



# Framing Needs and Gaps in the LHIN Context

This section defines our thinking on the healthcare system and, in particular, how that influences our framework for the needs assessment and gap analysis, and, the influence the LHIN has on determining health. The healthcare “system” is a group of independent, but interrelated elements comprising a unified whole<sup>2</sup>. Our healthcare system has evolved from human desire to provide compassionate care to those in need. Our political history has influenced the growth of a hospital and medical-based system. Even today, community-based care is not covered under the Canada Health Act. This history has influenced the evolution of the healthcare system as we see it today. There is, however, growing recognition in the value of providing health care in the community, and recognition that health needs expand beyond institutional walls.

## Defining Health and Its Influences

In a study of health needs and service gaps, it is important to define health. The World Health Organization (1948) defines health as a state of complete physical, mental, and social well-being and not merely as the absence of disease or infirmity. There are many factors that influence or determine health in an individual and population. Health Canada has defined twelve determinants of health: income and social status; employment; education; social environments; physical environments; health child development; personal health practices and coping skills; health services; social support networks; biology and genetic endowment; gender; and, culture.

The Canadian Institute for Advanced Research estimates that among the determinants of health, the most important influencers are the social and economic environment; that is education, income, employment and social networks. When measuring the relative impact of determinants on the health of a population, health services have little impact. As the LHIN seeks to take a population health approach, this will influence the decisions that are made in an attempt to increase the health system of the population. Throughout the report, health indicators are examined including the social determinants of health. As will be shown, the results of the determinants will have an impact on health service demand that will not be uniform across the LHIN. Specific analysis related to the planning areas will draw this out with guidance to the LHIN on how the LHIN could start to address some of the variations among the determinants of health across the LHIN.

## Health Needs versus Health Wants

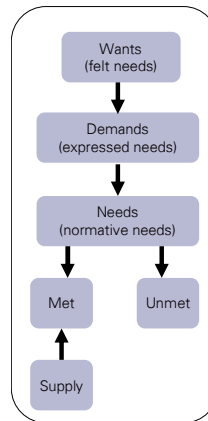
In a health needs assessment and gap analysis, it is important to define health need. It is also important to understand the distinction between a need and a want. Healthcare consumers may express their desire (want) for a health service, but it may or may not be defined as a health need, as defined by health “experts”. The MOHLTC (2008) Needs Assessment toolkit defines health needs as a balance of consumer wants (desired good or service), expressed

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<sup>2</sup> Definition of a “System” taken from Princeton University Wordnet

demand (e.g., showing up at the Emergency Department), and, normative needs (health needs as defined by professionals, e.g., clinical experts and administrators).

**Exhibit 1: Health Needs (MOHLTC Health Planners Toolkit)**

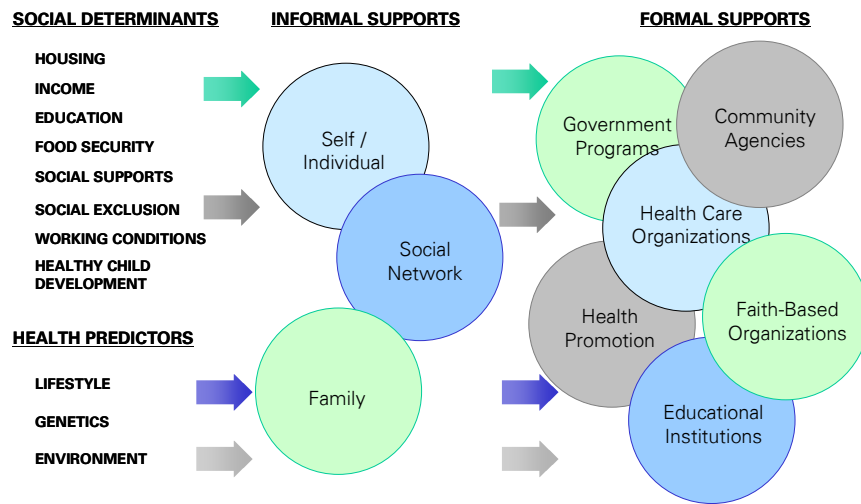


Individuals who have a health need may access care, which would represent demand and utilization in services. Individuals may also have a health need and may not access services (e.g., an individual with severe depression) for multiple reasons, including a lack of service availability or service capacity, a lack of education on where to access services, difficulties accessing services due to financial constraints, transportation, social isolation, physical impairment or other barrier. This is the distinction between met needs as demonstrated through service utilization and unmet needs which are much more difficult to quantify. Examining prevalence rates and comparing them to utilization may reflect unmet needs if prevalence is greater than service utilization. In this study we have attempted to qualify and quantify the level of health needs in the population as defined by normative needs (health professionals) and expressed needs (health service utilization).

## How People Access Care

To satisfy health need, individuals access care across a continuum that includes formal and informal supports. As demonstrated in the following exhibit, informal supports could include family, social networks and individual self management. This may include seniors receiving care at home through family caregivers, or an individual seeking the support of a friend to discuss a troubling incident. Formal supports are generally funded institutions that employ individuals to provide care to the population through a range of vehicles. This includes seeking the counsel of a priest, consulting a physician or other health and social services.

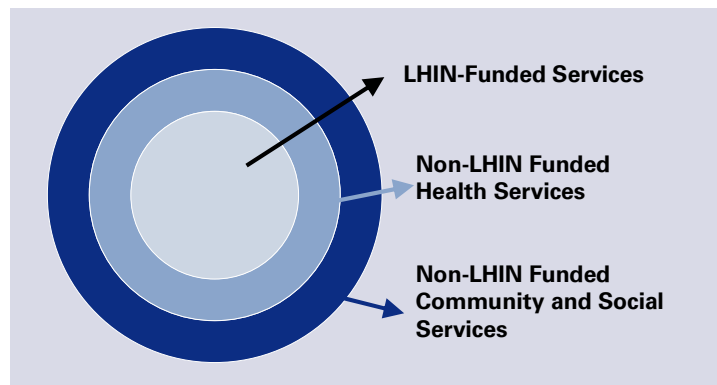
**Exhibit 2: Social Determinants of Health, Formal and Informal Supports**



### The LHIN's Mandate

When measuring the health status of the population, for which the LHIN is responsible, it is important to acknowledge the factors that influence health as defined above. It is also important to recognize that multiple partners, beyond the LHIN are responsible for improving the health of the population. Responsibility for health including the determinants of health cross permeable structural boundaries such as public health, health human resources, the education system, community and social services, municipal services etc. While the LHIN has the responsibility for an envelope of health services, there are ways the LHIN can address most of the determinants of health either directly or through the exertion of influence or through collaboration.

**Exhibit 3: LHIN-Funded Services versus Non-LHIN-Funded Services**



The LHIN's mandate includes the provision and integration of health services that include hospitals, the Community Care Access Centre (CCAC), Community Support Services, Community Health Centres, Community Mental Health and Addictions Agencies and Long Term Care Homes. While the LHIN is not directly responsible for Primary Care, it is responsible for Community Health Centres that serve the primary care needs of vulnerable populations. Community Health Centre services provide the LHIN the opportunity to effect change in the determinants of health (e.g. poverty reduction or programs to help students stay in school until

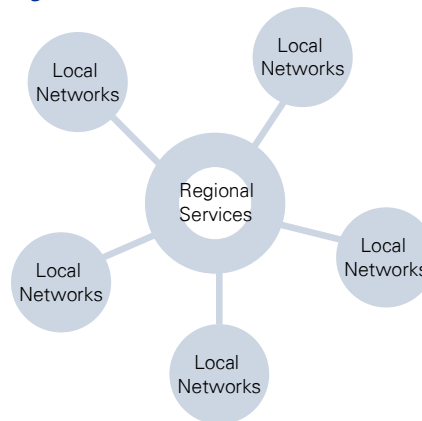
grade 12, etc.). It is also the LHIN's mandate to integrate service delivery, not just within its funded providers, but with primary care, public health and the broader health and social system.

In terms of programming, the LHIN may find the need to address issues of poverty and education in an area in the LHIN and may choose to address these issues through a Community Health Centre. Where the LHIN identifies a need for increased nutrition counselling among individuals at high risk for diabetes, the LHIN may choose to partner with the College of Physicians and Surgeons of Ontario to develop an academic detailing program to work with family physicians in the LHIN in coordination with the Diabetes Education Centres. These examples are meant to highlight the various ways in which the LHIN can influence health through the direct provision of health services, or through collaboration and partnership with others where need is the greatest.

### High-level Program Model

In 2000, the Ontario Health Services Restructuring Commission produced "A Legacy Report" and in it, they identified the "Core Requirements for All Systems". These included: "a common vision, shared goals, priorities and performance standards, shared values and a backdrop of provincial legislation, policy and standards." Also included in their essential building blocks were: A System Focus on research and development, population health and a balance between health care and health; New System Structures including a common information system, vertical and horizontal integration, primary care and incentives and diversity in encouraging strategic alliances that support greater integration and efficiencies. Finally, the HSRC described Operational Characteristics of the New System. These included shared accountability, incentives to keep people well, leadership and capitation funding.

**Exhibit 4: Local versus Regional Networks of Care**



An integrated system meets the health care needs of clients through easy and coordinated access, inter-professional collaboration, system navigation and ongoing continuous development based on the changing needs of the client. The concept of an integrated program model can help to meet the local day-to-day needs of the client through local integrated networks of providers, working together to achieve the common goals of the client and family. Integrated regional supports help the client access more specialized services at regional centres and then back into their localized network. Throughout the report these concepts will be examined and are discussed in detail in the recommended future model for the LHIN.