



THE
MONIESON
CENTRE

**The Impact of Knowledge Mobilization on Rural Economic Development Project
Discovery Workshop Report
Fergus, Ontario
25 October 2012**

INTRODUCTION

This report is part of The Monieson Centre's Impact of Knowledge Mobilization in Rural Economic Development project. Funded by the Government of Canada's Rural Secretariat, this two-year project is identifying best practices in connecting academic knowledge with economic development needs in rural Ontario. The report is a summary of information collected at a 3-hour workshop in Fergus, Ontario. In alignment with community priorities, the focus of this workshop was healthcare and community well-being. Thirty healthcare leaders in Fergus, Ontario gave feedback on their community's healthcare development needs and research questions. This information, along with similar information gathered in 19 other communities in Southern Ontario, will guide the development of future rural economic development policy and research initiatives.

The workshop was hosted by Suzanne Trivers, Executive Director, Mount Forest Family Health Team and Chair, Waterloo-Wellington Rural Health Network, in partnership with Norman Ragetlie, Director of Policy and Stakeholder Engagement, Rural Ontario Institute. Jeff Dixon, Associate Director, The Monieson Centre, introduced the project and shared best practices in rural health as an economic development priority. Erik Lockhart, Associate Director, Queen's Executive Decision Centre, facilitated the workshop. For more information, visit www.economicrevitalization.ca.



Waterloo Wellington LHIN

Advance consultation in Waterloo-Wellington identified the following rural health priorities:

- *Labour Market Issues*
- *Social Determinants of Health*
- *Demographic Change*
- *Access to Care*

Thinking of these priorities...

- **Local Action**
What local action has been taken to improve current strengths, build new strengths, or remove barriers to growth in these areas?
- **Impact of Academic Tools and Resources**
How have partnerships with, and resources from, academic research centres, universities, colleges or individual academics themselves, supported this development?

Labour Market Issues

<i>Local Action</i>	<i>Academic Support</i>
1. Waterloo-Wellington Health Human Resources Committee <ul style="list-style-type: none"> • Looking at labour market issues in the region 	
2. Provincial Underserved Area program <ul style="list-style-type: none"> • Some support for rural communities 	
3. Health Care 2017 projections <ul style="list-style-type: none"> • 16 occupations in Health Care (WDB) 	
4. Health Force Ontario provincial strategies <ul style="list-style-type: none"> • Regional advisor has been assigned • Provincial portal posts healthcare vacancies • Rural Family Medicine Locum 	<ul style="list-style-type: none"> • Practice Ontario Initiative in collaboration with Ontario Medical schools
5. Arthur job fair with high school students <ul style="list-style-type: none"> • Increase youth awareness 	
6. Centre and North Wellington recruitment committees <ul style="list-style-type: none"> • Now linked and coordinated 	
7. Physician recruitment strategies <ul style="list-style-type: none"> • Developing collaborations between municipalities and local hospitals to support dedicated positions for physician recruitment • Wellington physician recruitment strategy • Exploring peer promotion as well as community strengths such as family- 	<ul style="list-style-type: none"> • Rural doctors mentoring students through relationships with distributed medical education programs in rural centres

<p>friendliness, cultural assets, and recreational resources</p> <ul style="list-style-type: none"> • Competitive advantage found in creating an environment that is different from that found in other communities – a true community-based practice • Physician collaborations in community healthcare enable sharing of practices, hospital privileges, and skills such as obstetrics – family practices that care for patients from the cradle to the grave 	
<p>8. Health Care Professional Recruiting Tour</p> <ul style="list-style-type: none"> • Includes many rural communities 	<ul style="list-style-type: none"> • Queen’s University, McMaster, Western, and University of Ottawa nursing • Family Health Team, Wilfrid Laurier University Department of Social Work, University of Guelph Dieticians
<p>9. Medical student training at local facilities</p> <ul style="list-style-type: none"> • Successful recruitment of medical students and residents has led to improved physician recruitment in some rural communities 	<ul style="list-style-type: none"> • Great training and recruitment through links with McMaster University and Mount Forest Family Health Team and the University of Toronto • There are hopes of establishing a position as physician residents from McMaster University and Western University gain experience rotating through the rural Assertive Community Treatment Team
<p>10. Social service agencies</p>	<ul style="list-style-type: none"> • Wilfrid Laurier and University of Guelph Marriage and Family Therapy program • Tyndale University College and Seminary MDiv Counselling program • McMaster University
<p>11. Municipal sponsorship of elder care position to help support healthy living for seniors</p> <ul style="list-style-type: none"> • <i>Potential for Future Action</i> – Continuing lack of human resources for in-home and community care especially for personal support 	
<p>12. Exposing young people to healthcare as a field of work</p> <ul style="list-style-type: none"> • Encouraging the acquisition of skills that will aid in recruitment and employment 	<ul style="list-style-type: none"> • Huron Heights High School in Kitchener offers a High Skills Specialist Major • During Rural Discovery Days, high school students are included with first-year medical students at McMaster University in order to encourage the high school students to choose a medical profession
<p>13. Ontario Bridge Training programs</p>	<ul style="list-style-type: none"> • Fast track, one-year, bridging program for internationally-trained nurses at Conestoga College

14. Registered Practical Nurse student placements with Family Health Team <ul style="list-style-type: none"> Addressing recruitment and employment issues 	<ul style="list-style-type: none"> Conestoga and Georgian College with the East Wellington Family Health Team
15. Healthcare Career Fair for students <ul style="list-style-type: none"> 2009 Workforce Planning Board 	

Social Determinants of Health

<i>Local Action</i>	<i>Academic Support</i>
1. Region of Waterloo Social Determinants of Health study	
2. October 2011 Wellington-Dufferin Guelph Public Health Unit <ul style="list-style-type: none"> Call to Action: Social Determinants of Health report on existing conditions in the LHIN 	
3. Volunteer transportation program <ul style="list-style-type: none"> Community Resource Centre and the VON 	
4. Guelph-Wellington Catalyst Group focusing on the Social Determinants of Health <ul style="list-style-type: none"> A group of non-traditional health providers including representatives from police forces, municipalities, public health, family services, family and children's services, community health teams, and school boards look at issues that impact health 	
5. Low German Service Providers	
6. Peel Health Unit (Peel Public Health) has reports on rural Social Determinants of Health <ul style="list-style-type: none"> Reports are being updated Report from Wellington Dufferin Public Health on the health of the residents of Wellington County, including the City of Guelph, clearly illustrated the impact of the Social Determinants of Health 	
7. Region of Waterloo-Wellington poverty reduction strategy in progress	

8. Network on poverty advocacy	<ul style="list-style-type: none"> Newly formed out of a social planning council
9. Addiction Supportive Housing in Waterloo-Wellington	<ul style="list-style-type: none"> Includes rural areas
10. Rural Community Health Centres are updating studies that identify rural health status information	
11. June 2012 Rural Health Network/LHIN Change Lab Bridges Out of Poverty	
12. Strengthening Families programs	<ul style="list-style-type: none"> Will run in Erin, Mount Forest Families and Schools Together
13. In Waterloo region, conversations have started between a broad scope of service providers in rural communities	<ul style="list-style-type: none"> County-wide Safe Communities Initiatives with School Boards <ul style="list-style-type: none"> The cooperative focus on social determinants of health spans agencies, geographical areas, age, service specialties, and sectors Enables joint strategic planning and information gathering
14. Wellington-Guelph Drug Strategy	<ul style="list-style-type: none"> University of Guelph Research Shop
15. Rural Health Network	
16. Youth Service Providers	<ul style="list-style-type: none"> Fergus Mayor's Task Force
17. Accessing new information on rural healthcare	<ul style="list-style-type: none"> Connecting with German researchers on rural healthcare
18. Geriatrics	<ul style="list-style-type: none"> University of Waterloo Alzheimers Research

Demographic Change

<i>Local Action</i>	<i>Academic Support</i>
1. Demographics in rural communities across the region differ significantly	
<ul style="list-style-type: none"> Impact recruitment and retention, access to services, and service needs 	
2. Wilmot Township Active Living Centre for seniors and youth centre	
<ul style="list-style-type: none"> Built when they updated the recreation complex using existing partnerships and resources to provide program support 	

<ul style="list-style-type: none"> • <i>Potential for Future Action</i> – Little to no new dollars for programs 	
<p>3. Anticipated 3000+ houses in Elora signal population growth</p> <ul style="list-style-type: none"> • Introduction of Go-Trains in Guelph expedites connections to Toronto and the Greater Toronto Area (GTA) and may impact growth as Guelph can be perceived as a commuter community to the GTA 	<ul style="list-style-type: none"> • The Guelph Chamber of Commerce is linked with academic institutions
<p>4. Waterloo-Wellington LHIN Aging at Home Strategy</p> <ul style="list-style-type: none"> • Aging population in rural north Wellington with an increased proportion of chronic conditions • <i>Potential for Future Action</i> – The aging population in Wellington County is disadvantaged in regards to their access to health and social care because of transportation and resource issues 	
<p>5. <i>Potential for Future Action</i> – Lack of affordable housing for lower income households</p>	
<p>6. The population of Centre Wellington is forecasted to grow at almost double the provincial average and double the county average</p> <ul style="list-style-type: none"> • Residential development projects are growing • There is a risk of becoming a bedroom community 	
<p>7. The LHIN rural report has some demographic data</p>	
<p>8. Rural report on Southgate</p> <ul style="list-style-type: none"> • i.e., Dundalk and area 	
<p>9. 2011 Behavioural Supports Investments (in care)</p>	

Access to Care

<i>Local Action</i>	<i>Academic Support</i>
<p>1. 2011 Waterloo-Wellington Southgate review</p> <ul style="list-style-type: none"> • Documented current access • <i>Potential for Future Action</i> – Failed to consider what “should be” 	

2. 2011 Waterloo-Wellington Community Care Access Centre rural access review	
3. 2012 Waterloo-Wellington Telemedicine nursing funding	
<ul style="list-style-type: none"> In an effort to decrease “log-jams” in designated beds and to provide timely care/preventative measures that might avoid hospitalization, a Telemedicine Registered Nurse has been hired to establish education as well as clinic work, with a psychiatrist and/or an internist 	
4. Telemedicine partnership between rural communities and addictions agencies	
5. 2008 Aging at Home Investments	
6. 2006/7 Funding approved for 4 Rural Family Health Teams in Wellington	
7. <i>Potential for Future Action</i> – Time and transportation are needed to cover the distance to providers	
8. Volunteer transportation program through the Community Resource Centre and the VON	
<ul style="list-style-type: none"> <i>Potential for Future Action</i> – Transportation is a critical issue for Wellington County seniors, the infirm, and the disadvantaged who require access to local health and social resources as well as services in urban centres 	
9. Some transportation exists in some rural communities for some needs	
<ul style="list-style-type: none"> Some is resident-paid while some is not 	
10. Cancer Patient Services in Mount Forest provides support and transportation services for individuals with cancer	
<ul style="list-style-type: none"> A volunteer-based organization 	
11. Health Care Connect Initiative Linking Orphan Patients with Primary Care Providers	
12. Community Care Concepts service rural communities in Waterloo	
<ul style="list-style-type: none"> Work with other Community Support Services in the region to fill in the gaps that exist in some geographic areas 	
13. Addiction services in in Center, East, and North Wellington are embedded in local communities	<ul style="list-style-type: none"> Embedded in local schools University of Guelph and Homewood online gambling assessment tools project
14. Improvement in bringing in dialysis/oncology	

<p>into rural settings</p> <ul style="list-style-type: none"> • Oncology and dialysis satellite clinics of North Wellington Health Care located at Louise Marshall Hospital in Mount Forest and Palmerston and District Hospital in Mount Forest • Oncology Department Groves Memorial Community Hospital 	
15. Two new medical facilities have been built in East Wellington the number of interdisciplinary providers has increased	
16. Community Care Access Centre demonstration project for integrated assisted living in rural communities	<ul style="list-style-type: none"> • John Hirdes at University of Waterloo
<ul style="list-style-type: none"> • 24/7 access to personal support • Southgate (Dundalk) and Palmerston 	
17. <i>Potential for Future Action</i> – Vision for a hub model and campus of care approach to health care delivery that would bring healthcare to the local area	
18. North Wellington Health Care Review project	
19. Improved access to specialists in rural settings	
20. Since Family Health Teams are newer, they have improved access to care	
<ul style="list-style-type: none"> • Many reports developed 	
21. Behaviour Support positions for long term care homes established	<ul style="list-style-type: none"> • University of Waterloo partnering with Homewood Health Centre
<ul style="list-style-type: none"> • Can link with Homewood Health Centre workers for psychogeriatric patients destined for admissions 	
22. Homewood Research Institute	<ul style="list-style-type: none"> • University of Guelph Neurosciences program partnership
23. Trellis Mental Health and Development Services	<ul style="list-style-type: none"> • Mental Health Nurses in school
24. Mount Forest Family Health Team cervical screening	<ul style="list-style-type: none"> • With Cancer Care Ontario and the University of Toronto

FUTURE DIRECTIONS

Action

To ensure that today's workshop has a lasting impact in the Waterloo-Wellington region, what actions need to be taken to move forward to address these challenges?

Ideas Ranked in the Top Ten

- **Position primary care as the centre point of healthcare** – The hub, or campus, model of healthcare is a positive approach in rural communities. A spectrum of healthcare providers are grouped in one location. The value of conceptualizing, and organizing, healthcare according to the whole person should be assessed. Moreover, embedding other functions across sections into primary care delivery systems should be considered.
- **Share information** – The efficient sharing information between providers and service systems is an important objective. Shared access to electronic health records and medication reconciliation are current challenges.
- **Broaden conversation to include the social determinants of health** – Barriers to assistance in meeting basic needs in social determinants of health, such as employment, affordable housing, access to affordable healthy food, must be addressed as issues that negatively affect society in general: they are not simply the purview of the disadvantaged. Attention can be brought to seemingly “non-health” issues that influence the conditions where health can flourish.
- **Build capacity and recruitment to ensure that appropriate care is delivered in a timely manner** – All rural communities should be supported as attractive “recruitable communities” with economic opportunities and healthcare facilities.
- **Recognize transportation as a key success factor to health delivery** – Transportation must be built into rural budgets.
- **Provide mental health support in rural communities**
- **Eliminate barriers which negatively impact transitions of care for patients** – Healthcare services must be integrated across the continuum of care.
- **Form partnerships** – A broader range of partnerships should be evaluated for their potential to enhance services, fill in gaps, and improve resource use.
- **Create supportive environments for children's health** – For example, children require non-obesogenic communities with opportunities for physical activity, excellent health promotion education via schools and communities, and mental health resources
- **Improve coordination of community health goals and initiatives**
- **Proactively plan for an aging population** – Create partnerships with academic institutions in order to better understand the economic and social impacts of aging on health in regional and local contexts

Need for Academic Partnerships, Tools and Resources

- *What partnerships with, and resources from, universities and colleges are needed to support these next steps?*
- *Where is more research or assistance needed for local rural health development?*

<i>Area of Academic Support</i>	<i>Interests and Resources</i>
Research on aging in rural communities	<ul style="list-style-type: none"> • Including international perspectives • Innovative aging at home strategies
Transportation	<ul style="list-style-type: none"> • Rural modes of transportation (environmental or urban planning) • Access to researchers/libraries to support conducting/executing a transportation needs study for Wellington County
Applied research and best practices implementation	<ul style="list-style-type: none"> • Resources, data management, data analysis related to discussing and making decisions to implementation of academic learning • New strategies for local implementation of research on best practice and innovation • Pilot programs as research opportunities • Policy support: best practice inventory
Translation of research into practice	<ul style="list-style-type: none"> • Guidelines for enhanced healthcare
Student placements and programs	<ul style="list-style-type: none"> • Have South West and Mount Forest Family Health Team student placements provide service • Internships and co-op placements as requirements for programs • Apprenticeship programs • PSW Program - build on Wellington Terrace experience to train locally - could Conestoga College open rural campus?
Business analytics and case development	<ul style="list-style-type: none"> • Many smaller agencies don't have the capacity or skills to do this • Use MBA students to develop business cases and use students in creative ways
Training of medical and allied health professionals at rural centres	<ul style="list-style-type: none"> • Enhances health care plus recruitment
Facilitation	<ul style="list-style-type: none"> • Bring stakeholders together with facilitated discussions
Outcome measurement	<ul style="list-style-type: none"> • Support development of systems • Data analysis
Research on effectiveness of engagement	<ul style="list-style-type: none"> • The use of social media for attracting students to health careers
Knowledge integration	<ul style="list-style-type: none"> • Literature reviews and summarized findings to guide work
Analysis of trends	<ul style="list-style-type: none"> • The social determinant of health across municipal, public health, economic development sectors
Matching academic, graduate, and community goals	<ul style="list-style-type: none"> • Need to match education stream of graduates with the demand for these professionals in health care. • Graduates are not carrying the loads of retirees • New grads do not understand loyalty to an organization but are

rather more self-oriented - educators need to provide a reality check for students in order for them to understand the nature of the business and expectations of health professionals

Appendix A – Future Directions Voting Results

Multiple Selection (maximum choices = 8) (Allow bypass)

Number of ballot items: 31

Total number of voters (N): 23

Rank	Number of Votes	Idea
1	18	<p>Primary care as the hub (centre point of healthcare)</p> <ol style="list-style-type: none"> 1. Hub model - campus model of health care is a positive approach in rural communities 2. Co-location of social care providers and traditional health providers to revitalize relational vs. transactional delivery of care 3. Assess value of creating 'campuses of care' that take a whole-of-person approach vs. a diagnose-assess-treat approach and then discharge <ul style="list-style-type: none"> • Look at imbedding other functions across sectors into primary care delivery systems e.g. community support care coordinator (intake) spends time at the CHC office
1	18	<p>Information sharing</p> <ol style="list-style-type: none"> 1. The ability to share information to other providers/services, etc. in a more timely and fluid way 2. Improved sharing of information – i.e. shared accessibility to electronic health records <ul style="list-style-type: none"> • Medication Reconciliation - appropriate RX for each step of care
3	17	<p>Broaden the conversation to include the social determinants of health, i.e., social aspects of health</p> <ol style="list-style-type: none"> 1. Access to employment, affordable housing and affordable healthy food 2. Reduce the barriers to accessing for help for meeting basic needs and social determinants 3. Bring some attention to the non-health policies that will improve conditions where health can flourish i.e. living income amounts 4. Educate broadly about the effects on everyone of inequity-poverty has an impact on those who more as well as those who have less
4	15	<p>Capacity building/recruitment to ensure the right care can be delivered by the right time</p> <ol style="list-style-type: none"> 1. Wellington physician recruitment strategy 2. Recruiting of health care "couples" 3. supporting all rural communities to become recruitable communities e.g., attractive economic opportunities, community development, health care facilities, community conversations with all the right stakeholders
5	14	<p>Transportation needs to be considered as a key success factor to health delivery in rural areas and built into budgets</p> <ol style="list-style-type: none"> 1. Regional volunteer transportation program
6	9	Mental health support in the rural communities
6	9	Eliminating barriers which negatively impact transitions of care for patients (catchment boundaries, services gaps, info flow)

		1. Integrating health care services across the continuum of care
8	7	Looking at traditional and non-traditional partnerships to enhance services, fill in gaps, use resources better
8	7	Creating supportive environments for children e.g. creating non-obesogenic communities, opportunities for physical activity, excellent health promotion education via schools and communities, mental health resources
10	6	Develop a better COORDINATED approach to whatever it is that we want to do (like the WW Rural Health Network) on a broader scale 1. Action plan developed and prioritized by Waterloo-Wellington Health Human Resource Committee
10	6	Do a better (read more proactive) job of planning for an aging population than we are currently doing 1. Partner with academic institutions to better understand both the economic and social impact of aging on health and beyond within a regional and local context
12	5	Work with high schools, colleges and universities to build linked training and recruitment strategies - broad community development focus - creating less specialist and more generalist or integrated roles or positions
12	5	Strategies to develop community/volunteer support for people to remain at home as they age (e.g., cutting grass, snow shovel, etc.)
12	5	Local clean food sources linked with employment strategies (good health comes from a foundation of good diet)
15	3	Onsite service provision - addiction services in various community locations i.e. schools, hospitals
15	3	Succession planning: heavy dependence on single person 1. Build continuity in terms of positions to avoid gaps
15	3	Review opportunities to look at policies (financial, access) that create barriers to providing care
18	2	Development of the PSW locally to meet the needs for activities of daily living
18	2	Municipalities need to take leadership on healthy communities (where did these initiatives go)
18	2	Workplace wellness needs to be more greatly supported and this is linked with productivity
18	2	Highly trained CCAS employees and availability on a consistent and timely and safe basis in the rural community should be the norm
18	2	Connecting with the Mennonite population to ensure access for services that are acceptable to them e.g. training Mennonites as PSW to work within their communities
18	2	Causes of compliance with prescription drugs - there are not the 3rd party funded plans so people choose to feed their families rather than buy RX or take therapy (physio, etc.), We need enablers/ facilitators to support healing and health
18	2	Self directed care emphasis 1. Resident-led and provider-supported
18	2	Accessibility (AODA)

18	2	Sharing of staff and expertise 1. Secondments, knowledge exchange <ul style="list-style-type: none"> e.g., 2 days/week sharing
18	2	1. Invite new perspectives <ul style="list-style-type: none"> e.g., from users of services, to businesses, to manufacturers to bring new ways of looking at old problems
28	1	Continuing lack of human resources for in home and community care especially for personal support
28	1	1. Retention of staff <ul style="list-style-type: none"> Sharing of initiatives to assist with retention, i.e. New Grad initiative/Late Career initiative
28	1	1. Homewood Research Institute <ul style="list-style-type: none"> Current ownership has history of partnership with University of Waterloo regarding research in senior issues and looking to expand local research initiatives

Appendix B – Role of the Rural Health Network in Future Directions

<i>Ideas</i>	<i>Suggested Role for the RHN</i>
Position primary care as the centre point of healthcare	Enabling
Share information	Leading
Broaden conversation to include the social determinants of health	Major
Build capacity and recruitment to ensure that appropriate care is delivered in a timely manner	Supporting
Recognize transportation as a key success factor to health delivery	Advocating
Provide mental health support in rural communities	Enabling
Eliminate barriers which negatively impact transitions of care for patients	Leading or advocating
Improve coordination of community health goals and initiatives	Enabling

Appendix C – Sessional Overview

- 8:45 – 9:00** **Registration & Refreshments**
- 9:00 – 9:05** **Welcome**
Norman Ragetlie, Director of Policy and Stakeholder Engagement, Rural Ontario Institute
- 9:05 – 9:45** **Rural Health Progress**
Jeff Dixon, Associate Director, The Monieson Centre, Queen’s School of Business,
Suzanne Trivers, Executive Director, Mount Forest Family Health Team
- 9:45-11:55** **Facilitated Brainstorming and Discussion**
Erik Lockhart, Associate Director, Queen’s Executive Decision Centre
- *Rural Health Progress*
 - *Impact of Academic Tools and Resources*
 - *Future Directions*
- 11:55-12:00** **Closing Remarks**
Suzanne Trivers, Jeff Dixon, Norman Ragetlie, Erik Lockhart
- 12:00** **Adjournment**

Appendix D – Methodology

Information Gathering and Community Consultation Process

The community consultation process included an information gathering component composed of a series of interactive workshops using facilitators from the Queen's Executive Decision Centre. The purpose of this component was to get input from a broad cross section of community stakeholders.

The consultation was conducted using a group decision support system also known as an electronic meeting system (EMS), an innovative facilitation process developed from research at the Queen's School of Business. The Queen's EMS, called "the Decision Centre", combines expert facilitation with a state of the art group decision support system to enable groups to rapidly accelerate idea generation and consensus building. This facility consists of a network of laptops accessing software designed to support idea generation, idea consolidation, idea evaluation and planning. The tool supports, but does not replace, verbal interaction; typically 25% of interaction takes place on the computers. Feedback from groups who have used the Executive Decision Centre process includes: meeting times can be cut in half; participation goes way up; better idea generation and alternative evaluation; a more structured process; and automatic documentation of deliberations.

Over 500 organizations around North America use the Centre for meetings such as: strategic planning, visioning, annual planning, focus groups, team building, budgeting, program review, project planning, risk assessment, job profiling, 360 degree feedback, alternative evaluation, new product development and a variety of other meeting types.

In the consultations, participants were asked, for example, "Where is more research or assistance needed for local economic development?" Participants typed in ideas on the laptops all of which appeared on a public screen at the front of the room. These ideas were then discussed and categorized into common themes. The group was then asked "if we could only address seven of these in the next year, which ones are most critical?" Individuals selected his/her top seven and the overall results were then displayed to the group and further discussed.