



Winnipeg Regional  
Health Authority  
*Caring for Health*

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santé de Winnipeg  
*À l'écoute de notre santé*

# **“Public Input on Strategy 2016-2021”**

## **Summary Report**

### **Local Health Involvement Groups**

**March 2015**

Compiled by: Colleen Schneider, Manager, Local Health Involvement Groups, WRHA

## Preface

This report contains the ideas and feedback generated by the Local Health Involvement Groups over the course of 3 meetings held from October 2014 to February 2015.

In September 2014, the Board of the Winnipeg Regional Health Authority (WRHA) asked the Local Health Involvement Groups (LHIGs) to spend their entire 2014-15 year of meetings providing input on the next WRHA Strategic Plan (2016-2021).

The Report includes:

- An overview of the methodology and context for the exploration of this topic,
- Public perspective of the Strengths and Challenges of the WRHA and the Opportunities and Threats that the WRHA needs to consider
- Feedback on current strategic priorities
- Suggestions for additional priorities for the next 5 years
- Ranking of priorities
- Equity considerations for the next strategic plan
- Input on LHIG's Top 5 Strategic Priorities

*Appendix A* -- Background document for the exploration of this topic

*Appendix B* -- WRHA Strategic Plan (2011-2016)

*Appendix C* -- Manitoba Health, Healthy Living, and Seniors – Current Priorities

*Appendix D* -- LHIG Rankings of Strategic Priorities (current and proposed by LHIG members)

*Appendix E* – Map of the Community Areas in the Winnipeg Health Region

*Appendix F* – Acknowledgements

This report serves as a part of the broader public engagement that took place to ensure that public perspectives and priorities for the health care system in Winnipeg are heard. This input will be utilized in the development of the WRHA's 2016-21 Strategic Plan.

This report was presented on by the Co-Chairs of the six Local Health Involvement Groups to members of the WRHA Board on January 27, 2015. An additional meeting was held in February 2015 to have LHIG members provide high level action for their top 5 priorities.

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# Section I

## Report Summary

## **Introduction and Methodology**

The Local Health Involvement Groups (LHIGs) have been providing advice and their unique community perspectives on significant health issues to the WRHA Board for 13 years. They were formerly known as Community Health Advisory Councils (CHACs). In 2013, the Province of Manitoba passed Bill 6, *The Regional Health Authorities Amendment Act*, (Improved Fiscal Responsibility and Community Involvement). This Act mandated the creation of Local Health Involvement Groups (LHIGs) to strengthen local involvement in regional health authorities. The change in name did not impact the membership and role of the Councils in the Winnipeg health region.

The Local Health Involvement Groups are comprised of 80-90 residents of the 12 geographic community areas that each Group represents. There is also some representation from the Boards of health organizations also located in the community areas of the Winnipeg health region. The Groups are diverse in terms of culture, socio-economic status, professional backgrounds, work experience, age, and gender. Members of the six LHIGs participated in an orientation session prior to beginning their exploration and provision of input on strategic priorities of the health region.

## **Background/Rationale for Exploring this Topic**

The Local Health Involvement Groups were asked by the Board of the Winnipeg Regional Health Authority in the fall of 2014 to spend the 2014-15 year of meetings providing feedback for the WRHA's 2016-2021 Strategic Plan. Involving the LHIGs in the strategic planning process is a great opportunity to bring public perspectives, expectations, and hopes for our health care system forward.

This report contains the discussion and recommendations from the first two meetings of the LHIGs, namely, input on the strengths, challenges, opportunities, and threats of the WRHA and feedback and recommendations on strategic priorities for the 2016-21 Plan. Full discussion notes from both sets of LHIG meetings are included in the appendix of this report.

## **First Meeting and Questions for input**

The main purpose of the first meetings on the strategic plan was to give LHIG members an opportunity to do some big picture thinking about their health care system – what they felt was going well, what they felt needed to be improved or addressed, opportunities that the health authority can use to move important initiatives forward, and threats that need to be considered when planning. Considering these big picture issues would serve as a foundational piece for the LHIGs to use when discussing and recommending strategic priorities for the WRHA's next 5 years.

At the first meetings of the Local Health Involvement Groups, leadership staff began with a presentation which provided a background about the strategic planning process and an overview of public, staff, and other engagement that would be taking place and feed into the

planning process. The input from engagement would be reviewed by the Board and assist them in creating the 2016-21 Strategic Plan for the WRHA.

The SCOT (strengths, challenges, opportunities, and threats) exercise was then introduced and explained to LHIG members. Using post it notes, members were asked to provide their perspectives of what they felt were the WRHA's strengths, challenges, opportunities, and threats. LHIG members grouped the post it notes into themes which were then shared with the entire group.

### **Second Meeting and Questions for input**

The main purpose of the second set of LHIG meetings was to get feedback on the current strategic priorities of the health region, invite ideas for additional priorities, and have the LHIG members participate in a ranking of strategic priorities for the next plan. The meetings began with presentations by senior leadership staff overseeing the engagement and planning process. The presentations contained high level information about activities underway in the region on the WRHA's six strategic directions (enhance patient experience, improve quality and integration, foster public engagement, support a positive work environment, advance research and education, and build sustainability). The ten strategic priorities that LHIG members would provide feedback on fit within the six strategic directions. Members were invited to ask questions for further information and clarification.

Small groups were then set up and tasked with providing feedback to the following questions about the current strategic priorities:

- Which priorities are still relevant? Why?
- Which priorities aren't relevant anymore? Why?
- Are there any additional priorities that need to be added? Reasons?
- What equity considerations are relevant to each of these strategic directions? For example poverty, accessibility, appropriateness (i.e. cultural, faith, ethnicity, etc.)
- Are there any additional considerations that need to be added to address health equity?

LHIG staff then posted current strategic priorities along with any additional priorities that came forward in the small group discussions. Members were then asked to participate in a ranking exercise; choosing three strategic priorities that they felt were most important. Results of the ranking exercise were shared with the group at the end of the meeting.

At the Local Health Involvement Groups' third meetings to provide input into the WRHA's next strategic plan, they were asked to provide outcomes/goals and key actions for their top 5 strategic priorities – prevention and promotion, patient flow, primary care, involvement of patients and families, and planning/responding to an aging population. They were also asked to consider additional goals and key actions for vulnerable populations (equity issue) related to each of the strategic priorities.

**Presentation to the Board of the Winnipeg Regional Health Authority**

Staff developed a draft report which was then shared with members of all of the Local Health Involvement Groups for their input and feedback. This report was presented by Co-Chairs of the Local Health Involvement Groups at the January 2015 meeting of the Board and shared immediately with senior leadership staff overseeing the strategic planning process. The interim report will be posted on the LHIG web pages. The input on their top 5 priorities was shared with the Board and senior leadership drafting the 2016-21 Strategic Plan.

## **Strengths, Challenges, Opportunities, and Threats that impact success of the WRHA**

The SCOT analysis is a tool that the LHIGs used to identify the positive and negative factors within the Winnipeg health care system and those external factors that impact on it. LHIG members were asked to consider those factors that help or inhibit success and the ability of the WRHA to deliver services, address the needs of patients, and improve the overall health of communities within the Winnipeg health region.

After the exercise was explained, LHIG members were asked to use post it notes to record their thoughts regarding the WRHA's strengths, challenges, opportunities, and threats. After feedback on the SCOT exercise was received from all six of the Local Health Involvement Groups, LHIG staff analyzed the responses – looking for common responses to the questions – and from that developed a regional overview of strengths, challenges, opportunities, and threats including a visual representation.

It is important to highlight that some factors were seen by LHIG members as both a strength and a challenge -- for example, communications. This could indicate that some aspects of the communications work is perceived as excellent, other aspects may need to be improved. Other factors that would fit into this category included scope and size of the WRHA, changing demographics (both an opportunity and a threat), and the public perception of the WRHA which some viewed as positive (an opportunity) while equal numbers viewed it as negative (a threat).

Also of interest to this exercise was the timing of a global event unfolding that may have impacted LHIG members' perceptions. This set of meetings took place in October when the Ebola pandemic was being followed closely by the media coverage. This may have contributed to "pandemics/epidemics" being identified by four out of the six LHIGs as a threat to the health authority.

### **Strengths and Challenges of the WRHA**

"Strengths" and "Challenges" are the internal factors within an organization that an organization has control over and/or can influence, for example, human resources, physical resources, and finances. LHIG members were asked to consider the internal advantages or disadvantages of the organization. What is the WRHA doing well? Are there innovations to highlight? What is the WRHA struggling with?

Feedback from LHIGs...

#### Strengths

Overall, the greatest strength identified by all six LHIGs was the staff – from leadership to front-line staff. Providers were viewed as caring, diverse, and professional. And administrators and leadership were described as strong and stable.



Five out of six LHIGs viewed the WRHA's programs and services, engagement of the community, scope and size of the WRHA, and access to care as strengths of the organization.

*Regional health authorities make better use of resources and can set priorities.*

(Member of St James/Assiniboine South LHIG)

*There are innovations in service delivery, more community care, diversification of health services, and youth health programs and education.*

(Member of Seven Oaks/Inkster LHIG)

*There is community involvement and processes to gain input from communities.*

*Programs are developed in response to the needs of communities.*

(Member of Downtown/Point Douglas LHIG)

*There is easy access to health care, like the Access Centres.*

(Member of River East/Transcona LHIG)

Four out of six LHIGs felt that communication with the public, the WRHA's strategic plan and vision, new facilities, and innovation and technology were also strengths.

*I like the improved website to find information with My Right Care and posted ER wait times.*

(Member of St Boniface/St Vital LHIG)

### Challenges

Overall, the greatest challenge identified (by all six LHIGs) was wait times in the region. LHIG members identified long waits at ER's, in hospitals, for diagnostic testing, specialists, and treatment.

Five out of the six LHIGs identified accountability/limited finances, communication with the public, human resources (roles and hiring policies), acute care versus prevention, and gaps (lack of coordination and flow issues) as challenges that need to be addressed.

*WRHA communications needs to better manage public perceptions and can sometimes be too defensive with the media.*

(Member of River Heights and Fort Garry LHIG)

*There will be limited financial resources and many cuts to health care will put a strain on delivering quality care and patients will suffer.*

(Member of River East/Transcona LHIG)

*There are challenges with ER and discharge processes, wait times, coordination of care, navigating the system, and finding resources can be difficult.*

(Member of Downtown/Point Douglas LHIG)

*Need to address the allocation of funds to programs, especially in the area of prevention...more can and should be done to help prevent disease. It is less expensive than treatment.* (Member of St James/Assiniboine South LHIG)

*We have staffing issues related to graduates leaving Manitoba, not enough mid-wives, and need to ensure that health services are provided by the most appropriate person (shouldn't always be a doctor – greater use of nurse practitioners).* (Member of St Boniface and St Vital LHIG)

Four out of the six LHIGs identified not addressing needs of vulnerable population, infection, prevention control issues, the scope and size of the WRHA, and limited availability of family doctors as a challenge within the health authority.

*Care for Aboriginal people is not adequate, not meeting their needs. We need to ensure equal access to health care services. For example, ambulance costs for many people is too expensive and as a result, they don't use them when they need to.* (Member of Downtown/Point Douglas LHIG)

### **Opportunities and Threats**

“Opportunities” and “threats” are external factors stemming from community or societal forces that the WRHA does not have influence or control over. For example, trends (new research), funding sources, current events, environmental change, societal oppression, pandemics, our society’s cultural, political, and economic ideology, and how the public/media perceives the organization.

Feedback from LHIGs...

#### Opportunities

The greatest opportunity that all six LHIGs felt the WRHA could benefit from is emerging technology, innovation, and research. Some of the examples of this include home based technologies that could enable people to connect with health care professionals through web and wireless communication, the use of social media to connect to patients/the public, research on new treatments, and diagnostic technology and tools.

Five out of six LHIGs identified a more educated public, engagement with the public and organizations, and changing demographics as opportunities.

*The cultural diversity, with a large immigrant population, brings new ways of doing things, new ideas.* (Member of River Heights/Fort Garry LHIG)

*Dealing with our aging population in a positive way (underway now) can be a model for the world.* (Member of River East/Transcona LHIG)

Younger people are likely to be advocates for their own health which will equalize power between patients and medical professionals.

(Member of St James/Assiniboine South LHIG)

Four out of six LHIGs felt that community-based care, improving public perception, and innovative approaches and policies were also opportunities to move the region forward over the next 5 years.

*Tax breaks for positive health-enhancing behaviours, improving primary care and innovation, and incorporating new public policy and research are great opportunities for the future.*

(Member of St Boniface/St Vital LHIG)

*Bringing health care to the community, even cancer care, and listening to communities to better meet their needs and help them navigate the system are opportunities to improve health care.*

(Member of River East/Transcona LHIG)

### Threats

All six LHIGs perceived that the WRHA would experience the following threats moving forward - emerging threats on health (chronic disease, obesity, environmental change, etc.), changing demographics, and financial sustainability.

*The threat of increasing obesity and health issues will put a lot of pressure on the system, we might not be able to afford.*

(Member of River East/Transcona LHIG)

*There are emerging pressures on the system due to a large influx of seniors in the near future.*

(Member of as St James/Assiniboine South LHIG)

*There is increasing poverty, a lack of food security, and poor health due to poverty.*

(Member of Downtown/Point Douglas LHIG)

*Funding and politics, with potential change in government that might not see health care as a priority. There are also limitations of federal and provincial funding for health care.*

(Member of River Heights/Fort Garry LHIG)

Five out of six LHIGs agreed that a negative or disengaged public was a threat to the WRHA.

*There is ambivalence about how to use the system appropriately.*

(Member of St Boniface/St Vital LHIG)

Four out of six LHIGs identified infectious disease and epidemics, political change and uncertainty, and a negative perception of the WRHA as threats to the organization moving forward.

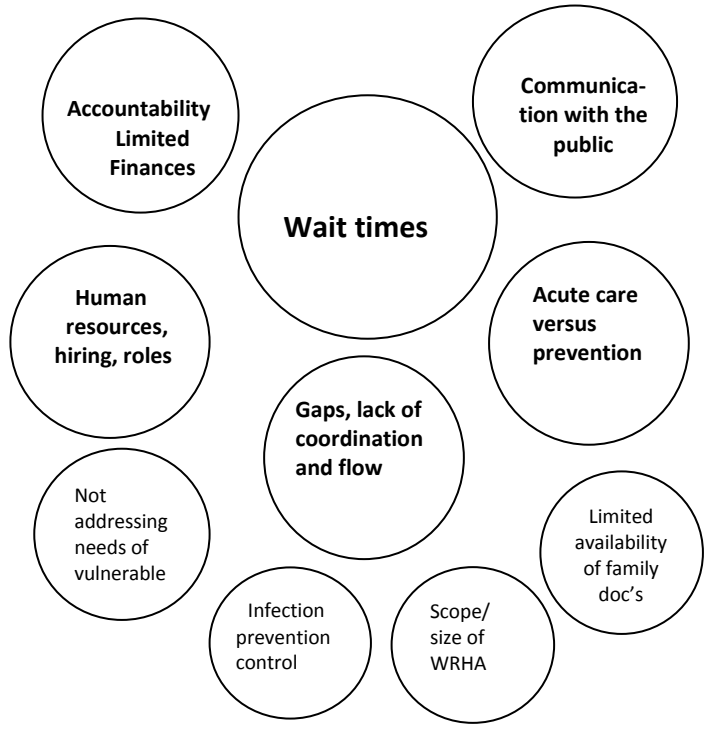
### **Visual Representation of SCOT Analysis**

The largest circles are representative of input from all six LHIGs. The medium circles with bolded titles indicate that 5 out of 6 LHIGs providing the same input. And, the medium circle (regular font) indicates the same input from 4 out of 6 LHIGs.

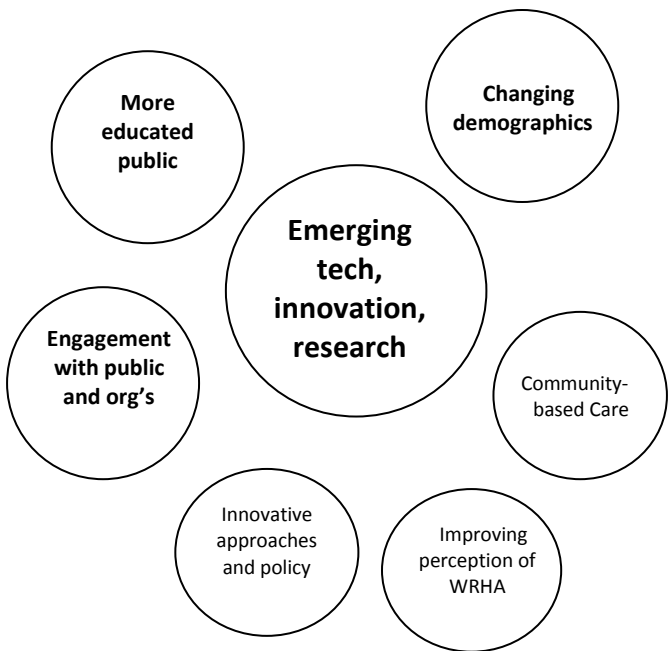
### Strengths



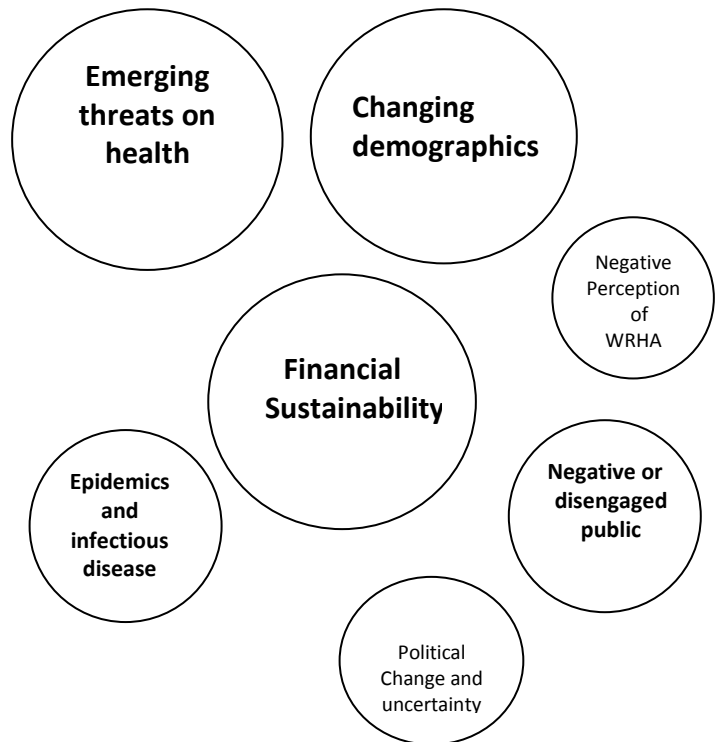
### Challenges



### Opportunities



### Threats



## Feedback on Current Strategic Priorities

*We need to keep working on all current priorities to make the system sustainable, keep trying to make it more efficient and less costly. The system should be focused on wellness, not illness.* (Member of River East/Transcona LHIG)

The Board was clear in developing a plan for the WRHA's next 5 years that they wanted to build on the existing plan, making adjustments where necessary. Given this approach, they asked that the LHIGs provide feedback on current strategic priorities. LHIG input would be helpful as they adjust and focus priorities for the 2016-2021 strategic plan.

At the second set of meetings, senior leadership staff overseeing the engagement and planning process gave presentations to LHIG members to prepare them to provide feedback on the current priorities. These presentations contained high level information about activities underway in the region on the WRHA's six strategic directions (enhance patient experience, improve quality and integration, foster public engagement, support a positive work environment, advance research and education, and build sustainability). The ten strategic priorities that LHIG members would provide feedback on fit within the six strategic directions.

In small groups, LHIG members provided feedback by responding to the following questions

- Which priorities are still relevant? Why?
- Which priorities aren't relevant anymore? Why?
- Are there any additional priorities that need to be added? Reasons?
- What equity considerations are relevant to each of these strategic directions? For example poverty, accessibility, appropriateness (i.e. cultural, faith, ethnicity, etc.)
- Are there any additional considerations that need to be added to address health equity?

Overall, LHIG members were supportive of the current priorities and felt that most were still relevant and should be a priority for the next 5 years (even though they might have not ranked them in the top five later on during the second meetings.) The current priorities, with their feedback from LHIG members are below.

- **Increase the involvement of patients and family**
  - All of the LHIGs were very supportive of this remaining a priority
  - Should be seen as a long standing, permanent commitment (Downtown/Point Douglas)
  - Patients have greatest stake and are impacted most from the relationship with health providers. They need to have a say in their own treatment. (St James/Assiniboine South)
  - Important to have family more involved. (River Heights/Fort Garry)
- **Improve primary care infrastructure and performance**
  - All of the LHIGs were very supportive of this remaining a priority
  - It is very much a priority. It is the basis from which other care begins. Needs to be dependable. (Seven Oaks/Inkster)

- It's the foundation, basis of the system. Performance and quality are a priority. (St Boniface/St Vital)
- **Improve patient flow**
  - All of the LHIGs felt that this was definitely still a priority for the region
  - Need to focus on people who don't have access to the system, to put in a plan in place for equity – focused on those who have the worst health outcomes. (River East/Transcona)
  - Expediency of treatment is a priority as conditions can worsen if treatment is delayed. (St James/Assiniboine South)
- **Increase public communication, consultation, and participation across planning, policy development and decision-making within the region.**
  - Overall, LHIGs felt that a solid foundation of engagement has been built in the region, that it is still important, but not the biggest priority.
  - Transparency and improving access to information still needs to be worked on. (Downtown/Point Douglas)
  - Need to engage/reach vulnerable populations – like Newcomers, Aboriginal population, and other hard to reach populations. (St Boniface/St Vital)
- **Increase the diversity of the workforce**
  - There is mixed support for this remaining a priority for the region, partly due to the lack of information about where things are at currently re: diversity of staff. A number of LHIGs feel that it should be a part of regular hiring processes, a way of doing business. Others felt that some groups were not represented adequately.
  - Yes, a lot of people who don't see themselves reflected by staff in the health care system, for example the LGBTT population. (River Heights/Fort Garry)
  - It's hard to know where things are at currently. It would be important to know how well the WRHA's doing re: integrating different cultural health approaches, language access, etc. (Downtown/Point Douglas)
- **Increase staff engagement to strengthen workplace culture**
  - Most of the LHIGs felt that this should continue to be a priority. Health care providers need to be engaged in order to provide the best care. There was good discussion about this in the small groups.
  - If have of the staff is not feeling engaged, that's a worry, a concern. If you're happy, you'll put more into your work, how you can do it better, etc. (River East/Transcona)
  - An engaged staff is key to supporting improvements within the system. (St James/Assiniboine South)
- **Expand the use of inter-professional teams**
  - The LHIGs felt that this was a medium priority for the system.
  - This is still a priority; a team can provide so much more. (Seven Oaks/Inkster)

- Interdisciplinary care across sectors is a priority and requires a culture change. Need to expand scope of practice to further disperse power of physicians. (St Boniface/St Vital)
- This is the future of health care and we need to be better equipped to do this. It should start at university. (Downtown/Point Douglas)
  
- **Develop a regional research strategy**
  - LHIGs were supportive of this remaining a priority.
  - There are practical applications of research – more innovation equals better health care. We should focus on partnerships versus leading this. (River Heights/Fort Garry)
  - It is necessary for a changing world and research is always evolving so it needs to always be on a list of priorities. (Downtown/Point Douglas)
  
- **Improve productivity and efficiency through process improvement**
  - All of the LHIGs felt that this should continue to be a priority for the region.
  - Sustainability is a priority. The costs are continuing to grow and there is waste in the system and inappropriate use of the system. (River East/Transcona)
  - Need to be productive and efficient but should not compromise quality. (St Boniface/St Vital)
  - With potential change in government, limited dollars, and increasing pressures on the system, this is a priority. (Downtown/Point Douglas)
  
- **Implement an enterprise risk management framework**
  - LHIGs felt that this is important and the region must keep on top of risks, but do not see this as a high priority.
  - Every large organization should manage risk and be prepared. (St James/Assiniboine South)



## **Additional Priorities suggested by LHIGs**

After providing feedback on the current strategic priorities, members of the Local Health Involvement Groups were invited to suggest other priorities that they felt weren't reflected in those contained within the 2011-2016 strategic plan for the Winnipeg Health Region.

Here are some of the priorities suggested:

- Improving health and health status (equity) by addressing the social determinants of health
- Disease prevention/health promotion
- Planning for an aging population
- Patient empowerment
- Emergency departments/paramedic services
- Educating public about appropriate use of system
- Alternative approaches to treatment
- Transitional care and navigation support for individuals with complex needs
- Partnerships and collaboration with community organizations

## **Ranking of Strategic Priorities**

After LHIG members provided feedback on current strategic priorities and suggested additional priorities to be considered for the next five years, they were asked to rank them. LHIG staff posted current strategic priorities along with any additional priorities that came forward in the small group discussions. Members were then asked to participate in a ranking exercise; choosing three strategic priorities that they felt were most important.

Before voting for their top three priorities, LHIG members were asked to reflect on the following:

- The strengths that the WRHA should build on, the challenges that should be addressed, the threats the region should prepare for, and the opportunities that the WRHA should take hold of -- over the next 5 years
- The current strategic priorities -- identifying the current priorities that they feel are most important to the region for the next 5 years, and,
- The additional priorities suggested by LHIG members that they feel should be a focus for the next 5 years

After members voted on the priorities, the results of the ranking exercise were shared with the group at the end of the meeting. (You can refer to Appendix D to view the results of each LHIGs priority ranking exercise).

After all of the LHIGs had met and ranked strategic priorities, LHIG staff reviewed the rankings and developed an overall LHIG ranking for the next strategic plan:

### **LHIGs' Top Five Strategic Priorities for 2016-21:**

1. Prevention and Promotion
2. Improve Patient Flow
3. Improve Primary Care Infrastructure
4. Increase Involvement of Patients and Families
5. Plan for an aging population

After this report is presented to the Board, the LHIGs will be invited to provide feedback (during their January 2015 meetings) on what actions they feel are most important to moving the above priorities forward over the next five years. This feedback will be included in the April 2015 Report.

## Equity Considerations for Next Strategic Plan

*Equal is not equitable.*

(Member, Seven Oaks/Inkster)

In June of 2014, the Board approved a recommendation from a working group comprised of LHIG members, LHIG staff, Board members, and senior leaders. The recommendation was that all future topics that the LHIGs explore and provide feedback on contain an *equity lens*. The goal of equity within a health care system is that all people reach their full health potential and are not be held back by the socially determined but modifiable barriers associated with poverty.

At meetings, LHIG members are encouraged to consider and discuss how the most vulnerable or marginalized populations are impacted by the issue. Any suggestions for how to address a problem or concern should also include specific recommendations to address challenges faced by vulnerable or marginalized populations that would enable them to access services and improve health outcomes.

At the both sets of meetings on the strategic plan, LHIG members were reminded and encouraged to consider equity when providing feedback. When members were asked to provide feedback on the current strategic priorities, they were asked the following questions:

- What equity considerations are relevant to each of these strategic directions? For example poverty, accessibility, appropriateness (i.e. cultural, faith, ethnicity, etc.)
- Are there any additional considerations that need to be added to address health equity?

Some of their comments and suggestions on working towards the goal of equity in the Winnipeg health region, from each of the LHIGs are included below.

### Working towards the goal of equity over the next five years

*We need to build the goal of equity into all of the strategic directions. We should be looking at all priorities from these lenses – equity (not the same, but tailored care), prevention and promotion, and patient-centred care (through the involvement of patients and their families).*

(Members, River Heights/Fort Garry)

#### Downtown/Point Douglas LHIG

- Regarding primary care infrastructure and performance, the focus needs to be on impoverished community members who are not receiving primary care right now.

#### River East/Transcona LHIG

- We need to address additional costs for treatment that are not covered and what happens for those who can't afford it.

- There should be work done on transitions between care and navigation supports for individuals with complex needs, including seniors. We can use partnerships and innovation to address this

#### River Heights/Fort Garry LHIG

- Access to healthy food contributes to other factors impacting health.
- Place services on bus routes
- Continue to develop Access Centres.
- Need for people to connect face to face in their community.
- People with mental health issues need specific equity considerations.

#### Seven Oaks/Inkster LHIG

- Quick care clinics are better for low income populations.

#### St Boniface/St Vital LHIG

- Need to reach and engage vulnerable populations, like Newcomers and Aboriginal population, and other hard to reach populations.
- Link between poverty and health care use. Health care navigators could be helpful.
- Focus on developing primary care clinics in low income areas.

#### St James/Assiniboine South LHIG

- There should be roving staff to assist with health issues, like prevention and promotion.
- Increased knowledge equals increased empowerment.

## **Input on LHIG's Top 5 Strategic Priorities Local Health Involvement Groups (March 2015)**

### **1. Prevention and Promotion**

*Health providers need to be trained to help with prevention not just prescriptions.*

#### How can we briefly describe this priority?

- Helping people make healthier choices in their lives; meeting people prior to disease or illness happening. It is proactive and engaging and it involves sharing information and education to prevent disease and promote good health practices.
- Multi-faceted, public education, communication, schools – to prevent disease, promote good health using research-based and effective strategies.
- Maintaining or improving the health of the population and reducing the rates of disease – for all groups and some targeted groups as well – Newcomers, Aboriginal populations, etc.

#### **Vulnerable Populations**

- Shouldn't blame poor health on the individual – need to look at health from a social view, dependent on the involvement of all aspects of society – governments, communities, etc.
  - Working closely with vulnerable populations, it's not just about health care.

#### What are the desired outcomes of this priority?

- Empowerment of individuals and their communities to use tools to control the social factors that impact their health.
- Changing how we look at what health care is; that prevention and promotion are part of the health care model.
  - Having physicians and other health care professionals focus on prevention and promotion.
- A measurement strategy is developed to track outcomes from prevention and promotion strategies/programs/policies.
- Reporting on what has been achieved – have there been positive impacts, trends? What hasn't and why?

#### What key actions do you feel is most important for the WRHA to move this priority forward?

- Get commitment for government for funding for this so that funding for prevention and promotion can be increased.
- Research determinants of health and target these for improved health promotion. Take real action on poverty issues – housing, income, etc.
- Work together with city government to increase access to healthy living opportunities – like, subsidized recreational passes.
- Partner with community groups to increase numbers of exercise programs available

- Provide information, classes, and workshops about easy and attainable ways to stay healthy to prevent disease (nutrition and exercise) at daycares, schools, community organizations, Access Centres, etc.
- Coordinate/sponsor seniors/youth physical activity programs and events at apartment buildings, community clubs, daycares, and assisted living.
- Need to be aware of community organizations – their levels of funding, etc. --they are asked to do a lot with decreasing budgets – there needs to be a commitment to funding.
- Greater engagement with communities -- partner with or refer to external agencies to promote their resources/supports that promote healthy living, for example YMCA's.
- Communicate health promotion topics broadly – through media, workplaces, social media, etc.
- Develop effective strategy with family doctors on their roles in prevention and promotion issues and educate physicians and medical staff about the need to promote healthy lifestyle.

#### Are there specific considerations for vulnerable populations?

- Coordinate with all levels of government on addressing the social determinants of health.
- Subsidized recreational passes and better promotion of free activities.
- Find out what communities want, then work with them.
- Higher rates of social assistance are needed right now – can't afford nutritious food, etc.
- Use neighbourhood settlement workers to develop programs with immigrant communities.
- Identify high risk groups – concentrate on them
- Ensure programs and information that is shared is culturally sensitive.
- Make injury prevention products (helmets, car seats, etc.) accessible for low income families

## **2. Improve Patient Flow**

*Educate the public about how they can help decrease delays/improve patient flow.*

#### How can we briefly describe this priority?

- Patient flow is about transitions in the health system. We need to ensure that people receive the care that they need in the right place at the right time and then continue to move through the system and receive the service that they need and when they need it.
- The journey that you take through the health system. Long wait times are a symptom that something's not working. It's about using the system appropriately.

#### What is the desired outcome of this priority?

- The goal should be – the right care at the right place at the right time.
- Increased patient satisfaction.
- Wait times are reduced.
- People use the health care system appropriately – especially emergency departments. Wait times would reflect national standards.

- Address issues in primary care with fee for service providers that impacts on overall patient flow issues, i.e. people at ER's when they could be seen at primary care providers.
- Don't overlook the perspectives of the people working in the system.

What key actions do you feel is most important for the WRHA to move this priority forward?

- Ask staff for ideas for improvements
- Is the patient in the right place or should they be somewhere else? The system should be focused on what the person needs and how to meet those needs.
- Should be getting feedback from "frequent" users
- More patient advocates.
- More emphasis on prevention and promotion would improve patient flow, speed things up.
- Seamless care and better collaboration between health care providers – and from site to site.
- Educate the public about what services they can receive at access centres, urgent care, quick care, emergency rooms, walk-in clinics, family doctors, etc.
- More support to expedite panel process for long term care – so wait times are decreased, less paperwork.
- At ER's, direct less critical cases elsewhere.
- Use more care providers for minor issues, not just doctors
- Public education on how they can help decrease delays/improve patient flow.
- WRHA needs to be more transparent about why some problems exist – like wait times and cancellation of cardiac surgeries – explain why these problems exist to the public.
- Identify patients who've been sitting on wait lists for months and months – have a staff person who stays connected with people on waitlists to see how they're doing, to let them know what's happening, etc.
- Continue with patient satisfaction surveys and tailor with questions about wait times, flow of process, and communication of information
- Let people know about "My Right Care" website
- Add nurse practitioner positions in ER and urgent care to triage lower-priority cases
- In ER's, there should be flipcharts that explain how triage works and information about other services (Quick Care, etc.) so people can immediately be directed to most appropriate services within that location
- Re-examine the situation of ambulances waiting at ER's
- Promote access centres – explain what they are
- More use of patient advocates to help people navigate the system
- There should be follow-up with all ER patients to see what happens to them when they get home.
- Continued improvement in adoption of new technologies to improve patient flow and information flow.

Are there specific considerations for vulnerable populations?

- Vulnerable patients will receive a different kind of care, not getting proper care – they won't necessary know how to use the system, may not ask. Therefore there is a need for patient advocates.

- Improve safety net, improve transition out of hospital – social work/applied health should get more involved with vulnerable patients.
- May not have regular doctor or if they do – afraid to talk to doctor
- System should be watching for vulnerable patients and be proactive, provide support.
- Culture within the system – very middle class – empathy for middle class patients.
- Outreach for targeted populations.
- Information on the health care system in more languages.
- Be more proactive about this, on-going and regular discussions with community organizations that support vulnerable populations.
- New facilities should be located in communities where they are needed most.

### **3. Improve Primary Care Infrastructure**

*The primary care physician is hub of access to the health system and the most important relationship for patient.*

#### How can we briefly describe this priority?

- Very much, basis from which other care begins; it needs to be dependable before you receive other care.
- It's the foundation/base of the system – performance and quality are a priority
- Primary care physician is hub of access to the system and the most important relationship for patient.

#### What is the desired outcome of this priority?

- Develop the right continuum and balance of primary care services within communities so that people can access full complement of care.
- Work on improving primary care, especially for homeless and other at-risk populations who do not receive follow-up care after ER visits, surgery, etc.
- Increased numbers of people using quick care clinics.
- People are using the system more appropriately and getting in when they need to.

#### What key actions do you feel is most important for the WRHA to move this priority forward?

- Monitor and evaluate systems and procedures.
- More quick care clinics.
- Improve access to family doctors – many do not have availability on weekends or evenings.
- Increase the number of nurse practitioners in primary care to improve access and help patients get connected to the care that they need.
- Need to align Fee for Service primary care physicians with WRHA goals and objectives.
- Better access to prescriptions – address financial barriers
- Primary care for youth – information, clinics, etc.
- Provide patients with print outs from appointments – with info on diagnosis, treatment, care, etc.
- Team approach for addressing individuals with complex needs



- Importance of front-line clerks – in person and over the phone – to be helpful, give proper direction on most appropriate care
- Need to be better links between primary care and prevention/promotion
- Monitor the % of population that does not have a family doctor and recommend related actions.
- Detailed questionnaire filled out by patient about their health and reviewed by primary care physician.

Are there specific considerations for vulnerable populations?

- Training for doctors and nurses and health care staff in issues of poverty, oppression, and vulnerability.
- Provide primary care sites close to marginalized populations, could be mobile.
- Improve and de-stigmatize issues re: LGBTTT receiving care
- Work on improving primary care, especially for homeless and other at-risk populations – who do not receive follow-up care – after ER visits, surgery, etc.
- Mobile health care practitioners for people who are isolated or don't have ability to reach out.
- Share information about the languages that primary care doctors speak – will help newcomers find care that is accessible.
- Better access to prescriptions – address financial barriers
- Primary care for youth – information, clinics, etc.
- Improve and de-stigmatize issues re: LGBTTT receiving care

**4. Increase Involvement of Patients and Families**

*Change the culture of the health care system to one where patients and families are valued and part of health team.*

How can we briefly describe this priority?

- Important role of family in supporting patients.
- You can only empower patients if the philosophy of providers and the health care system supports this.
- Involvement of patients and/or family has the potential to reduce health care costs.

What is the desired outcome of this priority?

- Patient and family is part of the health team. A patient's bill of rights is in place. Patient is primary focus. Health care providers embrace family's role in patient's care.
- That communication respects diversity of patients and families and their needs.
- Patient satisfaction increases
- Would feel like you're being treated as a whole person.
- Improved access to own health care information.
- Changed culture of health care system – where patients and families are valued and part of health team.

- Address issues of privacy.
- More programs, facilities developed for people in northern communities so that they can receive care where they live and have support of families.
- Develop strategies that are respectful of wishes of patient, challenges, dynamics, etc.
- Families, patients involved in service and program development.
- Improved health outcomes with the involvement of families.

What key actions do you feel is most important for the WRHA to move this priority forward?

- Ensuring that patient and family members understand all options for the right/ proper care/treatment and after care and provide information at a level that is appropriate for the individual and make sure that they have understood.
- Routinely, providers should be asking patients which family members/friends they can share information with about their health issue, treatment, etc.
- Ensure that all programs and staff understand the importance of family support.
- Improve representation at all levels of health care staff – that diversity of city/province, etc. is reflected – especially for Aboriginal people
- Create a functional partnership between family and health care team.
- Ensure family members get support/respite if they are involve in caring for family members.
- Help families connect with resources to be part of the solution.
- Burnout for family members – make processes easier, less burdensome
- Improve communication re: discharge from hospital to home – give families clearer direction.
- Health care professionals need to be helpful in communications with families – need to start listening and actually hear family.
- Post information on the WRHA website about the importance of having friends, family accompanying people to doctor appointments, etc.
- Family involvement should not mean off-loading on families
- Offer patients information in writing when appropriate
- Approach patient care as a discussion not a prescription (with family and patient)
- Ask for feedback from patient and family after discharge from hospital
- Allow family members to stay with patients if patient desires whenever possible – share information with family about this
- Doctors and other health care providers should encourage patients to ask questions about their health.
- Perhaps train doctors (or inform doctors) on how to take a couple of minutes at the end of consult to ask patient re: their treatment option selection – understanding and compliance
- Teach family to help care for patient – this is increasingly important when family member has dementia/memory loss
- Allocate sufficient time with patient for questions – often doctors are in a rush and patients don't feel comfortable asking questions
- Find out what family/friends can support – and then plan (if needed) how volunteers, spiritual care, etc. – others can help
- For elderly and others – have a place on the electronic medical record for approved family member, friend, or patient advocate that they can share information with.

### Are there specific considerations for vulnerable populations?

- Should be advocates for those patients without families who can support them – they need to be identified and followed up by staff.
- Ability to access information and services in your first language.
- Partner with cultural organizations/groups to share information and get feedback.
- People who come into Winnipeg for health care – they are vulnerable – alone, without family, additional costs to get care.
- Have staff, programs to support patients without families – recreation room and other options to socialize at hospital settings and have volunteers to accompany to appointments to help patients better understand doctor’s advice, etc.
- When providing written information, need to recognize low literacy rates and language barriers.
- Recognize/understand alternative, traditional, cultural practices – medicinal – First Nations
- Train staff to be aware of cultural diversity/practices.
- Need to ensure that providers are watching for issues of elder abuse – family shouldn’t be involved with supporting those patients
- People without supports --- partner with different community organizations to play supportive, advocacy role for patients without family to support them.
- Need to consider special barriers – linguistic, cultural, literacy challenges.

## **5. Planning for an aging population**

*Improve how people can transition through health services as they age and their needs change.*

### How can we briefly describe this priority?

- The population is aging and there will be increasing demands on the health system, want to ensure aging population is healthy.
- When their health deteriorates in the last 2 years, their needs grow quickly
- Connects to all other priorities.

### What is the desired outcome of this priority?

- Plan for shifting/changing demographics and address the needs of caregivers.
- People are more proactive about changing health care needs (their own/aging relatives), planning for the future.
- Advice, assistance, support – available when needed to assist families move through the system and access resources in a timely way.
- Families are aware of “red flags” that predict a relative may need a new level of care – this information is shared.
- Services are available to answer individual needs.
- People living as well as they can for as long as they can.
- Aging in place.

What key actions do you feel is most important for the WRHA to move this priority forward?

- Should be thinking about facilities that are multi-purpose that can be repurposed.
- Don't presume that age should limit treatment options – look at person's overall health before ruling out a procedure.
- Integrated plans and programs – aging population needs and care.
- Build more supportive living
- Tier living care facilities to assisted supportive and long term housing
- More family supports for aging parents.
- Virtual teams keeping people in their homes with family and friends helping.
- Improve existing programs that help seniors stay at home – ensure home environment is safe.
- Saskatchewan has model of dementia care that Winnipeg should consider – Sherbrooke Centre
- Improve how people can transition to services as they age.
- Need to promote/clarify advance care planning and health care directives
- There are attitudinal challenges – many seniors/elderly not getting care when they to – their health issue worsens and they end up in ER – need to ensure the prevention and promotion part of the system is working with aging population.
- More dementia supports.
- Make family involvement a priority, a necessity for seniors.
- Provide healthy living as you age workshops
- Disease prevention/health promotion for aging population.
- Use cultural or ethnic communities and organizations for seniors programming.
- More activities for elderly needed to keep them connected to society and continuing to enjoy life.
- More respite options/facilities.
- Having sensitive discussions around transitioning aging family members
- Let public know about resources for support at home nearing the end of life.
- Individual long term care plan as we age – includes flu shots, health care directives/DNR's, living will, palliative care

Are there specific considerations for vulnerable populations?

- Paid advocates for vulnerable seniors
- Open more beds for seniors with dementia, especially high needs behavioral patients.
- Address ageism within system
- Identify isolated, vulnerable seniors – neighbours can help with this – then get them connected to organizations for resources.
- Low income seniors – may choose to not buy prescriptions because they can't afford to – is this being addressed? Family doctors should be watching for this, connecting to resources.
- Find ways to bridge language barriers
- Have specific mental health strategies for this population.
- Provide elder support groups – based on language spoken.

- Provide programs for newcomers – senior men
- Aboriginal families – want to keep elderly with them – feel that they will do better in home environment.

# Appendix A

## **Local Health Involvement Groups (2014-15) Background on “Strategic Planning” Topic**

The Local Health Involvement Groups have been asked by the Board to spend one year of meetings (October 2014 to March 2015) providing input into the next 5 year strategic plan. This topic was recommended by the LHIG Topic Selection Working Group, comprised of LHIG members, Board Liaisons, Senior Staff, and staff supporting the LHIGs.

### **Background on Strategic Plan**

The WRHA’s 5 year strategic plan is a legislated requirement that provides key directions and priorities the WRHA will focus on and aim to achieve over a 5-year period. A strategic plan is a tool that helps an organization focus its energy, ensures that members of the organization are working toward the same goals, and assesses and adjusts the organization's direction in response to a changing environment.

- Our strategic plan is a written document that outlines the mission, vision, and values of the WRHA together with specific directions, strategies and performance measures.
- It is directed at three key audiences: residents of the Winnipeg health region, the WRHA and Manitoba Health (i.e. Manitoba Health, Healthy Living, and Seniors)
- It is based on the Community Health Assessment, the unique characteristics of our region, and the over-arching provincial priorities of Manitoba Health.

### **Why is a strategic plan important?**

- Helps the WRHA and all its stakeholders understand the overall direction and focus of healthcare services across the Winnipeg health region; guides decision making and resource (human and financial) allocation
- Provides a blueprint for measuring the progress of our healthcare system.
- Offers an opportunity to incorporate the healthcare needs of our varied stakeholders.

### **How is it used by the Board, the WRHA and Manitoba Health?**

- The Board of Directors uses the strategic plan as a basis from which to monitor the achievement of key strategic directions and priorities.
- WRHA senior leadership uses as a guidepost to maintain focus on the common vision and direction
- Manitoba Health, Healthy Living and Seniors and the public can monitor and measure the achievement of overall directions and priorities.

## Local Health Involvement Groups input on the strategic plan

Having the Local Health Involvement Groups provide input into the strategic plan is a great opportunity for public participation in this process. You are key stakeholders and your perspectives on where the WRHA should be going in the next 5 years and how we are going to get there is very valuable.

### How will your input be used?

- LHIG interim and final reports will be shared with the Board and Leadership, and incorporated into the overall strategic plan.
- The strategic plan is a public document that will be posted on the WRHA website and communicated across the region.

### How you will be exploring and providing input on the strategic plan

#### **First Meetings: (October 2014)**

- High level overview of strategic planning/ public engagement process
- LHIG members to provide input on -- what you feel the WRHA is doing well, what the WRHA can improve, opportunities that exist for the WRHA to build on, and the WRHA's biggest challenges/obstacles.

#### **Second Meetings: (November 2014)**

- Presentation to provide update on where the region is at with the six strategic directions - - what has been accomplished, work still being done, challenges, etc.
- LHIGs will provide feedback on current strategic priorities (associated with each of the six strategic directions). Which priorities are still relevant? Which priorities aren't relevant anymore? Any priorities need to be added?
- Exercise to rank the priorities

#### **Interim Report**

- Presented to Board at January 2015 meeting

#### **Third Meetings: January/February 2015**

- Post prioritized (including any new) strategic priorities
- Ask members for ideas of high level action items for the prioritized strategic priorities

#### **Fourth Meetings: March 2015**

- Patient values, rights, and responsibilities

#### **Final Report**

- Ready for Board at end of March 2015
- Presented at All LHIGs Meeting in early May 2015



# Appendix B

## WINNIPEG REGIONAL HEALTH AUTHORITY (Refreshed) STRATEGIC DIRECTIONS AND PRIORITIES – 2013 - 2016

Strategic Direction	Definition	Strategic Priorities
<b>Enhance Patient Experience</b>	Enhance patient experience and outcomes by listening more carefully to patients and considering their needs when designing and delivering services.	<ul style="list-style-type: none"> <li>• Increase the involvement of patients and family.</li> </ul>
<b>Improve Quality &amp; Integration</b>	Improve access to quality and safe care through improved integration of services and the use of evidence informed practice.	<ul style="list-style-type: none"> <li>• Improve primary care infrastructure and performance.</li> <li>• Improve patient flow.</li> </ul>
<b>Foster Public Engagement</b>	Work with the community to improve its health and well-being by forging partnerships and collaborating with those we serve.	<ul style="list-style-type: none"> <li>• Increase public communication, consultation, and participation across planning, policy development, and decision making within the region.</li> </ul>
<b>Support a Positive Work Environment</b>	Enhance quality care by fostering a work environment where staff are valued, supported and accountable, and who reflect the diverse nature of our community.	<ul style="list-style-type: none"> <li>• Increase the diversity of our workforce.</li> <li>• Increase staff engagement to strengthen workplace culture.</li> </ul>
<b>Advance Research &amp; Education</b>	Work with stakeholders to enhance academic performance through the development of an academic health sciences network where clinical education and research activities are better aligned and integrated.	<ul style="list-style-type: none"> <li>• Expand the use of Inter-professional Teams.</li> <li>• Develop a regional research strategy.</li> </ul>
<b>Build Sustainability</b>	Balance the provision of healthcare services within the available resources to ensure a sustainable healthcare system.	<ul style="list-style-type: none"> <li>• Improve productivity and efficiency through process improvement.</li> <li>• Implement an enterprise risk management framework (ERM).</li> </ul>

At the request of Manitoba Health, the Winnipeg Regional Health Authority (WRHA) refreshed its strategic plan as part of the 2014-15 Regional Health Plan submission. The refreshed strategic plan better aligns the WRHA's strategic priorities with those of Manitoba Health, and ensures greater focus on key priorities for the remaining three years of the five-year strategic plan. All six of the WRHA's Strategic Directions remain unchanged. However, the number of strategic priorities within these directions has been reduced from 31 to ten. This will increase the Region's focus, and better align its work with Manitoba Health in the areas of primary care, patient flow and access, process improvement, and long-term care.

# Appendix C

# Manitoba Health, Healthy Living and Seniors

## Our Vision

Healthy Manitobans through an appropriate balance of prevention and care

## Our Mission

To meet the health needs of individuals, families and their communities by leading a sustainable and publicly-administered health system that promotes well-being and provides the right care, in the right place, at the right time.

## Priorities and Goals

### Priority 1 – Capacity Building

- 1.1 Achieve strategic priorities through a sustained planning and alignment process that advances role clarity, collaborative and innovative work practices, risk management, and effective use of resources.
- 1.2 Apply innovative human resource policies and practices to help recruit and retain department staff. These policies and practices will focus on supporting staff development, work-life balance and opportunities for advancement that are consistent and fair across the department.

### Priority 2 – Health System Innovation

- 2.1 Drive innovation in the health system and the department to improve health outcomes, contain costs, and support appropriate and effective services.

### Priority 3 – Health System Sustainability

- 3.1 Direct the development and implementation of a long-term action plan that defines Manitoba's future health system, establishes clear roles for the department and other stakeholders, and how the system can be sustained.
- 3.2 Lead the development and implementation of a broad, health system human resource plan that is sustainable and aligns with department priorities.
- 3.3 Build sustainable, innovative and evidence-based service provider funding methods to ensure accountability, meet the health needs of Manitobans, and contain the rise in health costs.
- 3.4 Enable information systems and technologies that improve Manitoba's health system and department processes in a sustainable way.

3.5 Influence the creation of conditions, both within and outside the health sector, that support healthy living and well-being through the development of a strong active living, health promotion and disease, illness and injury prevention agenda across all ages.

#### **Priority 4 – Improved Access to Care**

4.1 Enhance and improve access to health services for all Manitobans.

4.2 Implement a strategy to enhance the primary health care system that better meets the patient and population needs of Manitobans through a greater emphasis on the patient.

#### **Priority 5 – Improved Service Delivery**

5.1 Lead advances in health service delivery for First Nations, Métis, and Inuit Manitobans, through policy and programs with a focus on prevention, primary health care, public health, and education.

5.2 Lead emergency management by establishing strategies, policy and partnerships that improve operational readiness to meet population needs in emergency and disaster situations.

5.3 Realize customer service excellence through improving Manitoba Health's services.

5.4 Guide effective and efficient department policies, processes, and service delivery methods to support the department and its funded service providers to strengthen capacity, ensure roles are clear, accountabilities are met, and services are delivered to meet the health needs and safety of Manitobans in the best way possible.

#### **Priority 6 – Improving Health Status & Reducing Health Disparities Amongst Manitobans**

6.1 Steer an innovative, evidence-based action plan to reduce health disparities and improve the health of Manitobans. This involves negotiating clear roles and effective working relationships with other government departments, municipalities, regions, and other appropriate partners.

6.2 Create an innovative, collaborative plan for public health to target major gaps in health status and improve the health of Manitobans.

# Appendix D

## LHIG Rankings of Strategic Priorities (current and proposed by LHIG members)

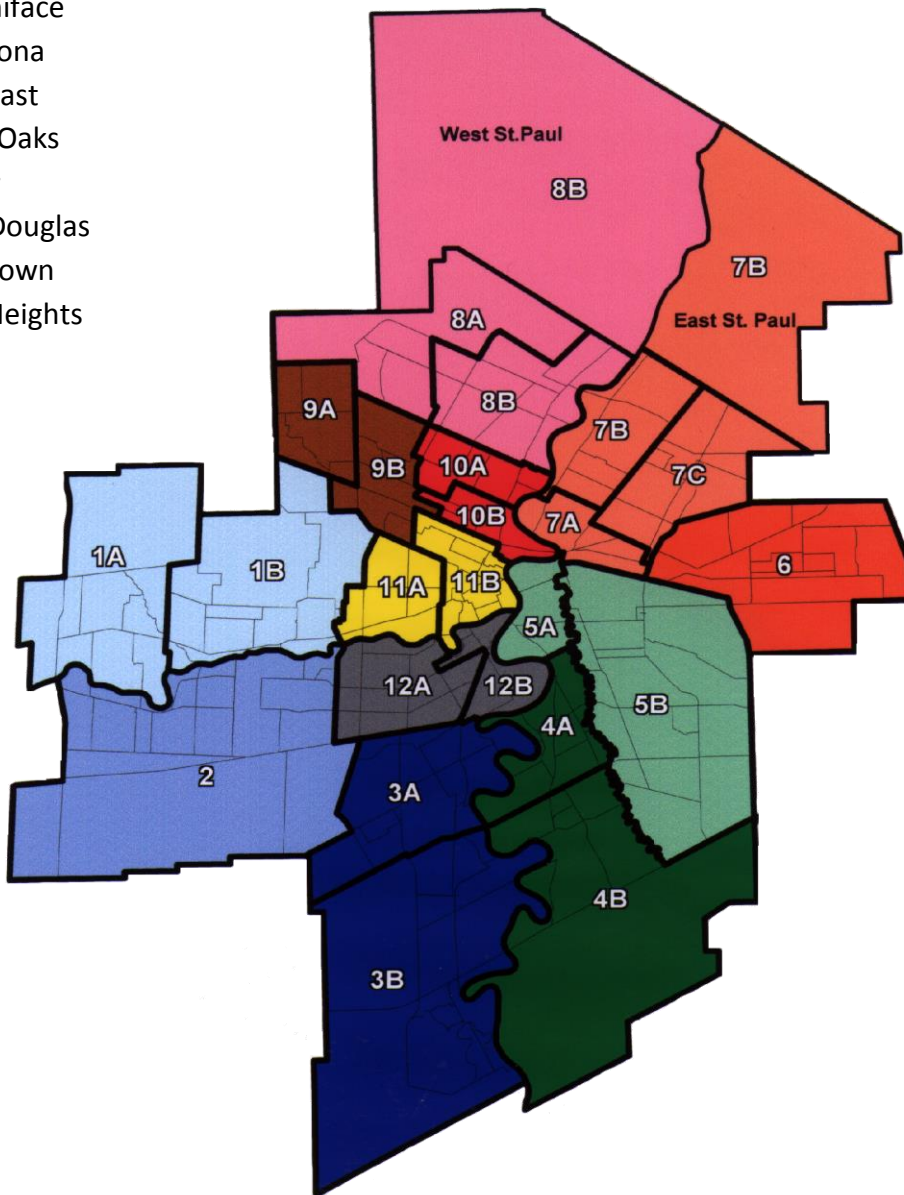
LHIGs Priorities	Downtown/ Point Douglas	River East/ Transcona	River Heights/ Fort Garry	Seven Oaks/ Inkster	St Boniface/ St Vital	St James/ Assiniboine South
Ranked number one	Improving Health and Health Status (Equity)	Prevention and Promotion	Increase involvement of patients and families	Planning for aging population	Prevention and Promotion	Prevention and Promotion
Ranked number two	Prevention and Promotion  Improve patient flow	Increase involvement of patients and families	Improve patient flow  Holistic Health – system partners with community	Improve primary care infrastructure and performance	Improve patient flow	Improve primary care infrastructure and performance
Ranked number three		Improve patient flow		Mental Health	Improve primary care infrastructure and performance	Planning for aging population
Ranked number four	Expand use of inter- professional teams	Improve Productivity and Efficiency	Increase staff engagement	Improve patient flow  Improving Health and Health Status (Equity)	Emergency departments	Improve patient flow
Ranked number five	Improve primary care infrastructure and performance	Patient Empowerment and Accountability	Research – knowledge exchange and sharing  Expand use of inter- professional teams		Increase diversity of the workforce	Expand use of inter- professional teams

# Appendix E



## Map of the Community Areas in the Winnipeg Health Region

- 1 St. James – Assiniboia
- 2 Assiniboine South
- 3 Fort Garry
- 4 St. Vital
- 5 St. Boniface
- 6 Transcona
- 7 River East
- 8 Seven Oaks
- 9 Inkster
- 10 Point Douglas
- 11 Downtown
- 12 River Heights



# Appendix F

Acknowledgements  
Members of the Local Health Involvement Groups  
Board Liaisons to the Groups  
Support Staff for Groups

## Members of Local Health Involvement Groups 2014-2015

### **Downtown/Point Douglas Group**

Dennis Ballard  
Davada Carlson  
Todd Donahue  
Blair Hamilton  
Kendra Huynh Williams  
Ian Montalbo  
Christine Nijimbere

Harry Paine  
Lissie Rappaport  
Alberto Sangalang  
Barbara Scheuneman  
Doreen Szor  
Carla Veldcamp

### **River East/Transcona Group**

Frank Fiorentino  
Visaka Jackson  
Michael Josefchuk  
Darlene Karp  
Nina Kostiuk  
Norman Meade  
Sheron Miller  
Maureen Peniuk

Judy Posthumus  
Brian Reinisch  
Brenda Paley  
Brenda Rocchio  
Sandra Sanders  
Peter Veenendaal  
Ashley-Dawn (AD) Zallack

### **River Heights/Fort Garry Group**

Elissa-Marie Bittner  
Barbara Bourier-Lacroix  
Tom Dickie  
Navsharn Dhaliwal  
Kevin Fontaine  
Alison Hamilton  
Lorraine Klymko  
Meryle Lewis

Natalie LoVetri  
Melanie Matte  
Lana McGimpsey  
Amy Passmore  
Amanda Rozyk  
Karen Velthuys  
Tim Wildman

### **Seven Oaks/Inkster Group**

Rawlee (Satch) Bachoo  
Margaret Banasiak  
Susan Burko  
Elsa Garcia  
Louise Evaschesen  
Joanna Flores  
Elizabeth Kopp  
Jocelyn Lantin

Len Offrowich  
Terry Rear  
John Sawchuk  
Diana Szymanski  
Jagdeep Toor  
Jacquie Tucker  
Ginny Witkowski-Sudlow

### **St. Boniface/St. Vital Group**

Kristin Albo-Berkowits  
Mona Audet  
Helene Beauchemin  
Bathelemy Bolivar  
Tim Church  
Laura Enns  
Grace Gillis  
Jim Kolson

Kitty Leong  
Keith Lowe  
Rose Marsden  
Elsie Nabroski  
Gisele Toupin  
John Wylie  
Derek Yakielashek

### **St. James-Assiniboia/Assiniboine South Group**

Sangeet Bhatia  
Dayna Blackthorn  
Brian Clerihew  
Dennie Cormack  
Danita Dubinsky Aziza  
David Friesen  
Wendy French

Ken Howell  
Angela Keno  
Diane Longeran  
Lawrence Klepachek  
Georgette Martin-Couture  
Christine Portelance

### **WRHA Board Liaisons** (non-voting members of Groups)

Elaine Bishop and Joan Dawkins  
Sheila Carter and Doris Koop  
Bruce Thompson and Jeff Cook  
Stuart Greenfield  
Josée Lemoine and Rob Santos  
Joanne Biggs and Jean Friesen

Downtown/Point Douglas  
River East/Transcona  
River Heights/Fort Garry  
Seven Oaks/Inkster  
St. Boniface/St. Vital  
St. James-Assiniboia/Assiniboine South

### **Community Area Directors/Staff** (non-voting members of Groups)

Louis Sorin  
Debra Vanance  
Dana Rudy  
Carmen Hemmersbach  
Susan Stratford  
Marlene Stern  
Pat Younger  
Kellie O'Rourke

Downtown/Point Douglas  
River East/Transcona  
River Heights/Fort Garry  
Seven Oaks/Inkster  
St. Boniface/St. Vital  
St. Boniface/St. Vital  
St. James-Assiniboia/Assiniboine South  
St. James-Assiniboia/Assiniboine South

### **Support Staff for Groups**

Jeanette Edwards  
  
Suzie Matenchuk  
Sylvie Pelletier  
Colleen Schneider

Regional Director, Primary Health Care and Chronic Disease  
Manager, WRHA Volunteer Program  
Administrative Assistant  
Manager, Local Health Involvement Groups