STRATEGIC PLAN

Data and Outputs Report

Ontario Health Team of Northumberland

Advancing health and wellbeing priorities for Northumberland.

Prepared December 2022

ABOUT THE OHT-N

In February 2019, the Ontario Government introduced the Ontario Health Team (OHT) model of care. In December 2019, the province confirmed the Ontario Health Team of Northumberland as one of the first 24 OHTs in the province.

The vision is to better connect different health care and community services by bringing partners together as one team to deliver more coordinated care. Drawing on a strong history of collaboration, patients, caregivers, health care and community service providers from across Northumberland County have come together to improve:

Patient and Caregiver Experience

Health Outcomes

Provider Work-Life Balance

Value to the Community

THE OHT-N STRATEGIC PLANNING PROCESS

To shape the future of care and services in Northumberland, in 2022, the OHT-N launched a local first: a county-wide, cross-sector, collaborative community conversation and data gathering exercise around local health and well-being priorities.

The input gathered has been key for the OHT-N Strategic Plan, as well as the individual organizational plans of OHT-N partners.

What this Process Included

500 touchpoints with patients, caregivers, community members, health care and community service providers through survey submissions, focus groups, and stakeholder interviews.

Five ‘Strategy Hives’ with over 170 participants exploring challenges and opportunities around specific themes including:

- Inclusion, systemic inequality and social determinants of health
- Primary care solutions
- Aging well at home
- Supporting mental health and addictions care
- Navigating a simpler connected system

A review of data collected by community partners, including:

- Ontario Health population data
- Housing and homelessness statistics
- Primary care access data
- Local Emergency Room Canadian Triage and Acuity Scale (CTAS) data
- Alternate Level of Care statistics
- Utilization of community paramedicine
- Long-term care wait list statistics
- Mental health service availability locally and regionally

STRATEGY HIVES

The OHT-N, along with its partners, led a collaborative community engagement effort involving patients, caregivers, community members, health care, social and community-based service providers to shape, together, the future of care and services in Northumberland. As part of the consultation process, the OHT-N hosted a series of focused planning sessions called Strategy Hives. Community members, patients and caregivers, providers and others interested in improving health and well-being in Northumberland were invited to participate. The sessions were held virtually over Zoom, where participants had the option of joining with video or through a phone call.

Strategy Hive One: Equity, Inclusion and the Basics of a Healthy Life

In Strategy Hive One, participants tackled the following questions:

- What could we do creatively in Northumberland to address chronic issues like housing, poverty and inequity that impact health and well-being in our community?
- What can we do to ensure that everyone feels welcome no matter where they seek out help?

To inform the discussion, the following data was provided to participants.

Neighbourhoods	
Alderville First Nation	Hamilton
Alnwick/Haldimand	Port Hope
Cobourg	Trent Hills
Cramahe	

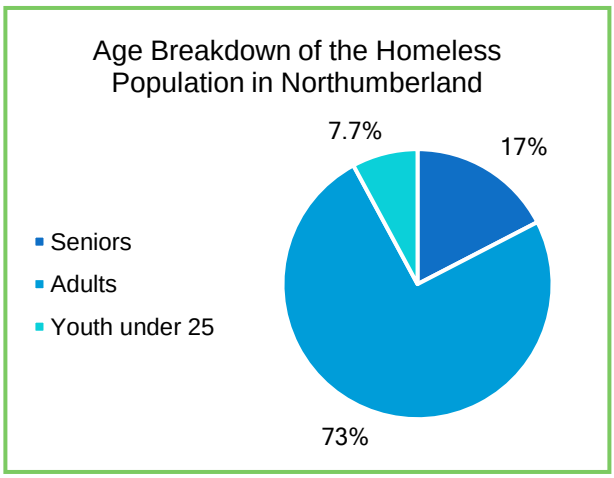
LHIN-Funded Health Service Providers	
Hospitals operating out of two (2) sites	2
Long-Term Care Homes	8
Community Health Centre	1
Community Support Services agencies	3
Community Mental Health and Addiction agencies	0
Central East LHIN branches	2

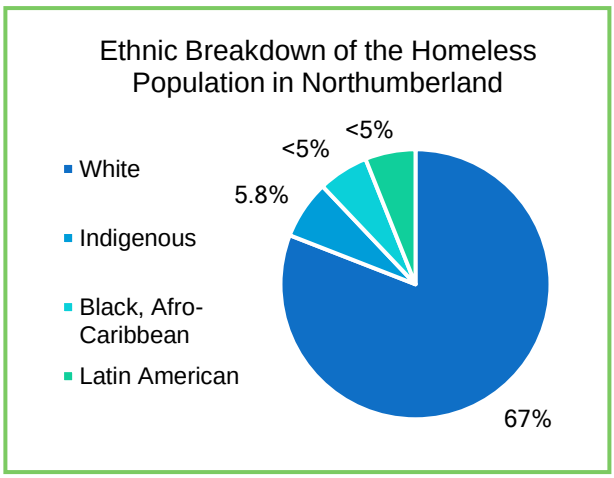
Population Descriptors	
Population size	73,754
Low Income Population	11.34%
Second Smallest percentage of Visible Minority Population	3.46%
Immigrant Population	10.29%
Indigenous Population	2.69%
Cobourg is the second smallest percentage of Population Aged 20 – 64 Years	51.13%
Cobourg has the largest percentage of Population Aged 75+	15.56%
Trent Hills has the largest percentage of Population Aged 6 – 74 years	16.43%

Health System Utilization	
Second Highest rate of Emergency Department (ED) Utilization (per 1,000)	613.08
Acute Hospitalization (per 1,000)	97.61
Alternate Level of Care (ALC)	20.39%
Lowest rate of Post-Acute Inpatient Mental Health Hospitalizations (per 1,000)	2.12
Alnwick/Haldimand neighbourhood with the second lowest Post-Acute Inpatient Mental Health Hospitalizations (per 1000)	0.87
Cobourg neighbourhood with the second highest rate of Post-Acute Rehabilitation Hospitalizations (per 1,000)	11.73
Port Hope has the second highest rate of Caesarean-Sections (per 100 live births)	45.60
Primary Care (Non LHIN-funded)	
Family Physicians	68
Family Health Teams	2
Nurse Practitioner Led Clinics	0
Walk-In Clinics	2
Additional Information	
Mental Health ED transfers from Long-Term Care (per 1,000)	1.54
Highest rate of Hospitalizations for Hip Fracture 75+ years of age (per 1,000)	17.21
Highest rate of Fall-Related Emergency Department visits 75+ years of age (per 1,000)	119.167
Second largest percentage of Population Living Alone	25.72%
Palliative Discharge Home with Support	89.29%
Second largest percentage of Palliative Patients who Died in Hospital	76.23%
Alnwick/Haldimand neighbourhood with the second largest percentage of Palliative Patients who died in Hospital	88.00%

Note: This data is now outdated, as it came from the LHIN sub-region placemat prepared in 2019.
Source: Central East LHIN, Northumberland County Sub-region. Version 4, September 2019. To view the complete Sub-region profile, please visit www.centraleastlhin.on.ca then click Priorities – Sub-regions.

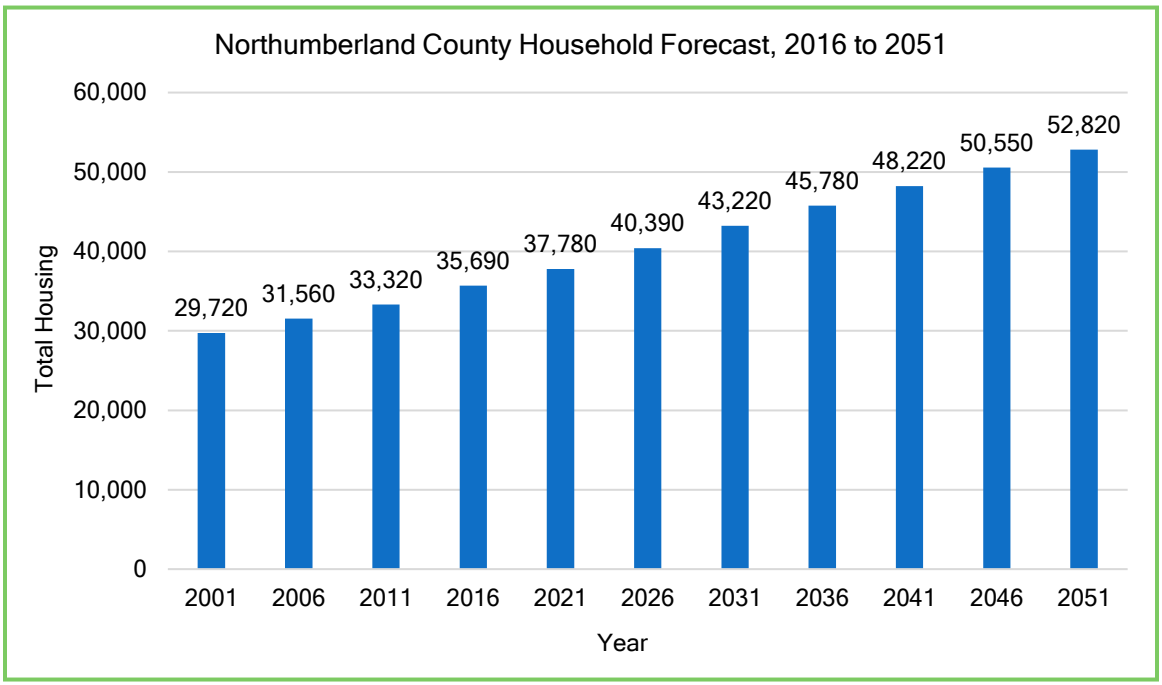
Point in time count of people experiencing homelessness in Northumberland County on September 29, 2021: **72**



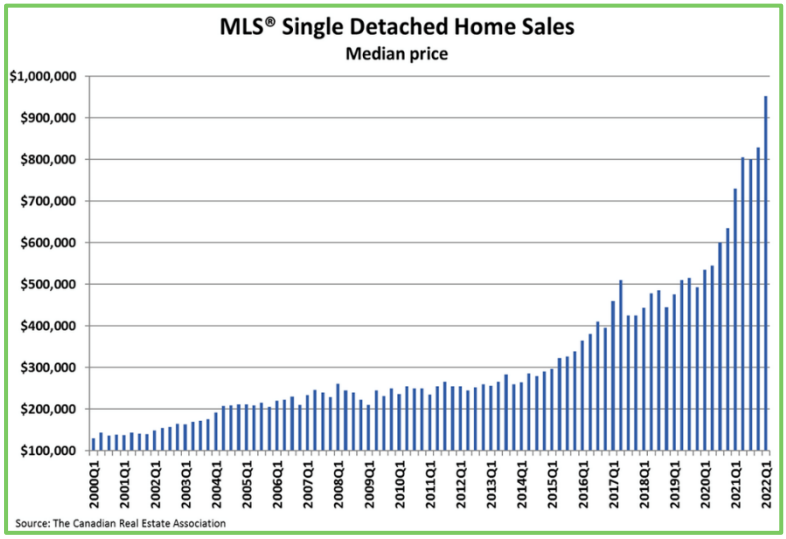


Source: Northumberland County Report on 2021 Enumeration. Prepared by Northumberland County Community & Social Services Department, February 2022.

To accommodate the long-term population forecast, the County will require approximately 15,000 additional new households to be constructed in the next 30 years, or 500 new



Note: Figures have been rounded and may not add precisely.
Source: Historical 2001 to 2016 data derived from Statistics Canada Census. Forecast prepared by Watson & Associates Economists Ltd. 2021



The following graphic depicts the outcomes identified by participants of the first Strategy Hive:

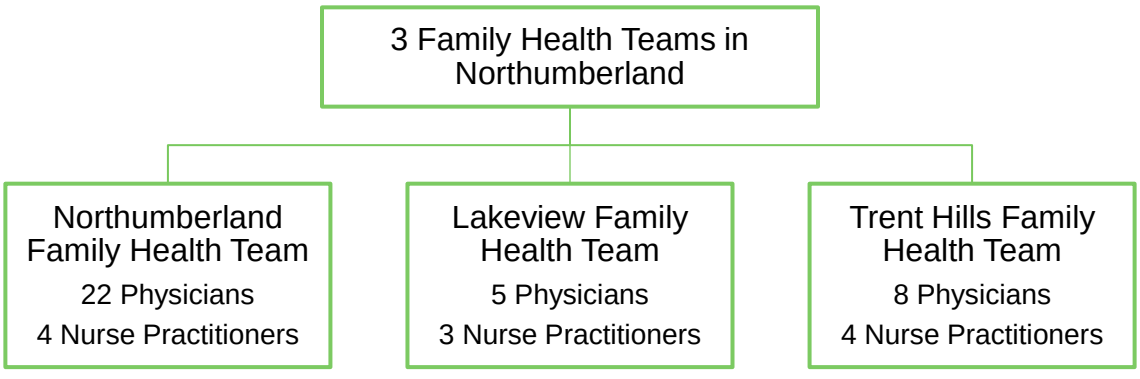
Foundational principles for creating a healthier and more inclusive Northumberland County	
Basics of Life *The basics of life as a human right*	**Safe Spaces** Trauma informed/culturally safe spaces and service
• Acknowledge the crisis in housing • Explore innovative solutions for housing ◆ Safe home sharing programs ◆ Municipal regulations that enable housing flexibility ◆ Options for seniors / intentional communities ◆ Homeless prevention strategies ◆ Refurbish unused public buildings • Basic income • Transportation as a human right	• Embed trauma informed principles into care and service design • Train and prioritize cultural safety and humility ◆ Build deep listening at every point of access, service and care ◆ "Listen someone into existence"
Lived Expertise *Honour and invest in lived expertise and peer support – "Nothing about us without us"*	**Advocacy and Navigation** *Simplify access and service navigation and ensure everyone has an advocate*
• Engage people with lived expertise in co-design of services ◆ Compensate for lived expertise • Create spaced and circles for people to tell their stories and provide feedback	• Embed formal navigator / advocate roles in key services • Leverage peers to play paid navigation / advocacy support roles

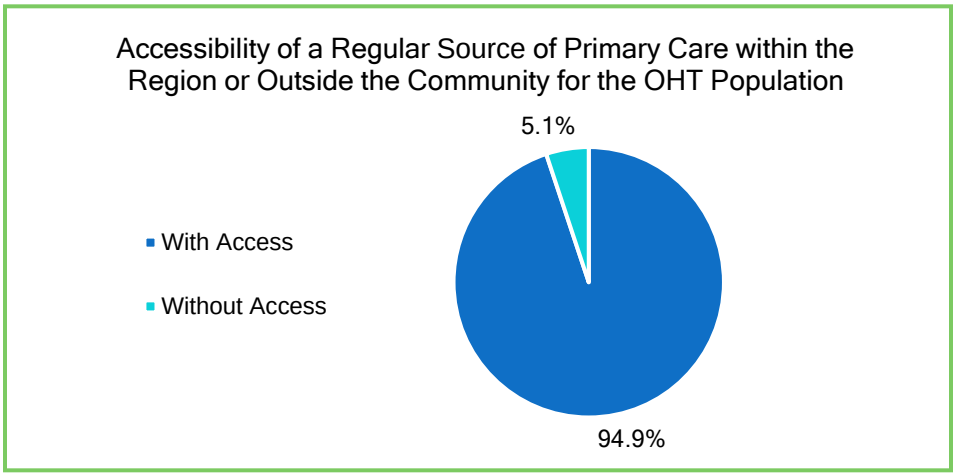
Strategy Hive Two: Primary Care Solutions

In Strategy Hive Two, participants tackled the following question:

- What could we do differently to creatively meet needs typically addressed by family physicians/nurse practitioners?

To inform the discussion, the following data was provided to participants.





73.44% of respondents to the **OHT-N Community Experience Survey** indicated that they have a family doctor or nurse practitioner in Northumberland County. **22.26%** of respondents indicated that they have a family doctor or nurse practitioner outside of Northumberland County. **4.30%** of respondents indicated they did not have a primary care provider.
Attracting more MD/NPs to the region.
Access to independent nurse practitioner led clinics.
Better utilizing of key roles in our region to create more capacity for primary care -- NPs, Nursing, Allied, Midwives, Community Paramedicine – finding ways to enable more provider autonomy to see and refer patients."
Increase walk-in clinic availability.
We need innovative solutions to the primary care issue (hub models).
"I moved from Toronto 7 years ago. I must keep my Toronto Doctor because if I go on a list for a local doctor, I am forced to give up my Toronto doctor. This is ridiculous."
"Waited 6 years on Health Care Connect waiting list. Drove into Hamilton for our doctor and treated as a walk in as we had to de-roster to get on a waiting list for Brighton even with my husband having a mechanical valve, arrhythmia, and heart failure!"
"Desperately wish there was a full walk-in urgent care, not Telehealth service."

Feedback from the OHT-N community consultations

Primary Care Support and Better Use of Healthcare Roles

Source: Ontario Health Team of Northumberland's Community Engagement Team, April 2022. Ontario Health Team of Northumberland Community Experience Survey, May 2022.

Other complexities in the primary care world

- Family Physicians in Northumberland are generally not growing their practices; they take on limited numbers of new patients, but overall are maintaining their practice sizes.
- Additionally, a number of physicians are nearing retirement and are therefore, looking to reduce their practice size. There are also physician practice vacancies in Trent Hills and Colborne.

- Health Care Connect does not accurately capture the number of people waiting for local primary care; many patients choose not to de-roster from their primary care provider outside the region.
- People sometimes need access to same/next day (urgent) primary care for a health concern. Best care is provided when a patient is able to get this care from their family doctor or someone in their family doctor's team (such as a nurse practitioner, nurse, pharmacist, social worker or other health care provider) who has full access to the patient's medical record and can also record the outcome and plan.
- Walk-in clinics (virtual or in person) provide patients with access to urgent appointments, but the provider does not have access to the patient's medical history or record and the ability to provide preventative care, manage ongoing or complex issues and provide support for chronic conditions is limited. Also, there are complex rules around how primary care providers are compensated which make solutions like walk-in clinics complex
- Nurse Practitioners (NPs) are also primary care providers who provide comprehensive, patient-focused primary care. There are different ways in which NPs can support patients in a community: Nurse Practitioner Led Clinics, as part of a Family Health Team, Community Health Center or within a medical group practice. NPs currently work in many practices in Northumberland, including Family Health Teams, Community Health Center and medical practices. There is not a Nurse Practitioner Led Clinic in Northumberland County and the Ministry of Health (MOH) is not currently accepting applications for the development of NP-led Clinics.

Northumberland Hills Hospital, Patient Volume by CTAS Level, 2016-17 to 2020-21

NHH	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020/21
CTAS LEVEL 1	229	348	510	656	450
CTAS LEVEL 2	7,292	7,298	7,404	7,516	6,109
CTAS LEVEL 3	13,502	13,252	15,451	16,313	14,990
CTAS LEVEL 4	12,002	11,989	6,367	5,435	5,358
CTAS LEVEL 5	1,239	1,164	4,026	3,857	3,285
CTAS LEVEL 9	0	0	0	0	0

- Proportion of CTAS levels are changing over time, although majority of levels, 3,4 and 5.
- CTAS level 4 have decreased, and level 5 increased over the past 5 years.

Source: Northumberland Hills Hospital Clinical Utilization, Patient Volume by CTAS Level, 2016-17 to 2020-21. Prepared in 2021.

Campbellford Memorial Hospital, Percentage by CTAS Level, 2016 to 2021

CMH	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
CTAS Level 1 & 2	9.9%	9.3%	11.8%	9.9%	12.7%	10.9%
CTAS Level 3	34.5%	32.4%	33.6%	32.5%	35.5%	33.6%
CTAS Level 4+	55.6%	58.3%	54.6%	57.6%	51.9%	55.5%

Source: Campbellford Memoria Hospital, Percentage by CTAS Level, FY 2016 to FY 2021. Prepared in 2021.

The following graphic depicts the outcomes identified by participants of the second Strategy Hive:

One Northumberland Primary Health Marketplace • Everyone in Northumberland has access to meaningful coordinated primary care support • Northumberland is attractive for primary care providers to live and practice
Digital AI supported health supermarket with self-management, assessment, and referral tools, and wellness resources from all health and wellness disciplines.
Hubs / health bus options for people without digital access and in harder to reach areas.
One Hub – Shared coordinated primary care resource across the county with shared patient records and first available access.
Coordinated efforts across the county to creatively attract new physicians and nurse practitioners (attract trainees locally and beyond Ontario and Canada) and gain support for Nurse Practitioner Led Clinics.
Centralized specialist referral clearing house to simplify and streamline specialty access.

Strategy Hive Three: Aging Well at Home

In Strategy Hive Three, participants worked to address the following question:

- What innovative solutions could we design together to proactively support seniors and those living with chronic conditions to age well in their homes?

To inform the discussion, the following data was provided to participants.

Since the Northumberland Country Community Paramedicine program launched, **2,621 patients** have been served.

Six paramedic bases are located across the County – bases are located in high density clusters to ensure effective response to emergencies.

Northumberland Paramedics has a fleet of 13 ambulances, four Emergency Response Vehicles and two Community Paramedic vehicles.

There are currently 12 active Northumberland Paramedics that are recipients of the Governor General's Exemplary Service Award.

Initial Services	Community Paramedicine for Long-Term Care Program	Expanded Reach
• **Focused on:** frail and elderly, palliative care and those with mental health and addictions. • **Provided:** home visits, assessments, medication administration, blood work, COVID-19 testing/vaccinations, remote monitoring.	Paramedics will work alongside primary care and home and community care providers to deliver these services, which will be available, through referral, to: • Those on the waitlist for long-term care • Those who have been assessed as eligible for long-term care by a Care Coordinator but are not yet on the waitlist • Those who are soon to be eligible for long-term care.	Deliver services to eligible seniors: • Access to health services 24-7, through in-home and remote methods, • Non-emergency home visits and in-home testing procedure • Ongoing monitoring of vital signs to prevent escalation of chronic medical conditions; and • Assessments, referrals, diagnostic procedures, and point-of care testing

Alternate level of care (ALC) days expressed as a percentage of all inpatient days in the same period. The lower the number, the better.	
Ontario Baseline Data	**OHT-N Baseline Data**
18.02	17.79

Source: Discharge Abstract Database (DAD), Ontario Health Teams Attribution Model (OHTAM), and Registered Persons Database (RPDB). Presented by Ontario Health, 2021.

Feedback from the OHT-N community consultations Supporting Our Seniors 	
	"Take seniors health concerns seriously. Many seniors I have spoken with felt they were not heard after they reached their 70's!"
	"By and large, seniors want to stay home as long as possible and die at home. There needs to be more support for this to be an option (palliative care and outpatient hospice services) for those at end-of-life and their caregivers, especially for those who do not have a doctor in the community."
	We need better solutions for how we support older seniors.
	We need solutions that address housing and long-term care gaps that impact our system (ALC etc.). • Provide more scaffolding to truly enable seniors to "age in place" • Creating more affordable housing solutions and explore innovative ideas like repurposing public properties to accommodate ALC patients • Partnering with private retirement homes to find subsidized spaces for lower income seniors • Rural clinics to support more remote seniors • Build on community paramedicine • Re-think how we provide homecare in our region to better support aging seniors and their caregivers

Source: Ontario Health Team of Northumberland's Community Engagement Team, April 2022. Ontario Health Team of Northumberland Community Experience Survey, May 2022.

	Feedback from the OHT-N community consultations Homecare Solutions 
It is imperative we think about how we design homecare in the future. It is a key component of a working health system.	
"It is hard to be aware of individuals in the community who require support and they don't get it and end up back in hospital, public providers are unable to meet the need and private services are too costly, circle where the individual ends up back in emergency when that isn't the best place for them."	
"We need increased access to home care. Home support is woefully inadequate resulting in people not being able to stay in their homes. Our local hospital is limited in its ability to provide acute care services because so many inpatient beds are occupied by patients waiting for long term care beds."	
"My experience with home care and access to palliative care physician for a palliative patient was extremely poor. Delays, confusion, frustration. Waited weeks even though we had had the discussions weeks before the transfer of care. Horrible experience! Trying to care for my drying husband with no support."	
More support groups - too many caregivers trying to do on their own with no support to fall back on.	

Source: Ontario Health Team of Northumberland's Community Engagement Team, April 2022. Ontario Health Team of Northumberland Community Experience Survey, May 2022

The following graphic depicts the outcomes identified by participants of the third Strategy Hive:

Aging Well at Home Person-centred solutions for older seniors and others: • Living with multiple conditions including dementia • Living alone and / or in remote areas • With limited mobility (no access to a car)	
Preparation and Prevention – Anticipating the future needs for aging at home	**AI Supported Person-Centred Navigation and Tracking**
• Advanced Care Planning • Milestone based tools for seniors • Supported incentivized home retrofitting • Geriatric health prevention day programs • Digital literacy to use health navigation tools	• AI navigator with tools to support monitoring, assessment, and real-time monitoring and connections (hospital, primary care, paramedicine, community programs) • Trained care planners for those who need personal support • Check-in calls
Mobile / Local Health and Wellbeing Resources	**Intentional Caring Communities**
• Neighbourhood-based homecare resources • Mobile care bus / health team • On demand transport services	• Using volunteers in more intentional ways (buddy system) • Dementia informed communities • Intentional places for seniors to be social • Home sharing programs • Other institutions also trained to look out for health of community (bank, café, community centre, county services)

Strategy Hive Four: Elevating Mental Health and Addictions Care

In Strategy Hive Four, participants discussed the following question:

- What new models of care and support could we adopt to better address the mental health and addiction needs of our community?

To inform the discussion, the following data was provided to participants.

Mental Health Statistics

- One in five Canadians experiences a mental illness.
- 39% of Ontario high-school students indicate moderate to serious level of psychological distress while 17% indicate a serious level of psychological distress.

- Mental and physical health are linked; people with a long-term physical health condition such as chronic pain are much more likely to also experience mood disorders. Conversely, people with a mood disorder are at much higher risk of developing a long-term medical condition.
- Mental illness can cut 10 to 20 years from a person's life expectancy.
- The disease burden of mental illness and substance use in Ontario is 1.5 times higher than all cancers put together and more than seven times that of all infectious diseases. This includes years lived with less than full function and years lost to early death.
- Indigenous people, especially youth, die by suicide at rates much higher than non-Indigenous people. First Nations youth aged 15 to 24 die by suicide about six times more often than non-Indigenous youth. Suicide rates for Inuit youth are about 24 times the national average.
- In Ontario, 28,000 children and youth were on the waiting lists for mental health treatment in January 2020.
- The annual economic cost of mental illness in Canada is estimated at over $50 billion per year.

Source: Mental Illness and Addiction: Facts and Statistics. Prepared by the Canadian Association of Mental Health (CAMH). Retrieved from https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics in April 2021.

Feedback from the OHT-N community consultations	*"We need more mental health practitioners. Having hours 2 pm – 4 pm in the afternoon does not cut it. We need more accessibility to health as mental health seems to be dominant these days."*
	Mental health and addiction-friendly services – not being turned away at the door.
	Affordable addiction treatment resources.
	Central referral for mental health needs.
	More counselling and addiction services, child and youth crisis and mental health services, extended crisis services for all seeking urgent mental health support.
Mental Health and Addiction	Need of specialized mental health supports (PPD, youth, eating disorders, geriatric).
	Mental health and addition support for youth, to change the course of illness early.
	"Improved addiction services without lengthy wait times, longer stays and follow-up care."
	"I've sought mental health services for my child and was referred to Kingston and Peterborough areas while we live in Brighton. There are services we were never told about within 15 minutes, and we accessed it within a week. We have waited almost 2 years to be seen at either referral. Mental health help needs to be more easily accessed."
	"We need more mental health services. The amount of suicide and people dealing with mental health issues has risen and it seems like the system is bursting at the seams to keep up."

Source: Ontario Health Team of Northumberland's Community Engagement Team, April 2022. Ontario Health Team of Northumberland Community Experience Survey, May 2022

Mental Health Services Available in Northumberland County	
Alderville First Nation	Local social services and mental health workers (Ex. National Native Alcohol and Drug Abuse Program (NNADAP) Coordinator, Health Lifestyle Coordinator, Traditional Psychologist, Meditation, Making Connections)
Campbellford	Community Mental Health Centre: Mental Health Court Support and Diversion, Early Psychosis Intervention Campbellford Memorial Hospital: Counselling and Treatment, Case Management, Crisis, Psychiatry
Community Counselling Resource Centre	
Community Health Centres of Northumberland	
Community Paramedicine Program	
Cornerstone Family Violence Prevention Centre	Counselling (including group, child and youth, workshops and group programs (ex. Moms in Mind, Let's Talk))
Family Health Team	**Lakeview:** Short-term therapy with Registered Social Workers, group programming (Stress in Perspective, Train Your Brain CBT)) **Northumberland:** Mental health programming with Mental Health Clinicians, group programs (ex. Making Virtual Connections Support Group) **Trent Hills:** Mental health group programs (ex. Anxiety Management for Children and Teens, Mindfulness Training, Cognitive Restructuring)
Mental Health Engagement & Response Team (MHEART)	
Northumberland Hills Hospital	Community Mental Health Services Program (ex., Lynx Early Psychosis Intervention Program, Walk-in Counselling Clinic, Supportive Housing, Crisis, Assertive Community Treatment Team)
Rebound Child & Youth Services	Counselling, brief services, group programming (ex. Emotional Self-Regulation, Choices, On-TRAC), CUIP, Youth Mental Health Court Worker

Mental Health Services Available Outside of Northumberland County
Alzheimer's Society of Peterborough, Kawartha Lakes, Northumberland & Haliburton
Canadian Mental Health Association – Haliburton, Kawartha, Pine Ridge: Four County Crisis Phone Line
Canopy Support Services: Access to specialized clinical services, supportive resources, and community connection
Fourcast: Individual and group counselling for those affective by alcohol, drug or gambling related issues
Kingston Health Sciences Centre
Nogojiwanong Friendship Centre
Ontario Shores Centre for Mental Health Services
Peterborough Regional Health Centre
Victim Services

The following graphic depicts the outcomes identified by participants of the fourth Strategy Hive:

A Comprehensive Mental Health and Addictions Support System in Northumberland A Stepped Care Approach: • No wrong door • Whole person-centred • Trauma informed	
Crisis and intensive supports	Expanded crisis services and programs 24/7 • Expand satellite programs (MHEART, RAAM, etc.,) • Reignite effective programs that lost funding • Sustainable funding • Non-police interventions
	Integrated care hub • Comprehensive access to solutions for clients across health, social, financial and housing needs • Services based on client goals and priorities
	Comprehensive case management through consistent point person • Every client has a person who tracks their story and journey, so they don't need to re-tell their story (e.g., primary care social worker) • Easy for clients to exit and re-enter the system of support
Support services for those on a wellness, recovery or harm reduction journey	Links to peer support and light case management through the Integrated Care Hub • Toolbox of support and services across health, social, financial and housing • Support-based on client choice, preference, and priorities • Focus on preventative help to keep people well and safe
	Access to online self-management and assessment tools and self-directed referrals • Through the OHT-N support and navigation portal and links to the nest provincial and national programs and information • Opportunities to self-refer to supports
Preventative care for the whole community	Primary care mental health check-ups • Regular assessment and check-ins with primary care providers (part of taking your vitals)
	Access to online assessment, self-management and links to peer support • Through the OHT-N support and navigation portal and links to the nest provincial and national programs and information

Strategy Hive Five: Making Our Health System Simpler and Easier to Navigate

In Strategy Hive Five, participants addressed the following question:

- How can we build upon our strong foundation of community collaboration to improve how people find the services they need, to create a simpler, more connected system of care in Northumberland?

To inform the discussion, the following data was provided to participants.

Navigation Resources in the Region
211 Ontario
Aboriginal Navigator
Campbellford Memorial Hospital
Central East Regional Cancer Program
Community Care Northumberland
Connex Ontario: Access to Addiction, Mental Health and Problem Gambling Services
Ed's House Northumberland Hospice Care Centre: Hospice Clinical Navigator
Geriatric Assessment & Intervention Network (GAIN)
Home and Community Care Support Services
Kinark Autism Services: Service Navigation and Coordination
Northumberland Hills Hospital: Discharge Planner, Cancer Navigator (RN/SW), Nurse Navigator in the ED
The Help Centre

Additional Information and Navigation Resources
311
811
911
Campbellford Memorial Hospital Patient Services Directory
Caredove
Canadian Mental Health Association (CMHA) Health Crisis Line
County of Northumberland Website
First Link Care Navigation
FourInfo
Google
Healthline.ca
Individual organizations' websites
Local knowledge, elders, and teachers

The following graphic depicts the outcomes identified by participants of the fifth Strategy Hive:

Navigation and a Simpler System	
Grow peer navigation and support across the county	• Build on existing peer support training to grow and equip peer supporters across all health and social service settings • Develop matching program to connect people too the right peer resource
Online Smart Health and Wellbeing Marketplace	• A portal of portals • Access to OHT-N specific information and direct links to other providers • Smart tools that point you in the right direction based upon your needs • Virtual clip board • Collaborate with other OHTs and the province to build • Chat function and option to link to a live navigator / peer
Access to Live Navigation Support	• Navigation specialists and peer supporters available in hubs across the county • Utilize libraries and other public spaces to house navigators • Option to reach navigation support by phone (fridge magnets for all)
Equip Cadre of Community Connectors	• Train volunteer community resources (teachers, librarians, rotary, pharmacists, PT, Chiropractors, Indigenous leaders / elders and more) in the basics of navigating care in Northumberland • Give them tools to connect people with the hub resources
Leverage Electronic Health Records to simplify patient experience	• Expand use of MyChart across the region • Simplify patient access to their charts and records

APPENDIX

1. StatsCan, 2016, 2021
2. OHT-N Attributed Population Dataset 2019, 2021
3. Central East Local Health Integration Network (LHIN) Health Links Data, 2017
4. Ontario Local Health Integration Networks (LHINs) Environmental Scan, 2019-22
5. Central East LHIN Sub-region Data, 2019
6. Local program data/provider data (ex., Home Based Transition Care Team, Mental Health Integration Agreement, Northumberland Family Health Team Mental Health Program, Post Discharge Medication Reconciliation and Primary Care Follow-up Program)
7. Health Quality Ontario/Ontario Health, Health Care at Home data, 2020/21
8. Health Care Connect, 2019, 2022