

# **Let's Talk: Submission to the HNHB LHIN**

September 2008



Participating MS Society Chapters:

Halton Regional Chapter  
Hamilton District Chapter  
Niagara Peninsula Chapter

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## About Multiple Sclerosis

Multiple sclerosis (MS) is an unpredictable, often disabling disease of the central nervous system. The disease attacks the brain and spinal cord, causing symptoms that are highly unpredictable and variable from person to person. They may include: vision disturbances such as double or blurred vision; extreme fatigue; loss of balance; problems with coordination; stiffness of muscles; speech problems; bladder and bowel problems; short-term memory problems, and even partial or complete paralysis.

MS is most often diagnosed in young adults – individuals who are finishing school, starting careers and beginning families. A diagnosis of MS impacts the entire family, and society as a whole.

Canada – and Ontario - has one of the highest rates of MS in the world. There are between 55,000 – 75,000 Canadians who have been diagnosed with MS; 21,000 – 29,000 of these individuals reside in Ontario.

The estimated annual total cost of MS to Canada's economy is \$1 billion, more than all infectious diseases combined. During their lifetime, on average, each Ontarian with MS will need \$1.6 million in care and support to deal with their illness.

## About the MS Society of Canada

For 60 years, the Multiple Sclerosis Society of Canada has provided hope and help for people with MS across Canada. **Hope** through the Society's extensive national research program; and **Help** through services which make life better for people with MS and their families today.

The MS Society of Canada, Ontario Division is comprised of 42 chapters and unites across the province and over 13,000 members. The Division is committed to providing services and programs that enable all those affected by multiple sclerosis to enhance their quality of life. This important work is achieved through the dedication and hard work of volunteers and staff at the chapter, unit, and division levels.

Six MS Society chapters and units are located in the Hamilton Niagara Haldimand Brant Local Health Integration Network: Brant County Chapter, Haldimand Norfolk Unit, Halton Regional Chapter, Hamilton Chapter, Niagara Peninsula Chapter, and Simcoe Norfolk Unit.

## **Background: Let's Talk**

In April 2008 MS Society chapters and units in the Hamilton Niagara Haldimand Brant (HNHB) LHIN were invited to participate in a series of small, informal conversations taking place throughout the LHIN.

The conversation series - Let's Talk: Aging at Home – was developed by the HNHB LHIN to gather information from the community, which will be used for future planning initiatives in the LHIN. Let's Talk was framed around the Aging at Home Strategy, a province-wide strategy aimed at improving community supports for seniors.

A consultation tool, background information, and instructions were provided to community organizations who were interested in engaging their community members in the Let's Talk discussions. Community groups were asked to organize focus groups to facilitate the discussions and to return completed discussion tools to the LHIN. A final report will be prepared and presented to the LHIN Board of Directors summarizing the findings of the discussions, which will assist them in making funding decisions for community support programs.

Despite its focus on seniors, the Aging at Home Strategy may ultimately benefit other Ontarians who rely on community supports such as home care and respite services through its capacity-building potential. As well, MS Society chapters and units in the HNHB LHIN felt that the Let's Talk conversations provided a good opportunity for members of the MS community to make their needs known to the LHIN. For these reasons, the decision was made to participate in the Let's Talk discussion by three MS Society chapters in the LHIN.

This report is a summary of the discussions that took place in these MS Society chapters – Halton, Hamilton, and Niagara Peninsula. It provides an overview of the challenges these chapters faced in facilitating discussions and the challenges that our community members faced when participating in the discussions.

What is missing from this report is much of the demographic data that the HNHB requested. Its absence is explained in the "Conversational Challenges" section of this report.

Despite the challenges we faced during the Let's Talk process, the MS Society chapters and units in the HNHB LHIN are grateful for the opportunity to provide information on our community's needs. We look forward to working with the HNHB LHIN to develop future engagement activities to ensure that the needs of our community are well-understood and well-served.

## Conversational Challenges

Many individuals who are affected by MS are younger than 65 and fall outside of the senior demographic, therefore potentially making them ineligible for Aging at Home initiatives. Despite this fact, the HNHB LHIN and leaders of the Halton, Hamilton, and Niagara Peninsula chapters agree that the Aging at Home Strategy may in some ways benefit younger people in our community who require community-based supports, such as home care and respite care, as it improves service-provision capacity throughout the system.

Moreover, there was a desire from the LHIN to hear from individuals with episodic and/or chronic progressive illnesses and people with disabilities who are not seniors about issues that affect them in their communities. The HNHB LHIN and the MS Society chapters in the region felt that the Let's Talk community engagement process provided an excellent opportunity to begin longer-term discussions with members of our community about their community living needs.

When the Halton, Hamilton, and Niagara Peninsula chapters agreed to participate in the Let's Talk discussions, the LHIN agreed to refine the discussion tool to better reflect our community. This revised discussion tool was used by the facilitators who led our discussions. The feedback below was provided by these facilitators and our chapter leaders.

### Timing

The first challenge that we encountered as chapters was the timing of the consultation. While we appreciate that the process is meant to inform the next round of Aging at Home planning initiatives that will begin in the fall, it was challenging to reach out to members of our community during the summer months, as many of our support groups do not meet over the summer. There are few other organizational opportunities we have to bring larger groups of individuals together in conversational ways.

### Resources

Our chapters benefit immensely from the commitment of our staff and volunteers, who oversee the governance and day-to-day operations of our chapters. As is common in most charities and non-profit organizations, our staff and volunteers wear "many hats", playing multiple support roles in the delivery of our mission.

As a result, our staff and volunteers had limited capacity to facilitate the Let's Talk discussion process in our chapters, and to reach out to our community members *en masse*. They also had limited time to compile the demographic data and participant responses.

### Discussion Tool Design

Despite being revised to better suit our community, many of the participants noted that the questions in the discussion tool were “senior-focused” and were not currently relevant to their stages of life. For example, some questions were framed in the context of “thinking about getting older” while others asked about “living independently” and what individuals would require to help them “stay at home”.

Some younger individuals in our community may not be at a stage in life in which they have asked - or have had to ask - themselves these types of questions, using this type of language, despite the fact that they may require home care, respite care, or other community supports.

The reality is that, for a younger person with MS, facing the fact that they may have to leave their home, as well as their families, friends, and communities due to a lack of community support is not easy.

Nearly 80% of people with MS are eventually unable to work full-time because of the severity and unpredictability of their symptoms. Not only is MS associated with under employment and unemployment, but costs for equipment and services are substantial, and reimbursement typically does not cover the full expense. Limited housing and care choices as well as reduced income may result in younger adults with MS having to move out of their homes – and possibly their communities - to care settings that are totally inappropriate, such as long-term care homes designed for the frail and elderly.

While large investments have been made to improve community services for seniors through the Aging at Home Strategy, and smaller, but significant investments have been made to increase home care hours through the Emergency Wait Time Strategy, many of the members of our community have not yet benefited – and may not benefit - from these initiatives. Understandably, confronting these issues in a conversational setting was difficult for some of our participants to do.

### Demographics

Collecting the demographic information required during the Let’s Talk discussions was, at times, challenging. Some of our respondents noted that they were uncomfortable providing this information.

As well, individuals had questions about why the information was being collected and how it will be used, and our group facilitators were unable to provide answers to these questions that went beyond the response provided by the HNHB in the discussion package. These questions were particularly relevant to those participants who felt that they didn’t fit into the senior demographic that the Let’s Talk discussions were targeting.

What we do know is that, in total, 30 individuals affected by MS participated in the Let’s Talk discussions across the Halton, Hamilton, and Niagara Peninsula chapters. Of these individuals, half were under the age of 60 years old, which is not surprising given that MS is usually diagnosed in young adults between 15 to 40 years of age.

Due to the small number of participants and the incompleteness of some of the demographic questions in the discussion tool, we have decided to not include demographic data in this report for privacy reasons. Moreover, we cannot be certain that

the information contained in this report is fully reflective of our community members. As chapters in the HNHB LHIN, we do not currently have access to more fulsome data sets of our members to provide an accurate demographic portrait of our community members.

## **Addressing Conversational Challenges**

Despite the challenges that our chapters faced in leading the Let's Talk discussions and the challenges that some of our members faced in participating in the discussions, we truly appreciate being invited to participate in this process. We are pleased that the HNHB LHIN is interested in "getting to know" the members of our community better and their needs.

We value the commitment that the HNHB LHIN has made to members of our community affected by MS, and we are committed to work with the HNHB to ensure that they, and their needs, are well understood.

To that end, we make the following process and data collection recommendations for consideration of the HNHB LHIN for future engagement and research initiatives:

- Create an engagement process that focuses on people with episodic, and/or chronic progressive diseases or disabilities. Discussion tools and delivery methods should be designed and delivered with these individuals in mind.

Community groups, health care and service providers, non-profit and charitable organizations who work with these groups of individuals should be consulted in its design.

- Work with the Community Care Access Centre (CCAC), MS clinics, health care and service providers, non-profit and charitable organizations, and the MS Society chapters in the HNHB LHIN who work with individuals affected by MS to determine the breadth and scope of demographic and needs assessment data that exists on this population.

Use this data, where appropriate, to inform future planning initiatives of the HNHB LHIN that may impact members of our community affected by MS.

## Summary of Participant Responses

This section provides a summary of participant responses to the questions posed during the Let's Talk discussions. It is arranged in the order in which the questions appear in the discussion document.

### Mapping Your Community

This question asked participants to map the supports in their communities. Our respondents noted the following supports:

- Family (spouses, parents, siblings, aunts/uncles, in-laws, children)
- Friends (including collectives such as book clubs)
- MS Society (meetings, social events, client services, support group)
- Health care providers (MS clinics, physicians, neurologists, nurses, physiotherapists, massage therapists, alternate medicine practitioners, CCACs, home care, personal care)
- Community groups and churches (including the programs that they provide, such as the Centre for Independent Living, Meals on Wheels, home deliveries, day and seniors programs)
- Transportation providers (such as ParaTransit)
- Home health care stores (such as Shoppers Home Health for drug deliveries)
- Lifeline
- Online MS chat rooms and forums

### Independence

This section asked participants two questions. Selected participant responses are provided beneath each question.

Thinking about getting older, what does independence mean to you? How do you express your independence?

"Independence means everything; I do everything I possibly can and ask for help when I really need it."

"Freedom to come and go as you please; ability to use Handivan & Red Cross for transportation; still have ability to walk & drive to different activities."

"Self care, the ability to remain active, and personal safety."

"Independence allows me to be in control of my destination and the well being that comes from being able to leave the house, attend my part-time job, and do volunteer work in my community."

"Having the freedom to make my own choices."

"Being able to live in my own home."

"Being handicapped doesn't make you think about being old."

What threatens your independence most?

"I work part-time and cannot sustain full-time employment due to my disability and I do not have a health plan. I have no other source of income and I am not eligible for government assistance at this time. Therefore, my financial independence depends on my spouse. If he were to pass away, I could not support myself."

"My illness and aging, and the possibility of losing my driver's license due to my illness."

"Losing my car and decision-making. Losing my spouse or family."

"Loss of mobility. Not being able to use my arms and legs creates problems."

"Availability of medical procedures in a timely manner."

"Not being able to live in my own home."

"I fear that I will be so isolated that nobody will even realize that I need help."

### Choice

As in the section on independence, participants were asked to respond to two questions relating to choice. Their responses are detailed below.

Thinking about getting older, what does choice mean to you? What are the most important things you want to make choices about?

"Everything – to decide, to *choose*, gives me a sense of individuality. I want to control my own life, to be able to look after myself."

"Choice of where to live, how you're going to live, money-spending decisions; traveling; choice of friends; planning funeral and completing will."

"Housing, health care, transportation, and finances."

"Choice means having the ability to choose my specialist doctor and choose home care nurses."

"Choice is to me about independence. As I get older, I would like to be able to sustain the freedom to make choices about where I live. If my illness progresses, I would like to make the choice to stay in my home to receive home care. However, this will be dependent on my financial status, which comes with limitations as a person employed part-time."

What would most likely stand in the way of making your own choices?

"Financial issues and my level of physical functioning."

"My mental and physical health."

"Other people making decisions for me, medical intervention and mobility."

"Lack of accessible housing, transportation, and money."

"Having MS and my depression towards this MS."

"Being far away from my friends and family, my support network."

### Priorities

In this section participants were asked to identify the issues that were their greatest barriers, and to then identify which of these barriers is the most significant and how best to remove that barrier.

In their responses, some of our participants noted that they faced many of the barriers at points in time, while others noted that they faced all, or most of the barriers listed, often or all the time. These barriers are:

- Difficulty finding or using appropriate transportation. Some individuals noted that there is no public transportation in their communities that is affordable.
- Difficulty moving around and getting to places in their community.
- Lack of accessible and attractive outdoor spaces.
- Concerns about safety and security.
- Difficulty shopping.
- Difficulty finding appropriate housing. Some individuals said that if they had to live on their own, they would not be able to remain in their communities.
- Difficulty finding the right services to support my living independently. Some participants noted that there is no, or very limited, financial, social, or emotional support for family caregivers.
- No recreation and cultural activities available.

In closing, one individual noted that "without my husband, all of the above things would be difficult."

In terms of **removing these barriers**, our participants noted:

"Reduce costs of mobility or disability aids and services."

"Make shopping more accessible and easier for people with disabilities."

"More affordable and accessible housing, and make it easier to qualify for assistance".

"Public transportation which is wheelchair accessible and affordable, or affordable accessible private transportation."

"Opportunity to participate in programs to maintain physical and emotional wellness, such as support groups, programs, and services, and access to a recreation facility to maintain my level of functions. I can swim, however the local YMCA will not reduce the cost of membership for swimming only."

"Reliable help and reliable transportation."

"More age appropriate facilities and more assisted living accommodations; increased social workers; self discipline to question/follow up on requests."

"I would like to access home maintenance services but feel that I can't because I have a spouse."

"I would like to know that I have safety in walking/balance, which requires a lot of rest. I need a chair lift as I now fall down my stairs, but living alone with a mortgage, there are other priorities as now my income is fixed."

### Scenarios

In this section participants were asked to consider scenarios and to detail how they would respond to each scenario. The scenarios are detailed below, in the order in which they appear in the discussion tool. Selected responses appear below each scenario.

You are having difficulty doing your shopping, housework, or yard work. You don't want to bother family members or friends. What are the first steps you take if you wanted to stay living where you are?

"I would find out if there are any programs that offer assistance through subsidy or volunteer programs, such as through the MS Society or similar programs. I would also look at trading services, if I were able to do some sewing in exchange for garden work in exchange from an organization pertaining to my disability."

"I would have to employ someone reliable to do these things. First of all, I would have to find someone. It is hard to do and expensive."

"Suggest enrolling for Handivan; make sure to have appropriate walker/wheelchair that can handle your activities; contact CCAC for help and advice; have proper tools".

"Contact my MPP or ombudsman".

A friend of yours has acquired a brain injury or has been diagnosed with a disability similar to yours. They are living with their family. Your friend is feeling overwhelmed and frustrated. What would you do to help their situation?

"I would recommend that they get professional help, join a support group (Wellness House or MS Society), gain knowledge of their disability, and participate in positive activities."

"Get good medical support. For myself, the MS Clinic has been fantastic. Nurses and social workers have been essential for me."

"Get the CCAC involved. Get as much support and help as possible. Get an occupational therapist involved."

"Get support and education for them and their family."

"I would offer 'family and friend' assistance to run errands, write letters, to act as caregiver relief, or to take them out for some activity, like an outdoor walk or a place just to enjoy the view and offer a listening ear."

What supports (both formal and informal) do you think should be in place to support your friend?

"24/7 help and respite care."

"Day programs for the person to attend, if interested, and a coach or person to 'be there' for support."

"I wish there was more home support available and more arts therapy programs focusing on creativity."

"Support groups, professional and medical help including specialists."

"Transportation, counseling, day programs, financial support programs, help with personal care."

"Family support; try to make the situation lighter and liveable with family & friends; advise the family that they need to 'listen' to the person".

#### What Works

This section asked participants about what helps them stay in their homes.

What would help you stay home? What is keeping you at home? What interesting ideas have you heard about that might help you live in your own home longer?

"Less and less confusing paperwork (i.e. OMOD process), home supports like home care and house cleaning, personal support workers, occupational therapists, physiotherapists, independence in my own space."

"Family support is very important; enjoy the community you live in; renovate the house to make it more accessible. A walk-in shower; living in one-level residence; have easy access to laundry room& kitchen area; children or grandchildren close-by".

"I pay for snow removal. I pay for garden help. I pay for house cleaning. Not everybody can pay for these things."

"Get a chair lift, stay involved with the recreation centre, keep going to MS Society meetings, stay away from negative people, keep taking my meds."

"Household help, transportation, help line, meal preparation and delivery."

"What would help me stay at home is income assistance or some form of monetary disability pension/aid. What is keeping me at home is the fact that my spouse has a full-time income and health benefits."

"My spouse."

### Worries

In this final section of the discussion document, participants were asked to share any concerns they may have about living independently and what would help alleviate these concerns.

What are the things that worry you about living independently?

"Having consistent reliable help – not people who just fill in forms – the same person who understands my needs over time."

"I worry about falling and being alone, not being able to look after myself, cooking, and mobility if there is a fire. I worry about not having someone there to help me on a permanent basis."

"Falling, security, and loneliness leading to depression. Uncertainty of the future: what will happen to my pets if I die?"

"Finances. Not being able to afford housing and assistance."

"After 65 my drug plan ends and my medications will not be paid for."

"Health is my biggest worry - getting worse and becoming a burden to the people I live with."

"If my spouse and I are separated, divorced, or if he should be diagnosed with a chronic illness or pass away, I cannot sustain employment to support myself financially or assist my children through their education. I have one teen and one adult child both in school."

"Spouse burnout."

What would help you get over these worries?

"I receive help from counseling services which is not covered by our medical plan. This is an out-of-pocket expense that has proven helpful in my situation. It would help if I could receive some financial assistance towards the cost of counseling sessions, which do help me live with the worries that accompany living with a chronic illness. I also benefit from the MS Society support group – the assistance with our worries is very much supported at these meetings and being involved with other consumers is helpful."

"Moving to an A1 Level town home which is geared toward my disability."

"Becoming more aware of what is available to me in my community, such as home care and other services."

"Assistive devices and living with someone else."

"Personal alarm and house alarm, my network of friends for support and having a plan for the future. To be on a waiting list for a senior citizens home and to make arrangements for my pets".

"Life Line, Life Assist, home security, such as an alarm system."

"Reliable help."

## **Participant Feedback**

The challenges participants identified through their feedback were provided in the "Conversational Challenges" section of this document. Despite these challenges, some participants felt that the experience was positive: they felt they were heard, they enjoyed the conversation and participated fully in it, and they felt that they had a chance to say what they wanted. Comments from these participants include:

"I didn't know this home strategy (the LHIN) existed. I'm pleased to hear of it."

"In terms of suggestions, follow through. Get going and help – stop fact finding. Apply the help."

"The LHIN needs to be more aware of people with disabilities."

"It is important to include consumers who are not aging, those who are at home due to health-related issues (including) chronic illness, to gear participation to all persons with medical difficulties, regardless of age. Thanks for considering persons with multiple sclerosis."

## Summary of Let's Talk Discussions

When thinking about being independent and aging at home, participants in the MS Society support groups noted that they faced challenges in the following areas:

- Access to affordable and accessible housing
- Access to home care and reliable help around the home
- Access to affordable, accessible, and reliable transportation
- Access to caregiver supports
- Financial security
- Access to medications

The MS Society works with governments and key-decision makers at the federal, provincial/territorial, regional, and municipal levels to advance positive changes in each of these areas. While the final two points – financial security and access to medications – are primarily the domain of federal, provincial, and territorial governments, the other challenges raised are shared responsibilities of the HNHB LHIN and various levels of government.

In its Integrated Health Services Plan, the HNHB LHIN identified the following integration priorities:

- Health promotion and prevention.
- Enhance access to child and youth services.
- Assist persons to live independently in their communities.
- Provide support for persons with mental health and addiction issues.
- Enhance care and support for elderly persons.
- Improve quality of care at the end of life.
- Develop an electronic health information system.

Through the implementation of province-wide initiatives such as the Aging at Home Strategy and the Chronic Disease Prevention and Management Framework, greater attention has been turned toward these areas, both at the provincial level and at the LHIN level. While these foci may benefit many individuals in the HNHB LHIN, many others may slip through the policy and program gaps that exist between these two areas.

Many individuals with MS are not seniors. Moreover, chronic progressive brain conditions – like MS – are often not viewed through the “chronic disease” lens, which has been more focused on diseases such as diabetes, cancer, cardiovascular disease, asthma, and COPD. Yet when we consider death AND disability, the current burden of brain conditions outweighs that of cancer and cardiovascular disease combined<sup>1</sup>. The magnitude of the problem cannot be understated, and it will only worsen as our population ages.

In addition to the work we are doing at the LHIN level to help address this issue, a group of neurological health charities came together in 2008 to form the Neurological Health Charities Canada (NHCC). The NHCC aims to improve the quality of life of those afflicted

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<sup>1</sup> Global Burden of Disease, 2002, conducted by the Harvard School of Public Health, the World Health Organization, and the World Bank.

with a neurological disorder through education, advocacy, research and improved methods of diagnosis, treatment and rehabilitation, and will work with governments in Canada to develop research and policy interventions that support this view.

To this end, the NHCC formed an Ontario group to work with the Government of Ontario to develop a province-wide neurological – or “brain” - strategy, under its Chronic Disease Prevention and Management Framework. The NHCC has outlined the following strategic initiatives in a discussion document provided to the Government of Ontario regarding the development of a brain strategy.

**Proposed Strategic Initiatives of an Ontario Brain Strategy**

<b>Diagnosis and Treatment</b>	<b>Community Living and Housing</b>	<b>Continuing and Long-Term Care</b>
<p>Education and training of hospital/clinic/and community-based health students and professionals.</p> <p>Improved access to coordinated, specialized diagnosis and appropriate continuum of treatment.</p> <p>Increased public awareness, information, and education.</p> <p>Improved access to appropriate rehabilitation and recreation programs and/or facilities to sustain movement, balance, and strength.</p>	<p>Improved access to appropriate and affordable housing options, including supportive housing and congregate care.</p> <p>Improved access to/financial support for home care that reflects episodic and/or chronic progressive needs.</p> <p>Increased caregiver/family support and respite services.</p> <p>Improved access to/financial support for equipment and home/vehicle modifications.</p> <p>Improved accessible transportation.</p>	<p>Improved access to appropriate (e.g. age, neuro-supports, culture, etc.) continuing and long-term care facilities.</p> <p>Education and training of health professionals in continuing/long-term care facilities.</p> <p>Improved access to specialized care (e.g. neurologists) in continuing and long-term care facilities.</p>

NHCC’s Ontario working group has been in discussions with officials from the Ministry of Health and Long-Term Care, regarding the development of this strategy. A cross-ministerial meeting will be held during the fall of 2008 to discuss “first steps” in strategy development and design.

Within this context, we recommend that the HNHB LHIN do the following:

- Develop a working group comprised of representatives from the Community Care Access Centre (CCAC), clinics, health care and community service providers, non-profit and charitable organizations, and people with disabilities or chronic brain conditions to develop strategies that will improve:
  - Access to affordable and accessible housing;
  - Access to home care and reliable help around the home;
  - Access to affordable, accessible, and reliable transportation;
  - Access to caregiver supports for people with disabilities or chronic brain conditions in the HNHB LHIN.

- Communicate and collaborate with other LHINs regarding the development of these strategies.
- Work with this group and other LHINs to identify, prioritize, and advance issues that require action from the Government of Ontario, the Government of Canada, and relevant municipal governments and regional authorities.

## **Conclusion**

The MS Society chapters and units in the HNHB LHIN thank the LHIN leaders for inviting our members to participate in the Let's Talk discussion. We have prepared a summary of our recommendations on the following page for ease of use. We look forward to working with the LHIN and other community organizations to review and implement these recommendations, and to collectively come to better understand and address the needs of our community members.

## Summary of Recommendations

In terms of process and data collection recommendations, the HNHB LHIN should:

- Create an engagement process that focuses on people with episodic, and/or chronic progressive diseases or disabilities. Discussion tools and delivery methods should be designed and delivered with these individuals in mind.

Community groups, health care and service providers, non-profit and charitable organizations who work with these groups of individuals should be consulted in its design.

- Work with the Community Care Access Centre (CCAC), MS clinics, health care and community service providers, non-profit and charitable organizations, and the MS Society chapters in the HNHB LHIN who work with individuals affected by MS to determine the breadth and scope of demographic and needs assessment data that exists on this population.

Use this data, where appropriate, to inform future planning initiatives of the HNHB LHIN that may impact members of our community affected by MS.

With respect to community supports, the HNHB LHIN should:

- Develop a working group comprised of representatives from the Community Care Access Centre (CCAC), clinics, health care and community service providers, non-profit and charitable organizations, and people with disabilities or chronic brain conditions to develop strategies that will improve:
  - Access to affordable and accessible housing;
  - Access to home care and reliable help around the home;
  - Access to affordable, accessible, and reliable transportation;
  - Access to caregiver supports for people with disabilities or chronic brain conditions in the HNHB LHIN.
- Communicate and collaborate with other LHINs regarding the development of these strategies.
- Work with this group and other LHINs to identify, prioritize, and advance issues that require action from the Government of Ontario, the Government of Canada, and relevant municipal governments and regional authorities.