

# Appendix A - The Planning Context and External Environment

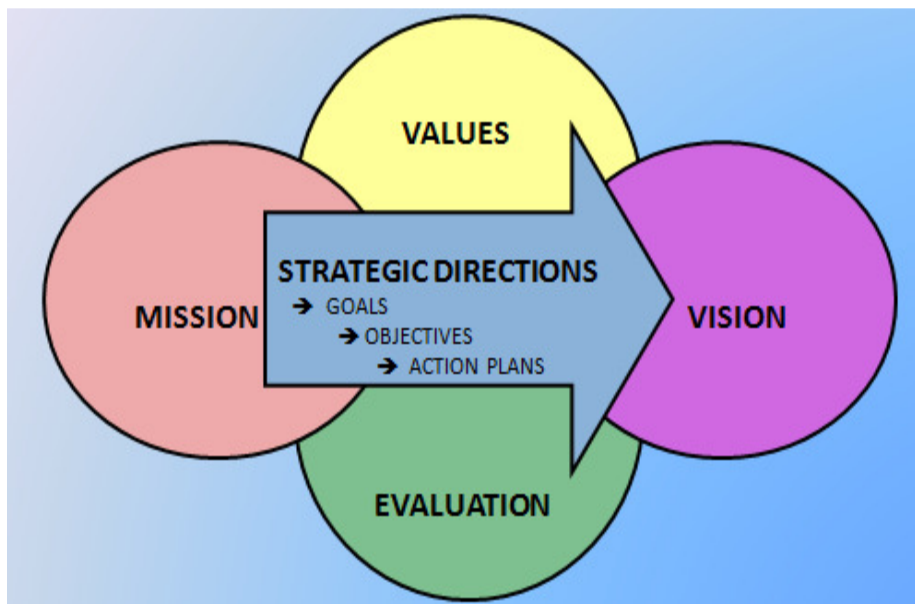
## The Purpose and Process of Strategic Planning

The purpose of strategic planning is to align the organization's vision with its mission, and to define, at a high level, a plan or course of action that will propel the organization toward achieving its vision. During this process, the group tasked with developing the Strategic Plan typically reviews its statements of Vision, Mission and Values, assesses them in the current context, and revises them if necessary. In crafting the plan of action, the group considers the opportunities and threats that the organization faces as a result of the environment in which it exist, and the strengths and weaknesses of the organization itself.

The result of the process is a document that defines the organization's current statements of Mission, Vision and Values, and articulates key strategic directions. It also defines the significant goals that support movement along the strategic directions, as well as some of the more detailed objectives that support the goals. The accomplishment of each goal and objective is outlined through an action plan or tactical plan that defines who (or which group) is to do what and when. Typically, these tactical plans do not form part of the Strategic Plan and are developed following completion of the planning process.

Regularly evaluating the progress made in completing each tactical plan, reaching objectives and attaining goals is key to ensuring success. Less frequently, the organization will also want to assess its progress, overall, in achieving its strategic directions and, ultimately, its vision.

Figure A-1: Strategic Planning Framework



At Manitoulin Health Centre, this process was overseen by the Board of Directors' Strategic Planning Committee, which included:

- Suzanne Norris - Committee Chair
- Charles Adam - Board Member
- Don McGraw - Board Member
- Dorothy Gordon - Board Member
- Georgina Hari - Board Member
- Greg Bond - Board Member
- Dr. Stephen Cooper - Chief of Staff
- Ken Ferguson - Board Member
- Lynn Foster - Chief Financial Officer
- Derek Graham - Chief Executive Officer

The process occurred over a period of several months, during the first half of 2013, and culminated in approval of the five year Strategic Plan by the Board of Directors on [REDACTED]. Through this process, a new Vision Statement was crafted and the Statement of Values was substantially revised. The Mission Statement was not changed, as it continues to represent well the organization's purpose.

Extensive community consultation supported development of this Strategic Plan, involving the public, employees, the Board of Directors, and other health service organizations at key points. Additional details concerning this engagement and its outcomes are included in [Appendix D](#).

## Planning Context

### The Ministry and North East LHIN

Manitoulin Health Centre cannot plan in isolation. This Strategic Plan reflects the environment in which the organization operates, and the planning priorities of both the Ministry of Health and Long Term Care (the Ministry), and the North East Local Health Integrated Network (NE LHIN).

The priorities of both the Ministry and the NE LHIN reflect both the public's desires and current economic realities. They focus on wellness and primary care, and providing needed care in the least expensive setting.

**Figure A-2: Ministry and LHIN Priorities**

Ministry Priorities (February 2013)	North East LHIN Priorities (2013-2016 IHSP)
<ul style="list-style-type: none"> <li>• <b>Keeping Ontario Healthy</b> <ul style="list-style-type: none"> <li>○ Smoke-Free Ontario, Childhood Obesity, and Cancer Screening</li> </ul> </li> <li>• <b>Faster Access and Stronger Link to Family Health Care</b> <ul style="list-style-type: none"> <li>○ Local Integration and Family Health Care at the centre</li> <li>○ Faster Access and Focus on Quality</li> <li>○ House Calls</li> </ul> </li> <li>• <b>Right Care, Right Time, Right Place –</b> <ul style="list-style-type: none"> <li>○ More Home Care for Seniors</li> <li>○ Ontario Senior Strategy</li> <li>○ Funding Report – Patient Based Funding for Hospitals</li> <li>○ Moving Procedures into the Community</li> <li>○ Expanded Scope of Practice - Pharmacists</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Increase primary care coordination</b></li> <li>• <b>Enhance care coordination and transitions to improve patient experience</b> <ul style="list-style-type: none"> <li>○ Assisted Living for High Risk Seniors</li> <li>○ Aging at Home</li> <li>○ Home First</li> </ul> </li> <li>• <b>Enhance accessibility to mental health and substance abuse treatment services</b></li> <li>• <b>Target the needs of culturally diverse populations</b> <ul style="list-style-type: none"> <li>○ First Nations</li> <li>○ French Language Health Services</li> </ul> </li> </ul>

## The JPPC and OHA

Manitoulin Health Centre's Strategic Plan also reflects the work of the Joint Policy and Planning Committee - a group commissioned by the Ontario government and representing both the Ministry of Health and Long Term Care and the Ontario Hospital Association. In 2006, this group identified a recommended list of core services for small hospitals and articulated the potential reach and role of these organizations as service access hubs: *'The reach of the rural hospitals, however, may ideally extend in both directions; into the community and also into urban centres: an access hub for its community in both directions'*.

Further work by small hospitals in the North East Ontario region and within the Ontario Hospital's Small, Rural and Northern Hospitals Advisory Committee has continued to build on this theme and to reinforce the concept of 'service access hub' as a valuable role for small, northern hospitals. A document titled *Local Health Hubs for Rural and Northern Communities - An Integrated Service Delivery Model Whose Time Has Come*, published by the Ontario Hospital Association in May, 2013, reflects this work.

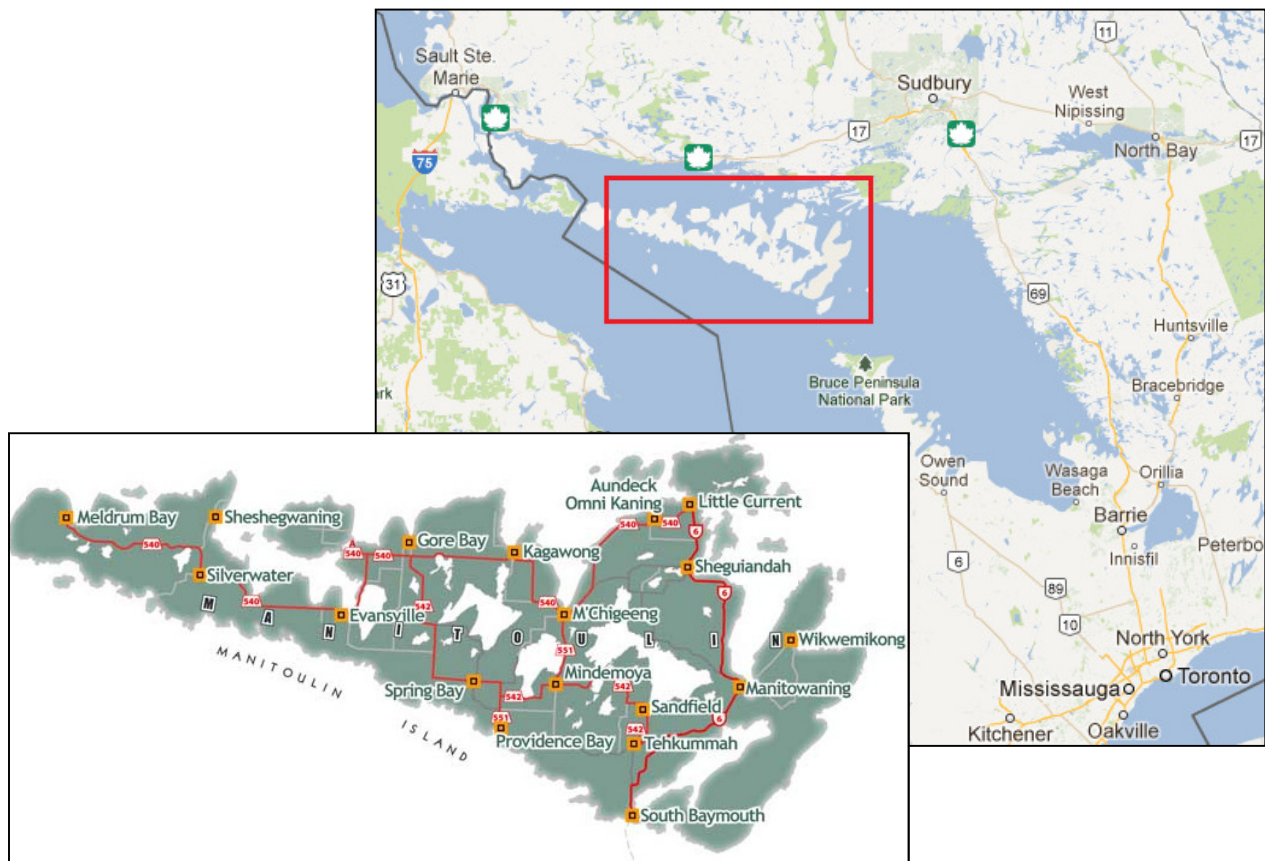
## Geography and Transportation

Manitoulin District covers 4,760 square kilometers. It is sparsely populated, with 2.8 persons per square kilometre. Manitoulin Island is connected to the mainland that lies north of the island by a two-lane highway. Ferry service is available during the summer months, travelling south from South Baymouth to Tobermory.

Manitoulin Island is the largest island in the world within a body of fresh water. The westernmost community of Meldrum Bay is 184 kilometers by road from Wikwemikong - the easternmost community.

The vast geography of the area, its low population density, the remoteness of some communities, and winter weather all present significant challenges for the delivery of health care services to the population.

**Figure A-3: Manitoulin Island Geography**



Highway 6 is the main north/south transportation corridor, extending from Little Current to South Baymouth. Other provincial highways on the Island include:

- Highway 540, which travels east-west, linking the communities of Little Current, Aundeck Omni Kaning First Nation, M'Chigeeng First Nation, Kagawong, Gore Bay, Evansville, Silver Water and Meldrum Bay
- Highway 551, which travels north-south, linking M'Chigeeng through Mindemoya to Providence Bay); and
- Highway 542, which winds through Gore Bay, Spring Bay, Mindemoya, Sandfield, and Tehkummah

There is no scheduled air service, bus or rail passenger service linking the Manitoulin District with other areas, and there is no public transportation service available within the District.

The population of Manitoulin District is approximately 13,000, with the following being the three largest communities, according to 2011 Statistics Canada census data:

- Unceded Indian Reservation of Wikwemikong - 2,592
- Town of Little Current - 1,523
- Town of Gore Bay - 850

All other communities are rural townships and First Nations.

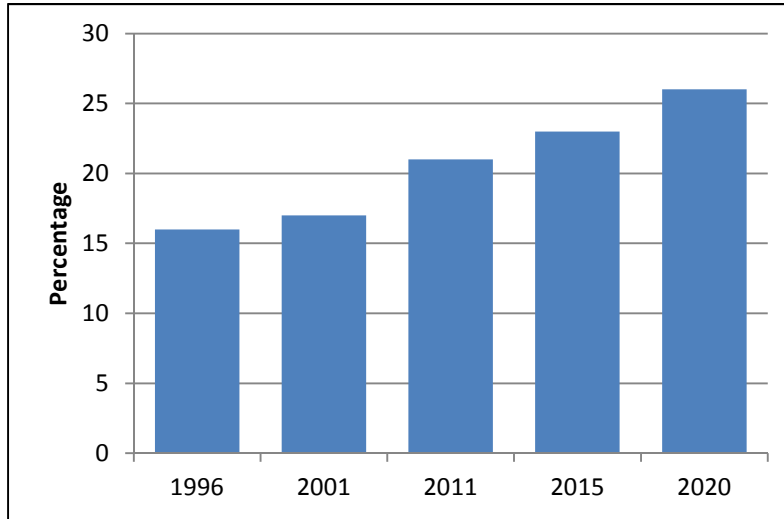
## Demographics

The catchment population of Manitoulin Health Centre includes the population of Manitoulin District. This population of approximately 13,000 people is expected to remain constant through to 2020, according to projections published by the Ontario Ministry of Finance. However, these projections likely understate the population growth anticipated among Manitoulin Island's First Nations communities.

From 2011 to 2020, the number of people aged 65 years and older will increase by 790 individuals (from 2,790 to 3,580). This represents an increase in this age cohort from 21% to 26% of the total population.

Approximately 90% of people 65 years and older live in private households, and one-quarter of them live alone.

**Figure A-4: Percentage of People Aged 65 Years and Older**



Source: Ontario Ministry of Finance

## Education

The most recent data available from Statistics Canada concerning the population's level of education is from 2006. This information reveals that almost one in three Manitoulin District residents have not completed high school, compared to just one in four or one in five Ontario residents. The rate of completion of apprenticeships and college diplomas is slightly greater for local residents than for Ontarians on average; however, only half as many local residents have completed university degrees.

**Figure A-5: Level of Education Achieved**

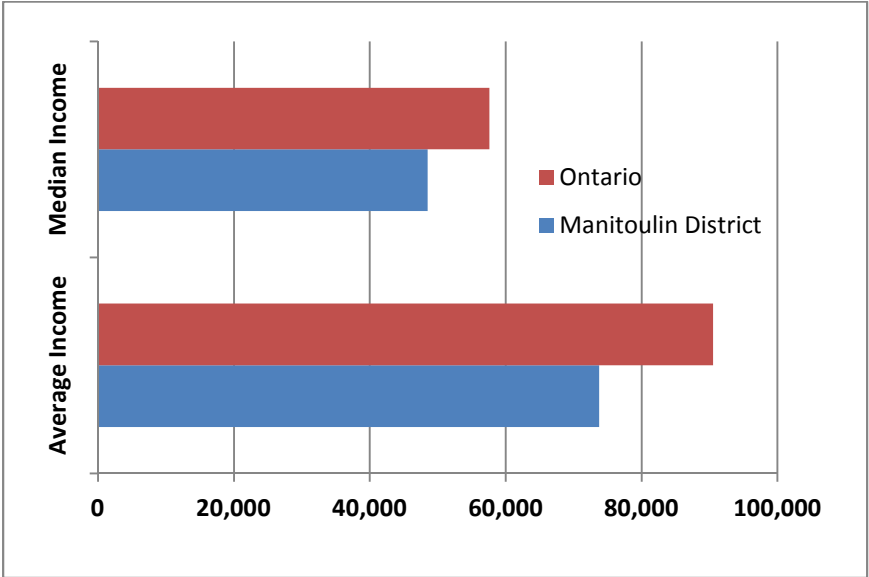
	Percentage of Population 15 Years and Older	
	Manitoulin District	Ontario
No certificate, diploma or degree	32.5	22.2
High school certificate or equivalent	24.8	26.8
Apprenticeship or trades cert/dip	11.5	8.0
College or equivalent	19.1	18.4
University below bachelor level	2.8	4.1
University degree etc.	9.4	20.5

Source: Statistics Canada, 2006

# Employment and Income

The most recent data available from Statistics Canada concerning employment and income is from 2006. This information shows that both median and average family income is significantly lower in Manitoulin District in comparison to Ontario overall. In Manitoulin District, the average family income is just \$57,605, in comparison to \$90,526 for the average Ontario family.

Figure A-6: Family Income



Source: Statistics Canada, 2006

During 2006, of the people deemed to be eligible to participate in the work force, 39% were employed on a full-time basis for the full year, while 50% were employed on a part-time basis or for only a portion of the year. The remaining 11% were unemployed.

The three largest industrial sectors that employ Manitoulin District residents are health care and social assistance, retail trade and public administration.

**Figure A-7: Employment by Industrial Sector**

<b>Industrial Sector</b>	<b>Number</b>	<b>Percentage</b>
Health Care and Social Assistance	945	16
Retail Trade	640	11
Public Administration	610	11
Accommodation and Food Service	525	9
Construction	510	9
Transportation and Warehousing	485	8
Other Services	2,050	36
<b>Total</b>	<b>5,765</b>	<b>100</b>

Source: Statistics Canada, 2006

Almost one in four employed local residents works in a sales or service occupation. Another 19% of employed individuals work in trades, transportation and as equipment operators. One in ten people is employed in a management occupation, and another one in ten is employed in providing health care.

<b>Occupations</b>	<b>Number</b>	<b>Percentage</b>
Sales and services	1,335	23
Trades, transport and equipment operators and related	1,100	19
Business, finance and administration	785	14
Social science, education, government service and religion	630	11
Management	565	10
Health	505	9
Occupations unique to primary industry	400	7
Other occupations	445	8
<b>Total</b>	<b>5,765</b>	<b>100</b>

Source: Statistics Canada, 2006



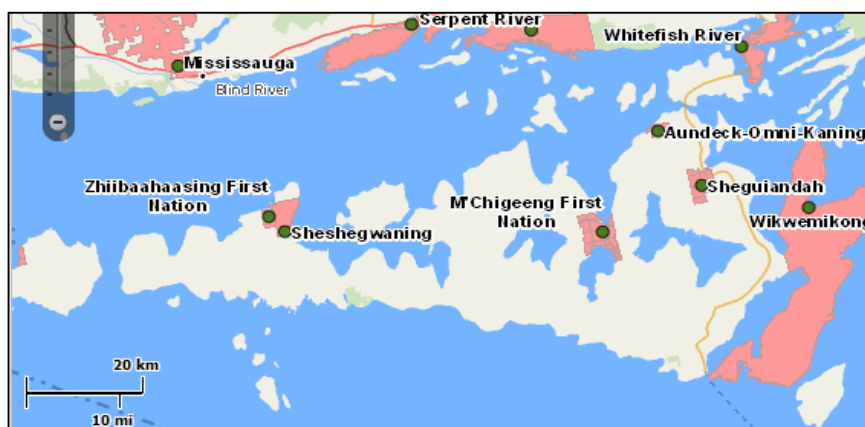
## First Nations

During the 2006 census, 5,035 people within Manitoulin Health Centre's catchment area declared themselves as having Aboriginal identity. The website for Aboriginal Affairs and Northern Development Canada lists populations for each of the seven First Nations communities as follows:

- Wikwemikong – 7,752 of which 3,030 are on reserve
- Aundeck-Omni-Kaning – 786
- Whitefish River – 1,220
- M'Chigeeng – 2,491
- Sheshegwaning – 481
- Sheguiandah - 372
- Zhiibaahaasing - 160

Ten percent of all District residents speak Ojibway or Ojicree at home.

**Figure A-8: Location of First Nations Communities**



## Population Health

### Health Conditions

Information about the health conditions that affect District residents is available at the level of the Sudbury District Health Unit (SDHU) only. No District-specific information is available. Information for the entire population of the SDHU indicates a population with greater rates of obesity, arthritis and high blood pressure than the Ontario average. The data also reveals that local residents are hospitalized much more frequently than the average Ontarian, and that there is a greater prevalence of hospitalization due to injury.

**Figure A-9: Health Conditions**

	SDHU	Ontario
Overweight or obese	61.3%	52%
Arthritis	21.0%	17.3%
High Blood Pressure	20.5%	17.4%
Hospitalized MI Rate (per 100,000)	384	207
Injury Hospitalization Rate (per 100,000)	513	407

Source: Statistics Canada January 2013 – Community Health Profile

## Health Behaviours, Human Function and Accessibility

People exercise choices in relation to smoking, drinking and the use of bicycle helmets, among other health behaviours. The 2013 Community Health Profile for the SDHU catchment population shows that local residents make choices with regard to all three of these behaviours that place them at greater risk for illness or injury than for the average Ontario resident. Through this survey, area residents also indicated that their ability to participate in activity is limited more frequently.

There are roughly 10% fewer Family Physicians and Specialist Physicians per 100,000 population within the SDHU catchment area than there are for Ontario in general.

**Figure A-10: Health Behaviours, Human Function and Accessibility**

	SDHU	Ontario
Current daily smoker	20.2%	14.5%
Heaving drinking	20.1%	15.9%
Bike helmet use	24.5%	34.0%
Participation in activity limited sometimes or often	33.1%	28.2%
GPs per 100,000 people	84	92
Specialists per 100,000 people	88	97

Source: Statistics Canada January 2013 – Community Health Profile

## Death Rates and Causes of Death

Life expectancy at birth within the SDHU catchment area is 2.5 years lower than the Ontario average. The total deaths per 100,000 people is 20% higher locally than for Ontario overall, with significantly higher rates of death due to lung cancer, heart disease, respiratory diseases and suicide. In fact, suicide is responsible for as many deaths within the SDHU as breast cancer or prostate cancer.

**Figure A-11: Significant Causes of Death (per 100,000 people)**

	<b>SDHU</b>	<b>Ontario</b>
Lung Cancer	53	40
Heart Disease	115	87
Respiratory Diseases	52	41
Suicide	11.7	7.7

Source: Statistics Canada January 2013 – Community Health Profile

## **Use of the Health System**

According to the 2013 Community Health Profile, rates for the following uses of the health system are significantly higher for the SDHU catchment population than for Ontario on average:

- Percutaneous coronary intervention - 51% higher
- Cardiac revascularization - 36% higher
- Hip replacement – 35% higher
- Knee replacement – 65% higher
- Hysterectomy – 64% higher
- Hospitalization for mental illness – 116%

## **Other Health Care Providers**

In addition to Manitoulin Health Centre, the residents of Manitoulin District have a variety of health service organizations to serve their need for health care, including: Family Physicians, Family Health Teams, First Nations service providers, Community Care and Home Support, and Long-Term Care.

## **Family Health Teams and Medical Clinics**

As of the date of publication of this document, the following Family Physicians provided services to local residents either through Rural and Northern Physician Group Agreements (RNPGA) or other funding arrangements with the Ministry of Health and Long Term Care.

**Figure A-12: Manitoulin Island Family Physicians**

Little Current RNPGA	Mindemoya RNPGA	Other Ministry Funding
Dr. K. Barss	Dr. M. Al Hadi	Dr. R. Jeffery (LC)
Dr. S. Cooper	Dr. N. Jeeves	Dr. S. Renwick (LC)
Dr. S. Meikleham	Dr. K. O'Connor	Dr. C. Wilson (GB)
Dr. D. Poenn	Dr. M. Reade	Dr. S. McRae (GB)
Dr. B. Quackenbush	Dr. A. Stadnyk	Dr. R. Hamilton (GB)
Dr. T. Keenan	Vacant position	

There are four Family Health Teams (FHTs) located on Manitoulin Island:

- Northeast Manitoulin Family Health Team, in Little Current
- Manitoulin Central Family Health Team, in Mindemoya
- Assinigack Family Health Team, in Manitouwaning
- Gore Bay Medical Centre

Each of the FHTs is resourced differently, reflecting the number of people served. Some FHTs include Nurse Practitioners and/or Registered Nurses while other FHTs include allied health service providers such as Dietitians, Social Workers, and Pharmacists.

Additionally, there are several primary health groups that provide services (principally geared to wellness and prevention) to First Nations people:

- Wikwemikong Health Centre provides home and community care, community support, wellness and mental health services.
- M'Chigeeng Health Centre provides mental health and addictions services supported by Registered Nurses and Dietitians.
- Mnaamodzawin Health Centre provides mental health and addictions services supported by Registered Nurses to residents of Aundeck Omni Kaning, Sheguiandah, Sheshegwaning, Whitefish River and Zhiibaahaasing.
- Noojmowin Teg Health Centre provides services to Anishanabek and Aboriginal individuals, families and communities within the District of Manitoulin Island. Supported by Nurse Practitioners, Registered Nurses and Dietitians, this Health Centre provides a variety of health and wellness focused programs.

## Long Term Care Homes

There are three Long Term Care Homes on Manitoulin Island, offering 179 beds in total, divided evenly between the facilities. All three of these facilities have beds available for Respite Care.

**Figure A-13: Manitoulin Island Long Term Care Homes**

Name	Location	Home Type	Accredited
Manitoulin Centennial Manor (MCM)	Little Current	Municipal	Yes
Manitoulin Lodge (ML)	Gore Bay	For Profit	No
Wikwemikong Nursing Home (WHN)	Wikwemikong	Non Profit	Yes

Community Care Access Centres are responsible for managing access to Long Term Care Homes throughout Ontario. Information concerning waiting times for beds is not published regularly; however, the most recently available information for Manitoulin Island (September, 2012) indicates that, on average, three to four beds become available each month and that waiting lists vary from 25 to 145 days, depending on the type of accommodation that the person wants and their preferred location. 90% of the people waiting for long-term care beds are waiting for the lower cost, basic accommodations that comprise only 40% of the beds in the system.

**Figure A-14: Waiting Times for Beds in Manitoulin Island Long Term Care Homes**

	MCM	ML	WHN
<b>Basic Accommodation</b>			
Number on Waiting List	22	7	4
Average Number of Days Waiting	117	32	25
<b>Semi-Private Accommodation</b>			
Number on Waiting List	1	n/a	n/a
Average Number of Days Waiting	65	n/a	n/a
<b>Semi-Private Accommodation</b>			
Number on Waiting List	3	n/a	n/a
Average Number of Days Waiting	145	n/a	n/a
<b>Average Number of Beds That Become Available Each Month</b>	0-1	1	2

Source: Community Care Access Centre, September 2012  
<http://www.ccac-ont.ca/Upload/ne/General/SUD%20Oct2012.pdf>

## Other Hospitals

The closest hospital to Manitoulin Health Centre is Espanola Regional Hospital and Health Centre, located 52 kilometres distant from Little Current and 96 kilometres away from Mindemoya. It is a similar sized facility offering similar services.

Local residents are referred regularly for tertiary care to Health Sciences North, in Sudbury. Less frequently, they are referred to hospitals in Toronto. On occasion, patients may also be sent to hospitals in Hamilton, London or Ottawa. Travel distances to each of these locations are included below, for reference.

**Figure A-15: Travel Distances to Tertiary Care Centres**

<b>Tertiary Care Hospital</b>	<b>From Little Current</b>	<b>From Mindemoya</b>
Sudbury	124 kms	168 kms
Toronto	500 kms	544 kms
Hamilton	556 kms	600 kms
Ottawa	614 kms	658 kms
London	655 kms	699 kms