improve the health system in Algoma.

More specifically, panelists were asked to:

- Learn about the health system in Algoma and the challenges facing it;
- Understand different perspectives and approaches;
- Consider how different approaches could affect different communities in the region; and
- Work together to define principles for integrated care and provide detailed recommendations for strengthening care closer to home.

## MEMBER SELECTION

The panel consisted of a representative group of 33 randomly selected members from across the Algoma region who had received an invitation to participate via civic lottery.

In April 2021, 7,500 randomly selected households across Algoma received a letter in the mail inviting a member of the household 18 years of age or older to volunteer for the panel. In order to ensure a diverse panel composition, a few local health and social service agencies also shared the invitation with select patients and clients. From a pool of approximately 150 candidates who expressed interest, 36 residents were randomly selected in a blind process called the civic lottery, which also ensured the panel broadly represented the demographics of the Algoma region<sup>1</sup>. These demographics included geography, age, gender, disability, and socioeconomic level, as well as other factors such as whether the individual identified as either Indigenous, white, racialized, or as a visible minority. The selection process also ensured that some panelists identified as frequent users of the health system and others as infrequent, and that some panelists had a family doctor or nurse practitioner and others didn't.

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1. NB. Three selected panelists were unable to join the full panel.

Panelists were not experts in the health system, but rather volunteers from diverse backgrounds who contributed their lived experience to give advice on how to improve the system for all Algoma residents. Elected officials, doctors, nurse practitioners, and executive directors of health and social service organizations were not permitted to volunteer for the panel.

Panelists did not receive compensation for their work, but were offered child care reimbursements and appropriate technology, when necessary, to be able to log onto the meetings via Zoom. Panelists were also offered training and support to learn how to use Zoom.

## HOW THE PANEL LEARNED AND WORKED TOGETHER

Following their selection in April 2021, panelists met six times for a total of 26 hours. Meetings were held virtually on May 7, 8, 14, 15, 28, and 29.

The panel began on May 7th with an opening ceremony and land acknowledgement led by Marlene Syrette, a Traditional Knowledge Keeper working with Nogdawindamin Family Services, and then kicked off its first weekend of meetings with a learning program that provided some context for the health system in Ontario as well as a demographic and public health overview of the District of Algoma. The panel also learned about the role that health and social organizations and Ontario Health Teams play in organizing and delivering care in the community. Separate presentations on integrated care and primary care helped panelists to better understand these two ideas, which were central to their work.

Throughout the first weekend, panelists also heard from different stakeholders during a perspectives panel discussion that focused on the key challenges facing the health system in Algoma and discussed suggestions for how to improve it. Panelists then worked together to select the principles they thought should shape the health system in Algoma and identified the major issues they thought were most important for the AOHT and its health and social partners to resolve.

During the second weekend, the panel learned about Indigenous approaches to health and continued to hear from a wide range of stakeholders about the key challenges facing the health system and about suggestions for improvement.

Panelists continued their work of selecting and defining integrated care principles and also began to outline some solutions to the issues that were raised the previous weekend.

On the third and final weekend, panelists worked together to refine their principles and draft their recommendations for the AOHT and its health system partners. Panelists presented these principles and recommendations to the AOHT and its partners on Saturday, May 29. Marlene Syrette joined the panel again to lead a closing ceremony.



# WHO WAS ON THE PANEL?

**36** Members \*

Gender: **18 Female, 18 Male**

Age Bracket

18-29: **4** 30-44: **7** 45-64: **9** 65+: **16**

Members who identify as Indigenous: **6**

Members who identified as Francophone: **3**

Members who identify as a racialized or visible minority: **1**

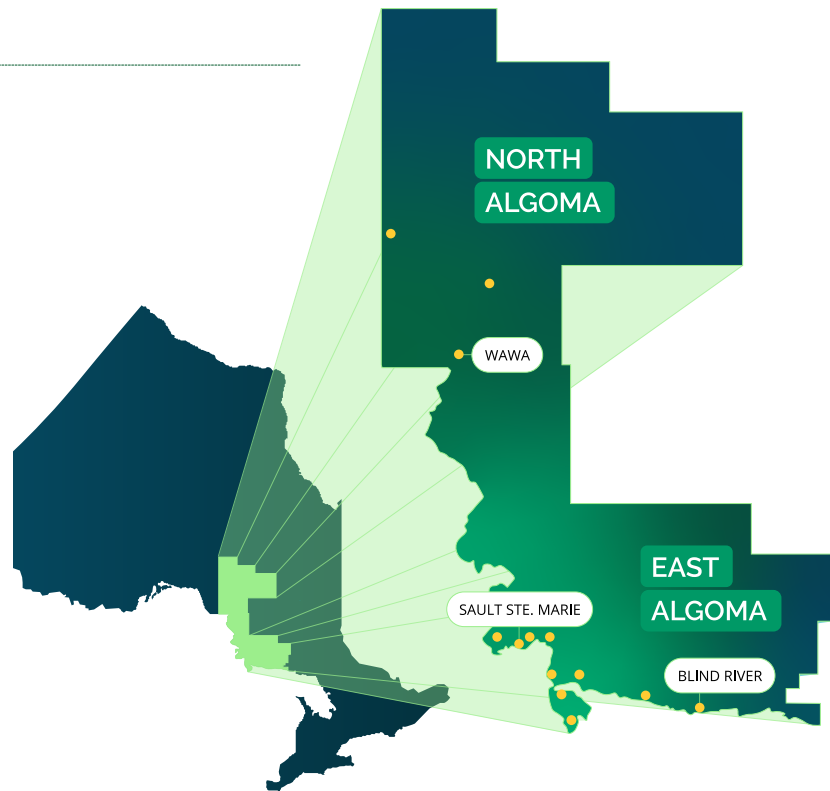
Members who identified as low-income: **7**

Access to a family doctor or nurse practitioner

Yes: **33** No: **3**

Use of Health Services:

Frequently: **15** Infrequently: **21**



\* Though 36 panelists were originally selected, three panelists were unable to join the full panel.

# Report of the Algoma Citizens' Reference Panel on Integrated Care

## INTRODUCTION

We are a group of civic-minded Algoma residents who are concerned about the health system, its services, and its delivery across Algoma. Our voices represent a diversity of ages, genders, and geographic locations within the region, and we all have varying experiences with the health system. Some of us work in the health system. Some of us are caregivers. Some of us are frequent users of the health and social services system, while others are not. Collectively, we are all invested in improving the health system in Algoma and are excited about the opportunity afforded by the creation of the Algoma Ontario Health Team and the work it is doing to create its first Strategic Plan.

Our passionate group of 33 individuals volunteered to be a part of the Algoma Citizens' Reference Panel on Integrated Care for various reasons. Some of us have had positive experiences with the health system, while others have had negative experiences. We're not everybody, but we hope to reflect the voices of all Algoma residents. Though we come from different parts of the region, as a group we believe strongly in the recommendations included in this report.

Over the course of three weekends, the Algoma Citizens' Reference Panel heard from health care practitioners, social service providers, academics, caregivers, and patients about the delivery of health and social services. The uniqueness of our region stood out for us. We were particularly shocked to learn that Algoma residents have a lower life expectancy than the rest of Ontarians, and that we have not only a greater number of self-identified smokers but also higher rates of chronic diseases and opioid-related deaths than other areas of the province. We learned about the dedication of all health and social service providers and their commitment to the delivery of quality care, but we also heard about some of the challenges facing the health system. They are many and varied. We were all moved by the story of a caregiver struggling to advocate for and support a loved one in a long-term care home during COVID-19; we were dismayed by the apparent barriers and challenges created by governance and funding structures, which can impede how health and social services are delivered; we were motivated by the dire need to improve how mental health and addiction services are delivered; and we were also deeply affected by how mental health and addiction issues disproportionately affect specific populations. Many of the challenges we learned about are systemic and call for broader change. However, many changes can begin in Algoma.

The Algoma Citizens' Reference Panel on Integrated Care was convened to provide guidance and direction to the Algoma Ontario Health Team (AOHT) and health and social service providers that are striving to improve integrated care in the Algoma region. The final report includes key principles to guide the AOHT and its partners, and also provides recommendations with specific

action items that we hope will guide their Strategic Plan to improve the health and well-being of all Algoma residents. We reflected on personal experiences, considered the information provided to us by the many speakers, and attempted to put ourselves in the shoes of those accessing health and social services in our region so that our recommendations reflect the needs of our local population.

## GUIDING PRINCIPLES

The following **five** key principles should guide the work of the AOHT and its partners

### 1. Patient-centred and culturally safe

**The health system in Algoma must provide patient-centred and culturally safe care in all interactions and at every level.**

We expect that all patients and caregivers in the region will be treated with respect. Patients will be treated in an equitable manner, with their individual holistic needs put first. Providers will promote patient autonomy and foster collaborative, respectful, and safe patient-provider partnerships. Together, this will enhance trust in the health system and improve our health.

### 2. High-quality

**The health system in Algoma must deliver high-quality excellent care.**

We expect that health and social service providers will work to innovate care for Algoma residents and will be accountable to the public they serve. High-quality care also means that everyone in the health system will work with professional civility and collaborate with others to continuously improve and advocate for excellent care.

### 3. Universally accessible

**The health system in Algoma must be universally accessible. It must be easy to navigate, easy to access, and easy to understand for everyone involved.**

We expect that no matter who you are and where you live, services should be easy to get to, close to home, and user-friendly. Patients should feel in control of their care, and know what to expect and how to access the services they need. Pathways to care should be barrier-free and transparent, especially for specialist services.

## 4. Community-led

**The health system in Algoma must be reflective of local community voices, needs, and circumstances.**

We expect the AOHT and its partners to plan a health system that recognizes and acts upon the distinct and evolving health needs across the region by understanding, acknowledging, and including the voices of patients, caregivers, frontline workers, and clinicians at all levels.

## 5. Strengthening population health with primary health care

**The health system in Algoma must prioritize the promotion of health and wellness and be rooted in primary health care approaches.**

We expect the health system in Algoma to consider the social determinants of health and address health inequities when designing and delivering care. This will promote and enhance the holistic health and well-being of all Algoma residents and build healthier communities.



## OUR RECOMMENDATIONS

### Theme 1: Collaboration

#### The issue:

Currently, most health and social service organizations and providers<sup>2</sup> are working in isolation and aren't communicating effectively. This disconnect does not foster a collaborative approach to patient-centred care and leads to poorer patient outcomes that are ultimately taxing on the health system.

#### Our vision for the future:

In the future, health and social service providers will collaborate more seamlessly as they work together to deliver high-quality integrated care and improve patient outcomes. This will happen through on-going, transparent, and accountable communication among and between health and social service providers, patients, and caregivers. As a result of this collaborative approach, patients will receive wrap-around and continuous care, resulting in better patient outcomes.

#### Our recommendations:

To achieve this, the Algoma Ontario Health Team and its partners should:

- Ensure that frontline workers, care providers, and patients are embedded in governance structures and advisory committees so that decisions reflect the community's needs.
- Promote the use of system navigators to foster stronger communication and collaboration between health and social service providers and coordinate care for patients, especially those with complex or chronic conditions.
- Work with health and social service providers as well as community partners to map out existing services and realign budgets to address the region's most pressing issues.

### Theme 2: Access to services

#### The issue:

Access to health services in Algoma is uneven and particularly difficult for residents living in Northern and Eastern Algoma as well as outside the larger Sault Ste. Marie area. This prevents many people from receiving the care they need, when they need it.

Currently, the following access issues compromise the overall health and wellness of Algoma residents:

- There is an insufficient number of primary care providers;
- Patients experience long wait times and delays for specialized services;

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2. This includes primary and acute care, mental health and addictions services, long-term care, home and community care, public health, social services, and ambulatory/outpatient care.



- Many people lack safe transportation options to get to their appointments;
- Caregivers are undervalued and aren't provided with the supports and resources they need;
- Care pathways are absent for at-risk groups; and
- Many people are unable to access digital care due to lack of hardware and internet connectivity.

Many of these issues are particularly acute for older adults and people experiencing mental health and addictions issues, who require more accessible care.

### Our vision for the future:

In the future, the health system in Algoma should ensure that everyone has equitable access to the health and social services they need. By innovatively addressing the access gaps in the health system with compassion and cultural sensitivity, individuals and groups in the region will receive appropriate care without putting themselves at greater risk.

We also envision a health system that provides greater access to primary health care and connects residents to vital community resources (such as nutritious food, grocery stores, and recreational activities). In the future, the health system will also provide caregivers with greater support and access to resources.

### Our recommendations:

To achieve this, the Algoma Ontario Health Team and its partners should:

- Address transportation issues by:
  - Establishing a coordination unit that would link patients to existing transportation services; and
  - Creating new transportation solutions to address existing shortfalls in rural areas.
- Partner with primary care providers to create a program that identifies and connects "orphaned patients" to primary care providers and refers them to a system navigator if appropriate.
- Provide caregivers with training and support to enhance their ability to provide care to patients throughout the health system.
- Strengthen and develop partnerships between frontline social service workers and health care providers to ensure that patients, especially those in vulnerable groups, can access important social services. This can include but is not limited to safe housing, nutritious food programs, and recreational activities.

## Theme 3: Recruitment and Development

### The issue:

Currently, the health system in Algoma is understaffed and relies on recruitment methods that are not always effective. As a result, the region experiences difficulties in recruiting and retaining health and social service workers including nurses, clinicians, social workers, etc. This may be due to a lack of work/life balance, unattainable skill development opportunities, or a lack of housing and other services. For residents in Algoma, this shortage means that wait times are often lengthy and many find it difficult to access primary health services. In addition, many health professionals in Algoma lack appropriate cross-cultural education training, which leads many patients to have poor experiences with the health system and with health and social service providers.

### Our vision for the future:

In the future, the health system in Algoma will have the human resources it requires to ensure that every resident has a primary care provider and access to the health and social services they need. Providing all workers with a variety of incentives, highlighting the culture of the region, adopting innovative recruitment methods, and providing staff with opportunities to develop their skills will entice health and social service workers to come and stay in the region. Ultimately, this will improve the health outcomes of all residents in the region, decrease wait times, and ensure that more people can access the health and social services they need.

### Our recommendations:

To achieve this, the Algoma Ontario Health Team and its partners should:

- Conduct and publish studies to better understand the health human resource needs of the region, including identifying the region's need for primary care physicians, nurse practitioners, social workers, etc.
- Collaborate with universities, including the Northern Ontario School of Medicine (NOSM), to identify ways to attract more students interested in working in the health system in Algoma.
  - This could include identifying financial incentives and creating scholarships that will attract and retain students.
  - In particular, the AOHT should focus on creating and promoting financial scholarships for Indigenous students who are interested in working in the health system.
- Establish a regional recruitment committee to coordinate the recruitment of health and social service workers to the region.
  - In particular, the committee should work with NOSM to improve and expand its residency training programs in Algoma.
- Provide mandatory cultural safety training for all staff working in the health system.

- Survey local health professionals to identify and implement recruitment and retention incentives.
  - This should include identifying the deterrents that prevent health workers from staying and working in the region as well as exploring professional development needs that would encourage greater retention.

## Theme 4: Health Information Management

### The issue:

Currently, health and social service providers lack a coordinated way to access patient records, making it difficult for providers to share information with each other and with their patients.

### Our vision for the future:

In the short term, health records should be easier for health and social service providers and patients to access and share information. A more coordinated health records management system will improve information sharing between those working in the health system, reduce inaccuracies in patient medical records, and help providers to deliver high-quality patient-centred care. This will reduce stress on patients and their families and increase people's trust in the system. In the long term, a centralized health records system should be established to share and transfer information seamlessly.

### Our recommendations:

To achieve this, the Algoma Ontario Health Team and its partners should:

- Create and implement a plan to advance information sharing among organizations and allow for the seamless transfer of patient records across providers.
- Promote the use of online patient portals to provide patients and caregivers access to their health records.
  - Customer support services should be offered to ensure that patients have the support they need to access the portal.
- In the long term, work with health professionals and organizations to adopt a centralized health records management system for the region.

## Theme 5: Low Levels of Trust

### The issue:

Currently, many patients struggle to trust the health system. Many patients do not feel listened to, and some feel that medical staff make assumptions or decisions that don't benefit patients and don't appear to be grounded in best practices. This leads some people to avoid proactively seeking the health and social services they need, which ultimately increases costs to the health system and results in poorer health outcomes.

Specifically, residents lack trust in the health system for the following reasons:

- There is inconsistent quality of service across organizations and providers;
- Patients have experienced poor communication and follow-through when referrals to specialists have been made, when patients are transitioning from hospital to home or long-term care, and when patient complaints have been filed;
- Many issues are not dealt with proactively and require people to make complaints and escalate issues before they are resolved; and
- Some patients find practitioners and health care staff to lack empathy and be unprofessional.

Moreover, many people do not trust that those working in the health system are willing or able to make change happen. While public engagement initiatives do take place, there is often no follow-through on their impacts.

### Our vision for the future:

In the future, Algoma residents will trust the health system. Patients will feel actively engaged and included in their own health management. Health professionals will respect and listen to their patients while working with them to identify their issues and discuss their options.

In the future, the AOHT and its partners will also be more accountable to the public. It will work with residents and patients to seek advice and guidance and will implement their recommendations. The AOHT and its partners will also develop processes for documenting and responding to patient feedback and complaints and share information about local health issues and health needs. Together, this will enhance transparency and support public accountability.

### Our recommendations:

To achieve this, the Algoma Ontario Health Team and its partners should:

- Develop a set of standards for patient care to allow patients to better understand what to expect.
  - These standards should promote the use of email and text (with the patient's consent) to send follow-up reminders and after-care information.

- Develop a transparent and easy-to-use customer service website where comments and concerns are shared publicly, and where people can provide feedback, record complaints, and have their questions answered in a timely manner.
  - This could include online forums and/or an AOHT Ombudsperson.
- Ensure ongoing staff training, notably on delivering patient-centred care and enhancing public accountability.
- Regularly identify and adopt best practices to improve the delivery of patient-centred care in Algoma.
  - This should include examples occurring within Ontario and around the world.

## Theme 6: Health Literacy

### The issue:

Currently, there is limited information about health and social services and how and when to access them, which makes it difficult for patients to navigate the health system. Moreover, the region lacks a standardized community health education program, and the ones that exist are underutilized and not effectively promoted.

### Our vision for the future:

In the future, the health system in Algoma should be easy to navigate and accessible. It will promote greater health literacy so that residents will know about local health issues and understand how to enhance their own health and well-being as well as how and when to access the services they need. In addition, health promotion and harm reduction will be cornerstones of the health system.

### Our recommendations:

To achieve this, the Algoma Ontario Health Team and its partners should:

- Have easy-to-understand, accessible, and widely promoted care pathways. This information should be publicly available and used by system navigators to help residents better understand how and when to access services and what care they can expect to receive.
- Develop and amplify Indigenous knowledge and approaches to health and well-being in health education programs where appropriate.
- Encourage the creation of personal health and wellness management programs for all ages. This could include:
  - Working with teachers and health providers to develop educational materials that align with the current curriculum; and
  - Building partnerships with schools and other community groups to deliver programs.

- Create and share an Algoma region health and social services asset map.
- Ensure all public health information is culturally safe, is provided in multiple languages, and is written in easy-to-understand language.

## Theme 7: Mental Health and Addictions

### The issue:

Due to the rising burden of mental health and addictions issues in Algoma, there is a shortage of trained professionals and many are leaving the profession because of burnout and organizational challenges.

As a result, the health system fails to provide immediate, easy to access, empathic, culturally appropriate, and trauma-informed mental health and addictions care. This leads to missed opportunities to support people and their loved ones when they are ready for care, specifically before and after a crisis. The lack of high-quality care causes many people to experience stigmatization, which pushes some people to self-medicate.

### Our vision for the future:

We envision a future where mental health and addictions in Algoma are no longer stigmatized and all health and social service providers use empathic, culturally appropriate, and trauma-informed approaches. People and families will have easy and immediate access to publicly funded, interdisciplinary treatment when they are ready for it and not only when they are in crisis. Patients will work with a system navigator to support their treatment and after-care. Health and social service providers will also focus on prevention. When this happens, there may be a reduction in overdose deaths, self-medication, and self-harm.

### Our recommendations:

To achieve this, the Algoma Ontario Health Team and its partners should:

- Provide mandatory mental health and addictions training to all health and public service professionals, including but not limited to physicians, social workers, teachers, police, and housing workers.
  - This training must be trauma informed and promote cultural safety.
- Encourage the use of system navigators to help triage and coordinate care for patients experiencing mental health and addictions issues to improve the intake experience and connect people with other health and social services they might need.
  - System navigators should prioritize an intersectoral and holistic approach to client wellness plans.
  - People with lived experience should be hired and trained for these roles and should receive equitable pay.

- Encourage all health organizations to conduct an internal mental health assessment, review current employee treatment standards and clinician mental health, and identify ways to support health and social service providers and prevent burnout.
- Prioritize the following programs and services: prevention and after-care programs, 24-hour crisis services, family/victim services, and safe consumption sites.
- Ensure that all communities, notably those in rural areas, have access to a full continuum of mental health and addictions services.
  - This could include non-medical, creative ways for residents to access community care when they need it as well as a detox centre in Algoma's far north.

## INDIVIDUAL REPORTS

Panel members were invited to submit individual reports to highlight additional ideas that were not captured by the panel's recommendations, or to offer dissenting opinions on the group's work.

### Connie Miller:

Maybe the work of this panel puts my desired recommendation out of scope, but I was disappointed that we didn't recommend that a network be established. My vision would be to have health care clinics distributed throughout Algoma. There are some of these already, and I noticed that there are good design features in the Thessalon Nurse Practitioner's Clinic and some at Blind River which are under-utilized. By putting primary care givers and auxiliary personnel in central locations, access would be improved for patients and acute problems could be dealt with promptly when a "solo" provider was busy or on vacation. Unlike southern Ontario, there are few walk-in clinics here and they have some problems too. Now is a good time to meet the needs with a network of clinics with audio/visual consulting capabilities to contact remote medical specialists. These clinics could eliminate the rostering system which is often problematic and expensive. Clinicians also drop patients, sometimes without warning, from their rosters if they are not frequent users of their services. The model used for nurse practitioners could be used for doctors: salaried with set hours. This approach would also mean that NOSM graduates would not need to borrow money to set up a physical clinic or pay for staff. The new physician could concentrate on what they do best and practise medicine.

In the reports section about health information management, I would have liked to see the recommendation for "centralized EMR for all of Algoma" and also ask for a "centralized EMR system for all of Ontario." A centralized provincial EMR system would prevent problems when patients move across the province and would enable specialists (both in Algoma and across the province) to access the medical records of Algoma residents no matter where they receive specialist care. Their records would be accessible to both the patients and referring clinicians.

When it comes to health literacy, I think Algoma residents could benefit from an enhanced directory using the existing 211 and 311 systems to improve service navigation. For example, a person could call 211 for government services which might be available including many in the health care fields, even to lodge complaints. A person could call 311 also if it is a community service which may include transportation, recreation, or support groups.

### Antoni Stasie

Patient-centred, Trust, Transparency, Reactive to local needs, Reflect community voice, Accountable to the public, Empowering, Responsiveness.

The above phrases kept coming up in group discussions. We heard emotional, gut wrenching stories of individual interactions with the health care system. They literally brought tears to our eyes. In the interest of privacy, I will not go into the details of these stories but my fellow panel members know of what I speak.

The underlying message common to all these stories was a cry: "Listen to me, hear me."



We were only 33 panelists listening to each other and proposing recommendations and solutions. Imagine if all Algoma citizens had a way to participate.

AOHT, if you truly want to listen to the people and be patient- and community-centred, there is a way to enable broader participation. Develop an easily accessible website that all Algoma residents can access to leave their comments, concerns, and suggestions. Call the website Algoma Health Forum. A place where residents can discuss health issues with their neighbours. A place where health care providers, social services providers, and administrators can learn about the concerns of those living in the community. A place where the individual can ask a specific question, speak to a specific issue, and read what their neighbours think about the same issue. A place where the individual can receive a reply to their question or concern by an official who is enabled to act on the same.

Eight years ago I set up such a site called “Island Health Forum” to address health issues on St. Joseph Island. A website-enabling firm out of Denmark offered the service and provided many templates to choose from. I chose the colour background, the font, the pictures to add. It was a simple site where people could either type their comments directly or cut and paste into the site. I did not limit the number of words that could be posted. In the page preceding the posting page, I only declared that profane or disrespectful language is not welcome and could lead me to delete a particular post. The issue never came up. All posts were respectful. The site did not have any annoying ads. It had a semi-bold large font that was easily legible. One had the option of entering their full name, first name, or even staying anonymous at the beginning of their post.

My main challenge was how to advertise the site. A small notice in the local newspaper helped but this did not reach out to the catchment townships which also relied on Matthews Memorial and the adjacent clinic for health services. I ended up printing business cards with the web address and dropping these off at various commercial sites for distribution. Mostly it was word of mouth that eventually popularized the site. I was asked to join the local hospital board shortly afterward. This was a particularly hectic time in the history of our rural health care, and as a board director, I had a lot of information to pass on to my neighbours, and they had a lot to comment on. I found that there was a small core of people that were always posting and very active in participating but the greater majority were just content to read and not comment. I think that somewhere on the order of ten percent participated regularly. I kept the website open for about a year and a half. After our hospital was secure and two new doctors had committed to serving in the community, there was little to talk about and interest waned.

### **Suggestions for this Forum:**

The AOHT has a website, and under the general tab “Learn More” then “News” there is a provision for someone visiting the site to post their comments under each news item. The first news item was posted in May of 2019 and the latest in March of 2021. During that time frame, there is not a single comment on anything from the general public. The reason for this can range from unawareness of the site, to disinterest about a particular news item, to an inappropriate web format, to general apathy. I think it is a combination of all of the above.

First of all, make the focus of the forum client-based. Let those accessing the health care system tell you what is important to them and where the deficiencies are. Don’t leave them only with the

option of commenting on the news items you put forward to them. My site allowed people to see in real time what they were posting. When they were satisfied with their comment, they pressed a button called "Submit" and their words appeared date-and-time stamped, with their name (if they chose to use it), alongside existing comments from their neighbours. I believe people really liked to see their words on the internet. They could return when they wished to see if others had left any comments.

The key to the success of the site will be advertising. Advertise the new forum in a well-sized ad in *The Sault Star*, on local TV, on social media like Facebook, on posters placed in the waiting rooms of health and social service providers, at Walmart and grocery stores. The most effective means, to my mind, is to send out a flyer to be delivered by the postal system as bulk mail. The more you advertise the more participation you will get.

A few final recommendations. Make it clear that the purpose of the website is not to vent personal grievances against specific individuals. It should not turn into a doctor rating site. If someone wants a personal reply to some issue, allow them to leave an email address. This email address should not appear on the posting page but rather on a separate protected page which will remain confidential. Allow spell checking on the website. When my site was running, a few of my fellow islanders called me and said they would like to comment but were embarrassed by their spelling ability. I showed them how to use email which does have a spell check ability and then cut and paste into my site.

Initially the site can be administered by an AOHT employee, but if participation materially increases it should be handled by someone outside the organization acting much like an ombudsman.

# Appendices

## MEET THE MEMBERS

### Allison Bromell-Hurley

Hello, my name is Allison. However, most refer to me as Allie. In my free time, I enjoy being active, especially outdoors, as well as appreciating musical and visual arts. I am 25 years old and a recent graduate from the Sault College Personal Support Worker program. I am also an active advocate for a better health care system by researching and promoting transparency through education within the system. I believe that the majority of people wish for the best possible health care, and the best place to begin with that endeavour is within the community where I live. In my education, I chose to research the politics behind the health care system. That being said, I consider being a member of this panel an amazing opportunity to both thrive and to make an impact. I am eager and excited to voice my opinions and to hear the opinions of others with similar goals. I very much look forward to meeting and learning about all of the other panel members and participating in progressive discussions. Thank you and stay safe.

### Anna-Liisa Klockars

I was born and raised in Wawa and returned after completing university in 2009 with an honors degree in Psychology. I am married with two children. I have been working for Algoma District Social Services Administration for 11 years—9 years as a Client Services Worker delivering the Ontario Works program and the last 2 years as a Housing Services Supervisor. I am an avid outdoor enthusiast and enjoy hiking the provincial parks in the North. I sit on the local arts and cultural non-profit group, which aims to develop, promote, and support the arts and cultural diversity in our community. Having grown up and worked in social services, I have encountered firsthand the services, supports, and resources (especially funding) that our community and Algoma lack. In order for citizens to prosper, their basic needs must be met, which include but are not limited to access to physical and mental health supports and safe affordable housing. I volunteered for this panel to help address these issues and concerns.

### Anthony Pagnotta

I was born, raised, and have lived in Sault Ste. Marie for all 32 years of my life. I come from a computer science background, having a Bachelor's and Master's in Computer Science, and have been working in the software development industry for the past decade. I also have a passion for education, as I teach as a Sessional Instructor at my alma mater, Algoma University. In my spare time, I'm always searching up the latest things in tech or playing video games. In the winter I like to ski. I volunteered for this panel because as a technologist and a futurist, I see the possibilities that are available for integrating tech into our health services and would love to give my insight into how we could make things better.

## Antoni Stasie

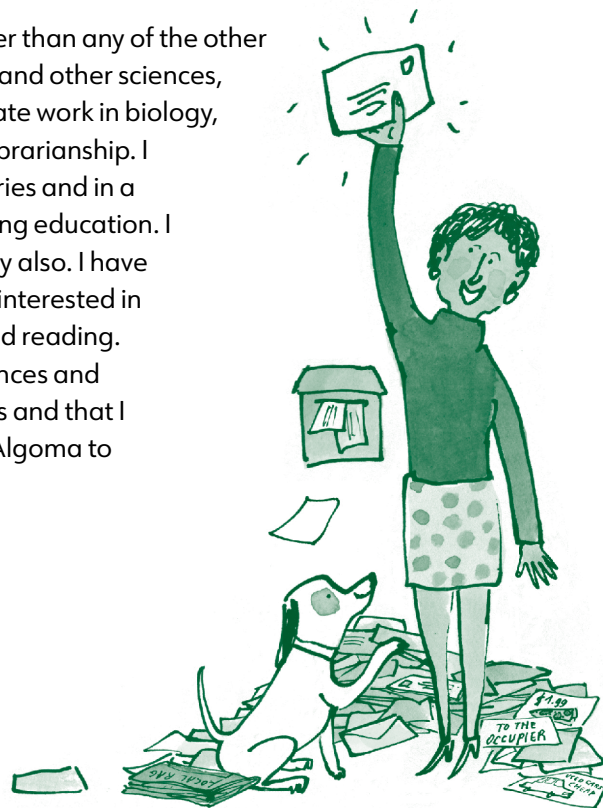
I grew up in Thunder Bay and graduated from the University of Toronto with a degree in economics but opted for a more adventurous career as a Canadian military officer. After 21 globe-trotting years, my final posting found me in Washington D.C., and rather than return home I turned south and cruised the Caribbean for a dozen years living on our sailboat. On returning to Canada, my wife and I bought a forested property on an island in the North Channel. Here with a more pastoral lifestyle, our main activities include gardening and forest husbandry. I also served on the Board of the local rural hospital during a time when the survivability of said hospital was in doubt.

## Brian Kucherepa

My name is Brian Kucherepa and I am in my 77th year. I have no dogs or cats but I do have a resident fox which I feed. I have resided in a township just outside of Sault Ste. Marie for the last 46 years, and have been happily married for 50. My wife has chronic back pain and is limited in her physical activities. I am her caregiver. My three children who are in their forties work in southern Ontario. All have university degrees and two of them are professionals (a doctor and a lawyer). I taught elementary school for 30 years and have been retired for 20. We have been snowbirds for the last 10 years, residing in Mexico during the winter.

## Connie Miller

I have lived near Iron Bridge for 13 years, longer than any of the other 42 places where I have lived. I studied biology and other sciences, taught in high schools, did a full year of graduate work in biology, and later got an M.Sc. Degree in biomedical librarianship. I have worked in university medical school libraries and in a clinical lab doing library research and continuing education. I studied chemical and biological oceanography also. I have three grown children and now live alone. I am interested in science, nature, gardening, cooking, music, and reading. I volunteered for the panel hoping my experiences and observations might help initiate improvements and that I can better understand how to help people in Algoma to access resources.



## David de Geus

I live with my wife and our two young girls in Echo Bay. I grew up in Nova Scotia and attended Acadia University and later the University of New Brunswick. Coming to Ontario in 2003, I have resided in a few communities in the Algoma District. I am an active soccer player and enjoy spending time at home gardening and practising sustainable forestry on our family's farm and woodlot property. I volunteered for the panel because I am interested in being part of this opportunity to influence positive change in how health care services are delivered in Algoma.

## Debbie Shamas

I was born and raised in the lovely town of Blind River. I left to attend university and completed my post graduate studies with a Master of Education from the University of Ottawa. I taught for over 25 years in Brampton before eventually making my way back up north to my hometown. I am currently the Vice Principal of Rockhaven School for Exceptional Children which is located in nearby Serpent River. My hobbies include reading, pickleball, bike riding, gardening, and being at the beck and call of my two cats. I am excited to be part of the Algoma Citizens' Reference Panel to help improve access to health care for both myself and my family and problem-solve some of the challenges that are unique to the north.

## Douglas Heggart

I have been a resident of Blind River for the past 15 years. However, I lived in Sault Ste. Marie from 1967 to 1998, when we relocated to Hwy 129 north of Thessalon until 2006. I was a College educator for 31 years (Science and Mathematics) and an owner and operator of a Tourist Camp (Snowshoe Camp) for 26 years. I have a BSc degree in Chemistry from Carleton and an MA in Education from Central Michigan University. I have been a medical driver and a Meals on Wheels volunteer for the past 15 years as well as a fundraiser for the programs. I am an avid gardener with a greenhouse which permits me to germinate hundreds of seedlings which I share with friends and family. This year I have tomatoes that as of today (April 21) are blooming or have green tomatoes on the plants. We have a large property with numerous maple trees that we tap and make our own syrup. Our flower and vegetable gardens are an enjoyment for my wife and me. We have a cottage on Hwy 129 (Wakomata Lake) which is used by us, our friends, children, and grandchildren. All of us are avid anglers, some better than others. I believe that I may have some skills that would benefit the panel. We have had some health issues that have affected our lifestyle. My wife has had to visit the Princess Margaret eye clinic for the past 20 years. I had a hip replacement in 2015 and cataract surgery in 2018 and I'm likely to have a second one. My driving of clients has exposed me to some problems they encounter when seeking medical help.

## Elizabeth MacMillan

I am a young single mother of three sons (ages 19-16-12). My own single parent had traumatic brain injury and epilepsy, so being a caregiver is something that comes easily to me. Having very little education, I have been on social assistance many times, even after I gained my B.A. in Community Economics and Social Development, so I could engage with the local educational system to help bridge the gap for young learners by providing them with edible gardening lessons that they could continue to utilize inside and outside of their classrooms. I am a passionate person

who believes that folks should have access to healthy foods even when they have no money. I was also Algoma Public Health's 2019 Public Health Champion. I'm currently planning for more school gardens, and working with a certified nonprofit that also looks to grow more food while connecting folks to skills and experiences that will enrich everyone's lives.

## Frank Donnelly

I am a graduate of Queen's University ('55) in Physical Education. I taught for 9 years, then attended the Institute for Child Study at the University of Toronto. I worked for 3 years in the Psychology Department of the Sault Ste. Marie Board of Education, then served as Vice Principal for 4 years and Principal for 16 years in two high schools. I retired in 1988 then established an adult education program for three years. I played basketball for Queen's and later with Sault Ste. Marie 49th Gunners. I enjoy playing tennis and golf. I've been married for 64 years, have a daughter, two sons, and two grandchildren. I have had several surgeries including knee replacement, colon cancer, and gallbladder removal with complications. I am also a caregiver for my wife who has mild onset of vascular dementia.

## Gerald Jean

I am a resident of Elliot Lake and have lived here since June of 2005. I obtained a Political Science degree from Laurentian University, a Teaching degree from the University of Ottawa, and a specialist degree in French parts 1/2 and 3 from the Ministry of Education. My teaching career lasted 35 years in total—Elementary (12 years), Secondary (23 years), and nights and part-time at the College level. My favourite hobbies are camping and hiking (all over the world if possible). I volunteered for this panel because I believe that all voices must be heard. In short, our health system must reflect and care for the needs of all Algoma residents.

## Gretchen DelGuidice

My name is Gretchen and I am a Registered Psychotherapist. I reside in North Algoma and have lived and worked here for almost 14 years. I am the mother of three daughters aged 18, 16, and 7. My husband has resided in North Algoma for the majority of his life. I currently work in private practice. My family enjoys time at our camp and horseback riding. I emigrated from the United States to Canada in 2003. I grew up on a farm in a small community in the state of Indiana. My grandparents built our camp prior to my birth and my favourite childhood memories are here at the lake. My work experience includes child protection and mental health & addiction. Recently, I made the decision to leave my employment to become a private counsellor. I continue to support my community in the area of addiction and mental health. I applied to become part of this panel due to the lack of services North Algoma regularly struggles with. There are not enough services for our growing and transient worker populations. My hope is this panel will bring forward important information to help increase awareness of the needs of our northern and rural communities.

## Hannah Lettieri

Born and raised in Northern Ontario, I spent my childhood and adolescence in Sault Ste. Marie. After attending the University of Guelph and Nipissing University, I decided to move back to the Algoma region to seek employment as an elementary teacher. I was initially hired to teach in Elliot Lake, and also had the opportunity to teach in the small town of Massey. I am presently the “Transitions in Canada’s Two Official Languages Special Assignment Teacher” for the Huron-Superior CDSB. I live in Sault Ste. Marie and enjoy taking advantage of the many outdoor benefits of living in the north, such as hiking and spending time with family on Lake Superior. I have been married for 9 years and have four children: three daughters and a son, all under the age of 8. As educators and community members, it is important to me and my husband that our children and family have access to quality health care and services to meet their needs and support their development. I am looking forward to learning more about health care in our district and how we can improve access and support, in particular for marginalized and vulnerable members of the Algoma region.

## Jack Fucile

I was born in Port Arthur (now Thunder Bay). I have lived in Sault Ste. Marie for 20 years and have a B.A. in Sociology. I spent over 20 years working in Finance across various sectors in Ontario and over 20 years working at a Ford Dealership in Sault Ste. Marie. I’m recently retired. And, while so far, retirement hasn’t been very eventful or exciting, I have taken on my first independent reconstruction project at home—building a deck in my backyard. I’ve been married for 45 years and have two boys and a grandson. My family and I enjoy travelling and have been on a few Caribbean cruises. We’re very much looking forward to when this pandemic is over and when I can finally enjoy my retirement and travel with my family. I volunteered for this panel because I’ve had a lot of recent experiences navigating the healthcare system and providing care giving support to my father-in-law. This firsthand experience was difficult and gave me some insight into how we can improve our healthcare system to support Algoma residents.

## Jim Gordon

I was born and raised in Sault Ste. Marie and have lived in the same house for about 30 years. My first job was as a transport driver driving an 18-wheeler for about 10 years. After that, I went back to Algoma University as a part-time student to study psychology. I ended up leaving University because I fell in love with a job working with young offenders. This was my job for 30 years. Though it was very challenging work, I found it very rewarding to help care for these youth. At the same time, I also worked in the psychiatric ward at the Plummer Memorial Hospital. I’ve worked a lot with folks with mental illness and substance use issues and have worked with both kids and adults. In my spare time, I enjoy woodworking. I volunteered for this panel because I felt like I might be able to contribute—I have firsthand experience as a patient who has fallen through the cracks of the health system. I also love volunteering and felt like I could continue to advance the work that I’ve dedicated myself to over the last 30 or so years.

## June Smart

I was born in Shilo, MB. I lived on an Army Base with my parents and eight siblings until the age of 16 when my father was posted to Sault Ste. Marie, ON. At 17, I was recruited to the Primary Reserves and became an active member of the 49th Field Regiment in Sault Ste. Marie. I then transferred to the Regular Force and was posted to various Bases within Canada and Germany and also completed a year-long Peacekeeping tour in Israel/Syria. Throughout my career, I was extremely active in Military sports programs. In July 2010, after a 36-year career, I retired as a Master Warrant Officer and took my release from the Canadian Forces. I now reside in Thessalon ON with my husband Terry, who is also a retired Veteran, in a log house that he has made into a beautiful home. We have two beautiful dogs, a sheltie (Bear) and a golden (Sarge). My home is also close to where three of my sisters live. I am a Citizen of the Métis Nation of Ontario, have served on various Councils, and am a proud Métis Veteran. My three sisters and I were honored to be awarded the Louis Riel medal and certificate. I look forward to participating on this panel.

## Justine Glover

I am 26 years old and live in Wawa, ON. August 2021 will mark my two-year anniversary of moving to Wawa. Before moving to Wawa, I lived in Sault Ste. Marie for a year while finishing my schooling. I am a Registered Dietitian, and I completed my Undergraduate Degree from Ryerson University and my Dietetic Internship Program with the Northern Ontario Dietetic Internship Program through NOSM. I grew up in Wasaga Beach, ON, camping and hiking with family, which translated into my desire to live somewhere that let me do it more often. I am passionate about food security and overall access to nutritious foods.

## Lisa Piotrowski

I am an Anishinaabe kwe (Ojibwe woman) and a member of Batchewana First Nation. I am a proud mother of two adult sons. I taught at Sault College specializing in Indigenous Studies and Indigenous Social Service Work for 28 years until my recent retirement. I have B.A.s in Psychology/Criminology from the University of Ottawa, a B.Ed. – Primary/Junior - Aboriginal specialty from Queens University and an M.S.W. from Grand Valley State University. I have dealt with various chronic illnesses throughout my life in Sault Ste. Marie, both as patient and caregiver.

## Michael Doherty

I live in Sault Ste. Marie with my wife and three children. I moved to Sault Ste. Marie in 1990 from Sudbury for work in a local hotel. I have worked in food services for most of my life, ranging from hotel kitchens to my current employment in long-term care. I graduated from George Brown College's Apprentice Cook Program and hold a Red Seal as a certified Cook. I am currently employed as the Dietary Manager of a long-term care facility in Sault Ste. Marie. I enjoy being involved in community theatre and I am fortunate to teach a number of general interest and certificate courses at Sault College. I serve my community wherever possible and have volunteered with various organizations in my area. My interest in this panel stems from my experiences with the healthcare system. This includes working with healthcare providers during the palliation of



my father-in-law in recent years and navigating the system to advocate for my eldest son, who has autism. Working in long-term care has broadened my experience with provincial healthcare, and I feel eager to share my background in order to make recommendations to improve the care available for my community.

## Michael Wardle

I have lived in many places including London (UK), Vancouver, Toronto and, for the last 30 years, on St Joseph's Island and Sault Ste. Marie. Consulting work has taken me to India, and much of English- and French-speaking Sub-Saharan Africa. I am educated to the Master's level with degrees from Universities in the UK and Canada. I am married with three children and four grandchildren. My principal hobby has been photography for 50 years. I read voraciously and exercise most days. My wife is still practising, so I cook daily, mostly dishes from the Mediterranean and India. I volunteered for the panel because I have felt for the longest time that the western healthcare system is insufficiently holistic. It has become bureaucratized into silos, each seeking to optimize their piece with the overall result of duplication and sub-optimization of the system as a whole.

## Michelle Gagnon

I grew up in Algoma Mills, east of Blind River. I left the area to obtain my Bachelor of Physical and Health Education degree, and my Teaching degree. At the beginning of my teaching career, I worked in Chapleau. Shortly after, I was fortunate to return home to the Blind River area, where I am currently the physical and health educator at the school I attended while growing up. During my free time I enjoy hiking, gardening, hunting, and participating in many other outdoor activities. I also enjoy recreational sports and board games. I normally volunteer for various local events and activities. However, with the many changes brought to us over the past year, the time I give to my community has diminished quite a bit. I volunteered to be part of this panel to support efforts brought forward to improve the health system in our region, and to learn and understand more about the challenges our area is facing.

## Paige Lacroix

I'm from Wawa—I was born here and have lived here my whole life. Recently, I finished my Psychology degree at Lakehead University. I volunteered for this panel so that I could be a part of some change (even if it's small) and I could help in making it happen.

## Pam Clement

I was born in Toronto and lived all over Canada, but have called Blind River home for over 20 years now. I graduated college as a Personal Support Worker and Community Caregiver. I was a homemaker with three children, one being quite ill. I'm the grandmother of a beautiful baby boy of four months. I am an avid reader and have a house full of plants. I have a 13-year-old cat who doesn't like being away from me. I am very against abuse of women, children, and animals. I look forward to participating on the panel as a person who has had health issues, and I am interested in finding out ways to make getting treatments and services easier because I am sure I am not the only one in my situation.

## Patrick Vardy

I returned back to Sault Ste. Marie 35 years ago. Having retired from a career in education and the Canadian Armed Forces, I continue to volunteer with different organizations and churches. With the support of my wife and two children, I volunteered for the panel in the hopes of raising awareness about the needs of Veterans and those who struggle without access to health care.

## Ron Hamelin

I have lived in the Algoma district since 1980 where I led a career in emergency services occupying several different positions. Examples of the work I accomplished include commanding paramedic services, leading a hazardous materials team, and coordinating a victim crime assistance service. I have also been a fire captain and an army captain, as well as an internationally recognized specialist in critical incident stress management. As an emergency service worker in the Algoma district, I have experience working out of hospitals and the bulk of my time was spent in providing pre-hospital care. I have real world experience in what has worked and what has not worked.

## Russ Mason

I am 75 years old and have been married for 53 years. I have been a resident of the Algoma region since 1966. I currently have a family doctor and own my own home with my wife. I am a retired teacher-librarian, having served 35 years in this profession. I recently earned my Bachelor of Fine Arts from Algoma University. I also have a Bachelor of Arts from Algoma University, a Bachelor of Education from Nipissing University, and a Master of Arts in Elementary Education from Northern Michigan University. I operate an independent weaving studio. As a long-time weaver and dyer, I continue to provide educational opportunities to the city. In addition, I volunteer at the Sault Ste. Marie Museum in a weaving space. I'm concerned about the number of local residents who do not have a doctor and rely on clinics for service. These folks do not have continual care and probably need it. Wait times (for testing, results, and procedures) also are a concern. As I age, I am faced with increasing mobility issues that stem from my Type 2 diabetes and I wonder about the future. For these reasons, I was compelled to volunteer for this panel.

## Shalom Omollo

Originally from Kenya, I moved to the Sault in 2006. While in high school at St. Mary's College, I served as the first chair of the Mayor's Youth Advisory Council. From 2016 to 2018, I was a member of the Premier of Ontario's Council on Youth Opportunities. I am very excited to have the opportunity to help shape healthcare locally as a member of this panel. Currently, I am waiting out the pandemic by working as an Ophthalmic Assistant at Northern Vision Care, playing a lot of Stardew Valley, and going on a lot of runs and bike rides. I am an undergraduate student studying Psychology and Public Health at Columbia University. One day, I hope to pursue medicine.

## Sheila Bliesath

I was born in Jackson, Michigan, in 1949 and moved to Canada in 1974. At this time, I ran a tourism business with my husband in Lochalsh, Ontario, where we organized hunting and fishing tours. I raised a boy and a girl with my husband, who passed away in 2000. In Wawa, where I currently reside, I taught computers to adults in 2004. I want to participate on the panel because I think I have a lot of ideas. The distance to travel to get health care is too long. I feel very tired when I come back from an appointment in Sault Ste. Marie. I'm interested in solutions that bring health care to smaller communities, especially important machines like MRI or CAT scans.

## Stephen Bortolon

I am 65 years old and married, with two children and two grandchildren. I am originally from Thunder Bay and came to the Sault in 1974 to attend Sault College. I graduated in 1978 after obtaining Electrical Technician & Mechanical Technologist diplomas and was hired by Algoma Steel. I worked at Algoma for 34 years in various management positions (mainly supervisory) in maintenance and operations. I have been retired for almost 9 years. I am an active member of SOAR Chapter 6-17 (Steelworkers Organization for Active Retirees) where I serve as treasurer. I enjoy playing recreational hockey from fall to spring, and some yard work and the occasional round of golf in the summer. My wife and I enjoy travelling both with and without our grandkids, which we can hopefully do sometime in the near future. My purpose for volunteering here is to try and understand the system as it is presently and to provide some personal history to address shortcomings as I see them to try and improve health care in Algoma.

## Tom Hywarren

I was born and raised in Sudbury. After 32 years of service at INCO (Vale) Purchasing & Warehousing Department, I retired to Elliot Lake in 1998. In my younger days, I was very active in sports, hockey, fast ball, football (Sudbury Spartans), golf, and boating. I have been an active member of the Royal Canadian Legion for 30+ years where I have held numerous positions at branch level, including 7 years as president. I was Zone Commander (overseeing 11 branches) and am currently District Commander (overseeing 35 branches from White River to Mattawa, south to Parry Sound and the District of Sudbury, including Manitoulin Island). The Legion was a proud sponsor and supporter of the fundraiser for the purchase of a C.T. scanner, among other equipment, for the Elliot Lake Hospital. I volunteered as transportation chair for the Canadian Special Olympics held in Sudbury in 1998 which I thoroughly enjoyed. I was a member of Elliot Lake Citizens On Patrol for two years. Having had to travel on numerous occasions for health care and medical procedures outside of the Algoma region, I would diligently participate in any activity that would improve health and social services in Algoma.

## Undine Scholar

(No Biography provided)

## Wayne MacLean

I was born in Bruce Mines, Ontario, in 1952. I grew up in Thessalon and moved to Little Rapids, Ontario, after my sixth year. My aunts and uncles mostly lived around us, making for a tight family unit. In 1987 I was married to Pat, my wife of 33 years. We have no children but are surrounded with nieces and nephews and there is always a cat for company close at hand. After a few years, I started to realize the importance of education. I began taking night school upgrades, which turned into a pattern that I followed for many years. I worked at Elliott Lumber in Goulais River as head sawyer where I remained till having to leave due to a lifting injury in 1999. I retrained at Fanshaw College in London, Ontario, in their two-year Business Insurance Diploma program. I took the Chartered Insurance Professional program which is the Insurance Institute of Canada university level Certified Degree. I worked in Mitchell, Ontario, for the local Co-Operators office but after three years, I had to quit following problems performing my duties not just on a physical level but the mental place I was in. The pain medications I needed to function would leave me in a mental fog a lot of the time. I weaned myself off my pain medications which took a while, but life has since improved. In 2007, we moved back to Goulais River where we still live.

## DETAILED MEETING SUMMARIES

### Meeting 1: Friday, May 7

The panel host, Laurie Drake, opened the first meeting of the panel by greeting all the members. She introduced her co-host, Rukhsaar Daya, as well as the facilitation team, and shared some technical tips for using Zoom. She then introduced Marlene Syrette from the Nogdawindamin Family and Community Services to conduct an opening ceremony for the panel. Following the opening ceremony, Drake introduced Stephanie Parniak, Patient Partner with the Algoma Ontario Health Team (AOHT). Parniak thanked everyone for volunteering, and gave the panelists a quick introduction about how the panel's work will inform the future of health planning across Algoma. Importantly, Parniak explained that the panel's work will help influence the creation of the AOHT's first Strategic Plan as well as inform the creation of a Patient's Health Charter for the region.

Following Parniak's remarks, the panel co-host, Rukhsaar Daya, described how panelists had been selected to participate as part of a civic lottery process to represent the region's diversity. Daya described that 7,500 letters were mailed to Algoma residents, and that selected health and social service agencies also sent out invitations to their patients and clients. In total, 150 people volunteered to serve on the panel, of whom 36 were randomly selected.

Daya introduced the panelists to their task, which was to:

- Learn about the health system in Algoma and the challenges facing it;
- Understand different perspectives and approaches;
- Consider how different approaches could affect different communities throughout the region; and
- Work together to define principles for integrated care and provide detailed recommendations for strengthening care closer to home.

These remarks were followed by a presentation from Dr. David Marsh, Associate Dean at the Northern Ontario School of Medicine. Dr. Marsh provided panelists with an overview of the federal and provincial health system. He spoke about the Canada Health Act, health expenditures, and about the Canada Health Transfer, describing how funding for the health system flows from the federal to the provincial governments. Dr. Marsh also outlined the ecology of health care in Canada and described how patients with chronic diseases often necessarily interact with many elements of the health system besides the hospital, suggesting that healthcare improvements should not be focused solely on hospitals. Dr. Marsh also introduced the panel to the partnership pentagram—a framework for understanding how to create a sustainable and responsive health system. The framework is premised on an understanding that different actors within the health system (such as policy makers, health professionals, academic institutions, communities, and health managers) work together with a collective focus on meeting patient health needs.

Following Dr. Marsh's presentation, the panel heard from Dr. Sarah Newbery, Associate Dean at Physician Workforce Strategy and a family physician with the Marathon Family Health Team. Dr. Newbery highlighted the importance of an improved and integrated health system. She introduced the panel to the concepts of the Patient Medical Home and the Patient Medical Neighbourhood—two new ways of envisioning primary care. According to this model, primary care is integrated within the community, and it is team-based, patient-centred, continuous, comprehensive, and accessible.

Following Dr. Marsh's and Dr. Newbery's presentations, panelists returned to learning more about the panel process. Drake reviewed the panel agenda and program for the three weekends and briefly introduced the report-writing process. She then presented the demographics of the panel broken down by different criteria (such as age, gender, and geographic location) to allow panelists to get a better sense of each other.

Following this overview, panelists broke into small groups with facilitators and introduced themselves to each other. After 20 minutes in breakout rooms, the groups reconvened in plenary and Drake concluded the meeting.

## Meeting 2: Saturday, May 8

Drake and Daya welcomed back the panelists and provided a quick recap of the first evening. Daya then introduced Dr. John Tuinema, Associate Medical Officer of Health for Algoma Public Health. In his presentation, Dr. Tuinema introduced panelists to the social determinants of health and emphasized that an integrated health system must necessarily consider and plan according to the social and health needs of the people it serves. He noted that by designing a health system that meets the social determinants of health, planners can complement treatment, which is the purview of the traditional health system, with prevention. Dr. Tuinema also presented some key demographic features and Algoma-specific health trends. Most notably, Dr. Tuinema highlighted that life expectancy in Algoma is much lower than the rest of the province.

Next, Erik Landriault, Director of Integrated Care at the Algoma Ontario Health Team, and Mary Ellen Luukkonen, Co-chair of the East Algoma Ontario Health Team, spoke to the panel about Ontario Health Teams, the health landscape in Algoma, key challenges facing the delivery of care in Algoma, and the purpose and goals of integrated care. Panelists learned that Ontario Health Teams, such as the Algoma Ontario Health Team, are being introduced to provide a new way of organizing and delivering care. Importantly, panelists learned that some of the key challenges facing the Algoma health system include its vast geographic area, high transportation costs, and mixed access to digital health solutions. These factors make it exceptionally challenging to access healthcare within the region. Additionally, the health system in Algoma is uniquely faced by a higher rate of aging residents and higher rates of chronic diseases.

Drake then returned to the introductory activity from the previous night and asked all panelists to briefly introduce themselves to the entire group. The panelists then split into small groups and began discussing the principles they thought should guide an integrated health system in Algoma. They received a list of 18 draft principles and were able to add their own principles if they wished.

Drake asked each group to review the list, add any additional words, and prioritize five principles with a brief definition for each. After this discussion, the panelists returned to the plenary session and reported back on their selected principles. While panelists had some differing priorities, there was overall alignment on many of the principles as well as similarities in many of the definitions.

Following lunch, the panelists reconvened for a session on integrated care led by Agnes Grudniewicz, an Assistant Professor at the University of Ottawa. Grudniewicz highlighted that the health system remains quite fragmented and introduced the group to two types of integration: vertical integration (which refers to integration within the same organization) and horizontal integration (which refers to integration between organizations). Grudniewicz also introduced four primary barriers to integration: privacy concerns, clinician barriers, technology barriers, and political challenges. Grudniewicz concluded that although integration is challenging, it is best achieved by considering the local context.

The panelists then heard from a Health Systems Perspectives Panel featuring: Wendy Hansson, Chief Executive Officer from the Sault Area Hospital; Dr. Al McLean, a family physician with Superior Family Health Team; Valerie Scarfone, Executive Director for North East Specialized Geriatric Centre; Annette Katajamaki, Chief Executive Officer of the Canadian Mental Health Association in Algoma; and Dr. Nick Jeeves, a family physician with the North Shore Health Network in Blind River.

The Health System Perspectives Panel discussed three questions:

1. What are the three biggest challenges facing the health system in Algoma?
2. In five years from now, what would you like the health system in Algoma to look like?
3. What types of solutions would be most beneficial to Algoma residents?

The speakers noted the following challenges: the worsening opioid crisis and substance dependence, access to primary care, a shortage of doctors, an aging population in Algoma, a lack of incentives for provider collaboration, a lack of smooth transitions of care, a lack of governance structures that foster collaboration, a lack of patient-centred approaches to care, and a lack of specialist care. Many of the speakers shared similar visions for the future of the health system in Algoma. For example, all spoke about the need to see more patient-centred and population-specific approaches to care especially outside major urban areas, more collaborative partnerships between specialty services, primary care services and social services, and improved access to health care services via a service navigator.

In order to address the challenges they presented, the speakers asked the panel to consider the following solutions: increased partnerships with social service providers, improved data collection, the creation of clinical pathways to improve access to geriatric care, more initiatives such as the Neighbourhood Resource Center in Sault Ste. Marie and the Community Wellness Bus, and more opportunities to involve providers in health planning decisions.

Following the perspectives panel, panelists returned to small groups for the remainder of the day to brainstorm and discuss issues and opportunities for improving healthcare in Algoma.

## Meeting 3: Friday, May 14

After a quick recap of the first weekend, Drake introduced Gloria Daybutch, former executive director for Maamwesying North Shore Community Health Services. Daybutch spoke to the panel about traditional approaches to health and described the differences between traditional and holistic approaches to health care. Daybutch highlighted that holistic healthcare approaches consider more than just a patient's physical health; they encompass the entire individual including their physical, mental, emotional and spiritual well-being. Daybutch highlighted that Indigenous healing programs, traditional healers, plant-based medicines, and appropriate space for traditional ceremonies need to be integrated into the health system for Indigenous clients. Daybutch also introduced the panel to the term "substantive equality"—a legal principle that refers to the achievement of true equality in outcomes. It is achieved through equal access, equal opportunity and, most importantly, the provision of services and benefits in a manner and according to standards that meet unique needs and circumstances, such as cultural, social, economic, and historical disadvantage.

The panelists then returned to the previous weekend's activity of discussing principles. Drake summarized the major ideas that were heard the prior weekend and identified areas of alignment among the principles that had been discussed and proposed. Panelists then split into small groups to review and discuss the proposed clusters and to choose four to name and define. Afterwards, the panel reconvened in plenary and each group shared some of their top ideas with the rest of the panel.

## Meeting 4: Saturday, May 15

The fourth meeting of the panel kicked off with a recap of the first three meetings by Drake, followed by a Patient Perspectives Panel moderated by Daya. The speakers included: Amy Lang, Strategic Advisor of patient engagement with Ontario Health; Micheline Findlay, a retired teacher and a caregiver; Shelby Speck, a peer support navigator and housing outreach worker with the Canadian Mental Health Association; and Carol-Ann Agnihotri, a primary care nurse practitioner at North Shore Health Network.

The Patient Perspectives Panel discussed three questions:

1. Based on your experience, what are the most important things you would like to see improved in our health system?
2. In five years from now, what would an improved health system in Algoma look like from the patient's perspective?
3. What types of solutions would be most beneficial to Algoma residents?

The speakers highlighted several challenges including poor communication among physicians and with patients, poor transitions of care, poor access to virtual care services, challenges for patients in navigating the system, a lack of caregiver support, poor wait times especially for people in acute need and crisis, a lack of cultural safety training, and a lack of Indigenous-specific programs.



Speakers expressed a desire to see more consistent funding of local health services, better collaboration between providers, a greater focus on reconciliation with Indigenous providers, greater sensitivity to the needs of diverse populations especially Amish and Mennonite people, and more supports for people living with mental health issues and addiction. To achieve this vision of the future, the speakers asked the panel to consider several solutions, including the creation of caregiver support groups, the creation of community detox centres outside the hospital, and a specialized triage unit within hospitals for people in crisis.

Following the Patient Perspectives Panel, panelists returned to the issues and opportunities they had brainstormed at the end of Day 2. Drake introduced the activity by summarizing the major issues and opportunities expressed by many of the speakers. She also presented the following seven major themes that captured the issues and opportunities panelists previously brainstormed: Collaboration, Access to Services, Recruitment and Development, Mental Health and Addictions, Health Records Management, Low Levels of Trust, and Health Literacy. Panelists then split into small groups to review and discuss the proposed thematic clusters, add any additional issues that were not captured, and begin identifying potential solutions.

After lunch, the panel reconvened to hear from a final perspectives panel about care in the community. Panelists heard from: Michelle Brisbois, Executive Director at Superior Family Health Team; Edith Mercieca, Director of Home and Community Support Services at Maamwesying North Shore Community Health Services; Jennifer Murray who is part of the Congestive Heart Failure program and Family Health Worker program at Group Health Centre; Jennifer Rayner, Director of Research and Evaluation at Alliance for Healthier Communities; and Mike Nadeau, CEO of the District of Sault Ste. Marie Social Services Administration Board.

The Care in the Community Perspectives Panel discussed the following questions:

1. Tell us about the program/project you run. Why did you create it? What issue were you trying to address?
2. Why do you think your program was effective? What would you change?
3. What lessons can we learn from your experience?

All speakers described their programs as community-driven and patient-centred. They stressed that their program's success was due to a distinct focus on prevention and health promotion. Moreover, they described how their programs were responsive to the needs of their communities and were focused on promoting patient autonomy. Speakers encouraged the panel to consider solutions that support better integration, specifically with regard to health records management and transitions from hospitals to home.

Following the perspective panel, panelists returned to their small groups to continue to identify potential solutions to the proposed issue areas. Panelists then convened in plenary to discuss their ideas.

Following the meeting, the facilitation team synthesized the draft solutions into clusters and shared them with the panelists in preparation for the panel's final weekend.

## Ask-Us-Anything Session: Tuesday, May 25 (Optional)

An optional two-hour session was added to the program to provide participants with the opportunity to ask any outstanding questions to support the group's deliberation. Participants who were not able to attend the session sent their questions ahead of time, and the facilitation team also collated outstanding questions from the previous sessions.

About a third of the panel attended the session along with: Erik Landriault from the Algoma Ontario Health Team; Dr. Jodie Stewart from Algoma District Medical Group; Kadean Ogilvie from Lady Dunn Health Centre; and Dr. Christopher Stamler from Wawa Family Health Team. The session was moderated by Rukhsaar Daya and Laurie Drake. Over 20 questions were answered and the responses were shared with those who could not attend.

## Meeting 5: Friday, May 28

The focus of the third and final weekend of meetings was on drafting and finalizing the recommendations report. To do this, panelists chose one of the following seven thematic issues to focus on: Collaboration, Access to Services, Recruitment and Development, Health Records Management, Low Levels of Trust, Health Literacy, and Mental Health and Addictions. Working with a facilitator, each group refined the solutions proposed during the last meeting and also began to draft introductions to their sections outlining the issues and desired outcomes for that issue area. A few panelists formed a separate group to draft an introductory section about the panel and to refine and finalize the guiding principles. After 90 minutes of work, panelists reconvened in plenary to present their drafts for comment.

## Meeting 6: Saturday, May 29

The panel's final meeting picked up right where it had left off the previous evening as groups continued to present their draft recommendations. Once every group had had the chance to present their draft section and receive feedback, they returned to their small groups to further refine their sections and incorporate feedback. Each group had one more opportunity to present their section in plenary before returning to refine their section one last time.

At 2:00 PM, staff from the Algoma Ontario Health Team as well as from its partner organizations joined the meeting to listen to the panelists present their report.

Following the report reading, Dr. David Fera, Co-chair of the AOHT, Kadean Ogilvie, CEO of Lady Dunn Health Centre, and Erik Landriault, Director of Integrated Care, thanked the panel for their work, stating that their recommendations would continue to inform the work of AOHT and its partners going forward. Marlene Syrette from the Nogdawindamin Family and Community Services returned to close the panel. Drake concluded the panel by informing the panelists about how the editing process would work and thanked everyone for their time and contributions.

# Presenters

22 experts generously gave their time and shared their knowledge with the Citizens' Reference Panel on Integrated Care. The Panel extends its sincerest thanks to each of them.

TOPIC	PRESENTER	
Opening and Closing Ceremonies	Marlene Syrette	Traditional Knowledge Keeper, Nogdawindamin Family and Community Services
The History of the Health System in Canada and in Ontario	Dr. David Marsh	Associate Dean, Northern Ontario School of Medicine
The Role of Primary Care in our Health System	Dr. Sarah Newbery	Family Physician, Marathon Family Health Team Assistant Dean, Northern Ontario School of Medicine
An Overview of the Major Health Trends and Demographic Characteristics of the Algoma Region	Dr. John Tuinema	Associate Medical Officer of Health, Algoma Public Health
The Health Landscape in Algoma and the History and the Purpose of Ontario Health Teams.	Erik Landriault	Director, Integrated Care, Algoma Ontario Health Team
	Mary Ellen Luukkonen	Co-Chair, East Algoma Ontario Health Team
An Introduction to Integrated Care and its Challenges	Agnes Grudniewicz	Assistant Professor, University of Ottawa
Health Systems Perspectives Panel	Wendy Hansson	CEO, Sault Area Hospital & Tri-Chair, Algoma Ontario Health Team
	Dr. Alan McLean	Family Physician, Superior Family Health Team
	Valerie Scarfone	Executive Director, North East Specialized Geriatric Centre
	Annette Katajamaki	CEO, Canadian Mental Health Association, Algoma
	Dr. Nick Jeeves	Family Physician, North Shore Health Network

# Presenters

TOPIC	PRESENTER	
Indigenous Approaches to Health	Gloria Daybutch	Former Executive Director, Maamwesying North Shore Community Health Services
Patient Perspectives Panel	Amy Lang	Strategic Advisor, Patient Engagement, Ontario Health
	Micheline Findlay	Caregiver and Retired Teacher
	Shelby Speck	Peer Support Navigator/Housing Outreach Worker, Canadian Mental Health Association
	Carol-Ann Agnihotri	Primary Care Nurse Practitioner, Blind River District Health Centre
Care in the Community Perspectives Panel	Michelle Brisbois	Executive Director, Superior Family Health Team
	Edith Mercieca	Director, Home and Community Support Services, Maamwesying North Shore Community Health Services Inc.
	Jennifer Rayner	Director, Research and Evaluation, Alliance for Healthier Communities
	Mike Nadeau	CEO, District of Sault Ste. Marie Social Services Administration Board
	Jennifer Murray	Congestive Heart Failure and Family Health Worker Program, Group Health Centre

## The Chair and Facilitation Team

The panel was hosted by Laurie Drake, Director of Research and Learning at MASS LBP, which is internationally recognized for its work in leading deliberative policy processes. The panel was co-hosted by Rukhsaar Daya, consultant at MASS LBP. Working with a team from across Algoma, MASS LBP developed the panel program and process. The facilitation team, also from MASS LBP, consisted of six trained facilitators who supported the panel's deliberations and provided technological assistance to members throughout the meetings. To learn more about MASS LBP please visit [www.masslbp.com](http://www.masslbp.com)







