

Hamilton Community Health Working Group (HCHWG) Anchor Table Project Charter FINAL (September 18th, 2017)

Background:

The traditional siloed, program-based structures has been shown to lead to isolated treatment by multiple health and social service providers, making it challenging to coordinate care plans, share information to optimize care and ultimately impact patient outcomes.

As a result, the Hamilton Community Health Working Group (HCHWG) was formed in 2016; a collaboration between health and social services leaders, to better integrate health and social services and improve health outcomes using an integrated population health approach.

The HCHWG's integrated population health based approach is well aligned with the Patients First Act and goals of the HNHB LHIN; therefore the HCHWG will be leveraged to achieve the "Patients First" transformational mandate, and become the Anchor Table in the Hamilton sub-region. The Patients First Act focuses on strengthening the role of patients and families in the planning of their own health care needs; and was designed to enable system transformation with a focus on sub-regions¹ as the focal point for: integrated service planning, delivery and equity; primary care; home and community care; public health; and cultural sensitivity in the delivery of health care services to Indigenous peoples and French speaking people.

Project Vision and Objectives:

The HCHWG vision is that: "The health status of the citizens of Hamilton will be amongst the highest in Canada and will be supported by an integrated health care and social support system"

The objective is to use an integrated population health approach (see Appendix A for definition and diagram) to design and deliver health and social services with a person and community focus, to achieve the following outcomes:

- **Strengthen people and caregiver voices** in their own health and social planning to enable person-centred care.
- **Ensure individuals and caregivers can easily navigate through the system** by offering integrated services that break down silos across primary care providers, inter-professional health care teams, hospitals, public health, social services (housing, child care, job skills, income support, recreation) and home and community care.
- **Streamline services** by establishing accountability structures that emphasize continuity of care and fluid team communication.

¹ A sub-region is a geographic area, within a LHIN used for health service planning and evaluation. Sub-Regions will enable health planners and providers to better identify and respond to health care needs of local communities, to ensure that patients are able to access the care they need, when and where they need it.

- **Ensure public health is involved** in the planning and delivery of an integrated population health approach from the individual to the system level, with primary care and local health leaders.
- **Enhance coordination of primary care with other providers** to enable high quality care and increased integration with social and community services.
- **Improve understanding of outcomes and implement a learning and continuous improvement culture** enabled through a clearly defined process for measuring, evaluating and improving services and outcomes.
- **Increase the focus on health promotion, poverty reduction, disease and injury prevention, self-management, and care** for chronic disease and complex needs.
- **Increased focus on the equity of health care service delivery and overall health** for all Hamiltonians. This includes equitable access to care services as well as equity across the social determinants of health.

Project Benefits: The **primary benefits** will be to Hamiltonians and their family/caregivers, who will:

- Feel respected and included in their health and social service system that provides them with care and service; which will be easy to navigate.
- Have access to their primary care provider; their first point of contact to address patient needs, as well as to the broader health and social systems.
- Receive a person focused approach that is tailored to their needs to maximize their health and wellness;
 - And when people do fall ill a range of holistic resources (health and social) will be available in a coordinated, integrated, timely and consistent manner; that is equitable across diverse populations.

A **secondary benefit** will be to the stakeholders (providers, clinicians, social services, funders) and the system with:

- Better optimization and alignment of goals and efforts across organizations to maximize capacity and resources.
- Shared understanding of our community across sectors and our collective challenges, needs, and assets.
- Simplified access to care and services.
- Improved provider experience.
- Ability to facilitate the high quality outcomes desired for patients/clients.
- The ability to create conditions in our community for people to thrive.
- Achieving the vision and outcomes as outlined in this charter.

Project Scope: The HCHWG Anchor Table will primarily be focused on residents in the Hamilton sub-region, initially focusing on three neighbourhoods: Dundas, Rolston, and Stipley.

Project Linkages: This Hamilton sub-region work build on current assets and participating entities; and will link all health and social services, including, but not limited to: academic teaching hospitals, primary

care, public health, social services, the HNHBLHIN, the City of Hamilton, mental health and addictions, child and youth services, affordable housing, homeless shelters, Indigenous services, and police. Ultimately patient needs will determine which services and hence which providers will need to be included (e.g. emergency medical services, rehabilitation, pharmacy, diagnostic services, home and community care, education and Francophone).

Project Deliverables:

- 1) Use an **integrated population health approach** to holistically assess Hamilton health and social needs, access, and provider capacity, which will result in **identifying key priorities and deliverables**, in alignment with the Ministers Mandate² and key policy papers^{3,4,5}. This will be achieved by:
 - a. Forming sub-committees or leveraging existing committees as required to:
 - Operationalize the key priorities including setting goals and work plans
 - Tactically implement the priorities
 - Critically review data, information and community input.
 - b. Creating opportunities for partnership and for stakeholders in the sub-region (patients, family/caregivers, Indigenous Peoples, Francophone, health and social providers, and other diverse representatives of Hamilton communities) to interact and provide input.
 - c. Testing innovative approaches to care/service delivery by breaking down silos and eliminating fragmentation within and between sectors.
 - d. Identifying shared metrics and outcomes for patients, providers and the system; which will be shared with each partners organization and board and be key areas of focus.
 - e. Confirming funding and resource requirements to deliver key priorities/deliverables; including alignment of resources.
 - f. Completing a stock take of committees and working groups (mandate and deliverables) to ensure awareness, alignment and decision making (pause/continue/integrate) in alignment with the Hamilton sub-region priorities and focus.
 - g. Start each meeting with a provider/patient story that crosses both health and social services – keeping all members focused on our shared and collective vision.

- 2) Patients will be able to access primary care, with an initial focus on the three selected neighbourhoods.

- 3) Primary care will be aware of and be able to access health and social services when required to support their patients in maximizing their well-being. Potential areas of focus to achieve this deliverable include:

² Ministers Mandate Letter - <http://www.hnhblhin.on.ca/accountability.aspx>

³ Bringing Care Home - http://health.gov.on.ca/en/public/programs/lhin/docs/hcc_report.pdf

⁴ Mapping Wellness: Ontario's Route to Healthier Communities - http://www.health.gov.on.ca/en/common/ministry/publications/reports/cmoh_15/docs/cmoh_15.pdf

⁵ Moving Forward:" Better Mental Health means Better Health - http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh_2016/moving_forward_2016.pdf

- a. Development/strengthening of ‘community health homes’.
- b. Enhanced role of care coordination/access to care coordination imbedded in primary care.
- c. Development of whole-person and care pathways.
- d. Development of population health asset maps.

Principles guiding the actions of the partnership: The following key principles are endorsed and supported by the HCHWG Partner Organizations:

- **Integrated service delivery:** The model will foster integration of all services contributing to the population’s health, inclusive of health care, community care and social services.
- **End-to-end responsibility for a defined population:** The model will ensure that the population’s needs are considered holistically, enabling a holistic view of our community’s health, as well as the systems and services that influence and service them.
- **Incentivize accountability:** The model will create incentives and formalize inter-organizational commitments that establish accountability for delivery health outcomes.
- **Strong measurement and continuous improvement:** The model will need sophisticated performance measurement focused on monitoring population health and continuous improvement framework to ensure efficient, effective delivery of services.
- We will be **respectful** in our work together recognizing that we may not always agree and will need to have some difficult conversations
- We will be **transparent** in sharing information and data
- We will be **accountable** for our decisions and actions.

Roles and Responsibilities

The transformational nature of this initiative will require leadership and a collective willingness to test new concepts and funding/resource arrangements in a timely and agile way to meet the vision and objectives of the HCHWG Anchor Table and its sub-committees.

Hamilton Community Health Working Group (HCHWG) Anchor Table – The CEOs/Presidents/Executive Directors from the Partner Organizations (Appendix B) will comprise the HCHWG Anchor Table (see Appendix C for the structure) which will:

- Focus at the MACRO level (see Appendix D for a description of population health system approaches at the Macro, Meso and Micro level).
- Set the vision, key priorities, and outcome measures in alignment with the Minister’s Mandate.
 - Priorities will be tested with the appropriate communities, stakeholders and providers to ensure bi-directional feedback, and modifications will be made as required.
- Be co-chaired by an “honest broker” – who is action and outcome oriented.
- Identify the structure (including sub-committees) required to operationalize and tactically implement the approved priorities; and dedicate members from each partner organization to comprise membership on required sub-committees.

- Over time this will result in a shift from a “working board” to a “policy board”.
- Accept sub-committee recommendations for actions (e.g. solutions), which may result in partnership and/or funding agreements and alignment of resources.
- Openness and willingness to discuss opportunities for both horizontal and vertical integration.
- Receive regular (quarterly) reports on progress from the sub-committees.
- Develop communications including work plans to keep partner Boards and their organization informed.
- Monitor issues, risks and potential unintended consequences and determine resolution as required.
- Identify legislative and policy barriers to the HNHBLHIN/MOH.
- Ensure there are processes in place to sustain relationships and commitment to the project across sectors.

MESO Level Operations Table –The HCHWG Anchor table may determine the need for a MESO level Operations Table to operationalize their key priorities; the structure will evolve depending on the priorities selected and roles and responsibilities may include:

- Be comprised of leaders (with decision making authority) from the partner organizations (Appendix B), and will report to the HCHWG Anchor Table.
 - Recommend and recruit additional members for the Operations Table as required.
- Develop and execute annual work plans and initiatives in alignment with the HCHWG Anchor Table vision, priorities and deliverables, including the formation of MICRO level Action Tables to implement approved initiatives/projects.
 - Recommend and recruit members for the Action Tables.
 - Seek advice and input regarding system redesign, innovation and ideation from the Action Tables.
- Utilize a collective impact approach that values and encourages diverse participation and will include input from partners, patients, and family/caregivers to:
 - Assess local population health needs, access and provider capacity.
 - Identify and implement sub-region initiatives to address gaps and improve patient experience and outcomes.
 - Build partnerships and create opportunities to provide input into integrated health system plans.
- Monitor dashboards and submit quarterly reports on activity and progress to the HCHWG Anchor Table and LHIN leadership via Hamilton Sub-Region Director.

MICRO Level Action Tables – The HCHWG Anchor table may determine the need for MICRO Level Action Tables to tactically implement the approved priorities and outcomes. The Action Tables will be led by a strategic leader and be comprised of local representatives, including patients, family/caregivers and organizations impacted/involved in the approved initiatives/projects, which will report to the HCHWG Anchor Table and/or Operation Table, and will:

- Provide feedback and input to the HCHWG and/or Operations Table regarding proposed priorities, outcomes and deliverables.
 - Ability to test ideas quickly with neighbourhoods/impacted communities, stakeholders and providers.
- Be encouraged and supported to redesign, innovate, and ideate.
- Use a population health based approach.
- Be responsible for tactically implementing the approved priorities as outlined by the HCHWG Anchor Table and/or Operations Table.
- Have a solid understanding of the larger system (health and social) and context, including the Ministers Mandate.

Hamilton Sub-Region Director – This full time role will support the Hamilton Sub-Region Planning and Integration work. Responsibilities include:

- Providing secretariat support to the HCHWG Anchor Table.
- Co-chairing the Hamilton Operations Table and Action Table(s).
- Providing leadership and oversight to support the development, implementation, and evaluation of the approved initiatives/projects.
- Lead the development and monitor the effectiveness of plans that outline how the project will achieve performance targets set by the HCHWG Anchor Table and its sub-committees.
- Establish relationships through open consultation with acute care, primary care, public health, home and community, Indigenous leaders, health links, city of Hamilton, and other stakeholders as identified.
- Gather, analyze and interpret data related to performance on an ongoing basis,
- In partnership with providers, identify and translate best practices across HNHB LHIN sub-regions.
- Prepare reports and ensure deliverables and timelines are met.

Partner Organizations

- The partner organizations (Appendix B) are fully committed to the success of this project and will provide clear leadership, focus, and resources to meet the goals of the project, which will include:
 - Providing leads for the HCHWG Anchor Table and its sub-committees (e.g. Operations and Action Tables; and physician lead and other team members with skill sets - as required.
 - Identify assets, gaps and opportunities for integration and alignment to achieve the HCHWG Anchor Table vision and MOH priorities and mandates.
 - Actively engage their respective board and quality committee in the development, implementation, and evaluation of the approved initiatives/ projects.
 - Full participation and contribution to patient and family engagement activities.
 - Provide data and information for review and analysis as required and to support the performance/quality improvement component of the project.

HNHB LHIN – The HNHB LHIN has committed to take an active and engaged role including membership on the HCHWG Anchor Table and a leadership role on each of sub-committees. The LHIN will also provide leadership regarding sub-region planning and to achieve the Ministers Mandate.

Hamilton Public Health Services (PHS) – in addition to the roles identified for all partners of the HCHWG, PHS will support the Hamilton Sub-Region Planning and Integration work in alignment with the Patients First Act. Responsibilities include:

- Population Health Assessment - Population health data and analysis to support health system planning, including:
 - Analyses and interpretation of provincially defined/provided core sets of population health indicators to inform sub-region planning ;
 - Additional locally determined analyses to address information needs and planning. Data for these analyses may include data collected federally, provincially or locally by HCHWG partners;
 - Providing knowledge and expertise to interpret and translate health information into health intelligence to inform integrated planning.
- Population Health Initiatives - Identifying opportunities and enabling action to improve population health and equity. Initiatives would address individual, organizational, community and policy levels as appropriate, based on identified need, and supported by evidence, and expected to make a meaningful impact on population health at the sub-region level.

Project Management and Governance

- The project structure is outlined in Appendix C.
- Decisions will be based on consensus. If consensus is not possible, the Chair may call a vote. Each partner organization will be provided one vote/organization. Decisions arrived at by voting will be recorded with the percentage in favor of the decision and the content of any opposing positions. Decisions by consensus or vote require a quorum, set at 50% of members. Ex-officio members will not be eligible for voting.
- The addition of new partners and removal of existing partners will be recommended and endorsed by the HCHWG Anchor Table or recommended by the Operations Table to the HCHWG Anchor Table for review and approval.
- The Project Charter will be reviewed annually and the Director, Sub-Region Planning & Improvement will identify amendments for review/approval by the HCHWG Anchor Table.

Project Milestones and Reporting

Table A provides an overview of the high level project milestones and timelines for the first 24 months (to be updated annually):

Table A. High Level Project Milestones and Timelines

High Level Project Milestones	Q2 FY17	Q3 FY17	Q4 FY17	Q1 FY18	Q2-Q4 FY18
1) Finalize governance, committee structures, project charter and membership	Aug/Sept				
2) Funding request to MOH for operational support	Sept				
3) Identify data committee and request population health review for Hamilton	Sept				
4) Confirm funding for operational support and recruit support (if applicable)	Sept	Oct			
5) 2 nd Charrette – Community Engagement and consultation on priorities areas					
6) Priority setting meetings of HCHWG – select up to 3 focused priorities					
7) Stock take of committee’s (mandate and deliverables) by all committee organizations to ensure awareness, alignment and decision making (pause/continue/ consolidate) in alignment with the priorities and focus of the HCHWG, LHIN and MOH					
8) Patient/Caregiver/Citizen Engagement					
9) Develop “roadmap” in alignment with sub-region framework (Appendix E) and Ministers Mandate					
10) Develop partnership agreements required to support approved initiatives					
11) Develop common (process and outcome) and shared metrics of performance.					
12) Implement “road map					
13) Confirm IT requirements					
14) Execute communication plan					
15) Data monitoring and reporting					

Metrics The HCHWG Anchor Table will collaborate on indicators and corresponding reporting timelines once priority initiatives have been selected and approved (Table B).

Table B. Indicators (process and outcome) - For Demonstration Purposes; to be refined once priority initiatives selected and approved.

Performance Measure	Potential Metric
Patient Experience	Patient Satisfaction % attached to primary care provider Access (e.g. % access primary care after hours, weekends, weekend; same day/next day access)
Provider Satisfaction	Provider satisfaction with ease of referral process Provider satisfaction with availability of resources Provider uptake (# engaged in new model of care)
Population Health	Self-reported indicators (e.g. self-reported health status) Low birth weight rates Economic measures (e.g. # people housed, have obtained jobs etc.)
Cost per patient/person	Hospital days/1000 patients Decrease hospital utilization Decrease social service costs e.g. Ontario Works, subsidized housing, child care

Budget and Resources

This project has submitted a proposal to the MOH for a budget of \$475K (one-time) to support the development of whole-person care priorities and pathways, to develop and advance the concept of Community Health Homes, develop implementation plans for 3-4 care pathways and to develop population health asset maps. In the absence of MOH funding, the HCHWG Anchor Table will determine how to proceed and provide operational funding to support the work of the HCHWG Anchor Table and sub-committees.

The HNHB LHIN will provide the following resources to support this project/model:

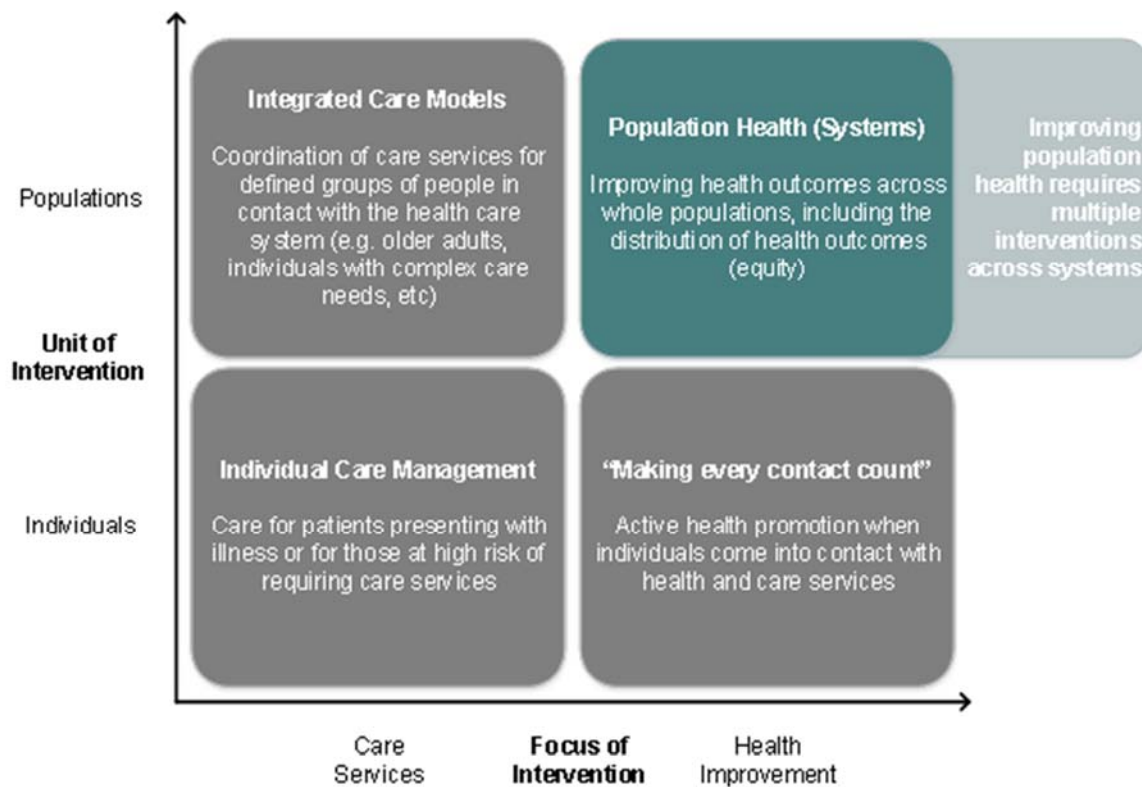
- Director, Sub-Region Planning & Integration (1 FTE);
- Executive support and leadership by the VP Health System Strategy and Integration; and
- Additional support as required by:
 - Hamilton Director, Home and Community
 - Hamilton Sub-Region Clinical Lead.

Approval

- Project Charter dated September 18th, 2017 was approved at the August 21st 2017 Hamilton Community Health Working Group (HCHWG) Anchor Table; with minor revisions requested at the September 18th meeting.

Appendix A. Definition of Integrated Population Health Approach

- Focuses on both the individual and population needs, with a focus on policy and legislation to improve prevention, health promotion, health and well-being and reduce inequities; with improved coordination and participation from system leaders across sectors.
- The person/consumer is engaged and wishing to pursue the outcomes of a population health agenda
- A fundamental shift away from traditionally siloed, activity based model to ‘demand driven’ where providers are jointly accountable for the outcomes that matter to patients and the broader population within and between sectors.
- Includes comprehensive and holistic health services, interventions on the social determinants of health (e.g. poverty, homelessness, hunger) and linkages to the appropriate services across the community.
- Action and alignment across different ministries, local communities and individuals; including alignment of resources.



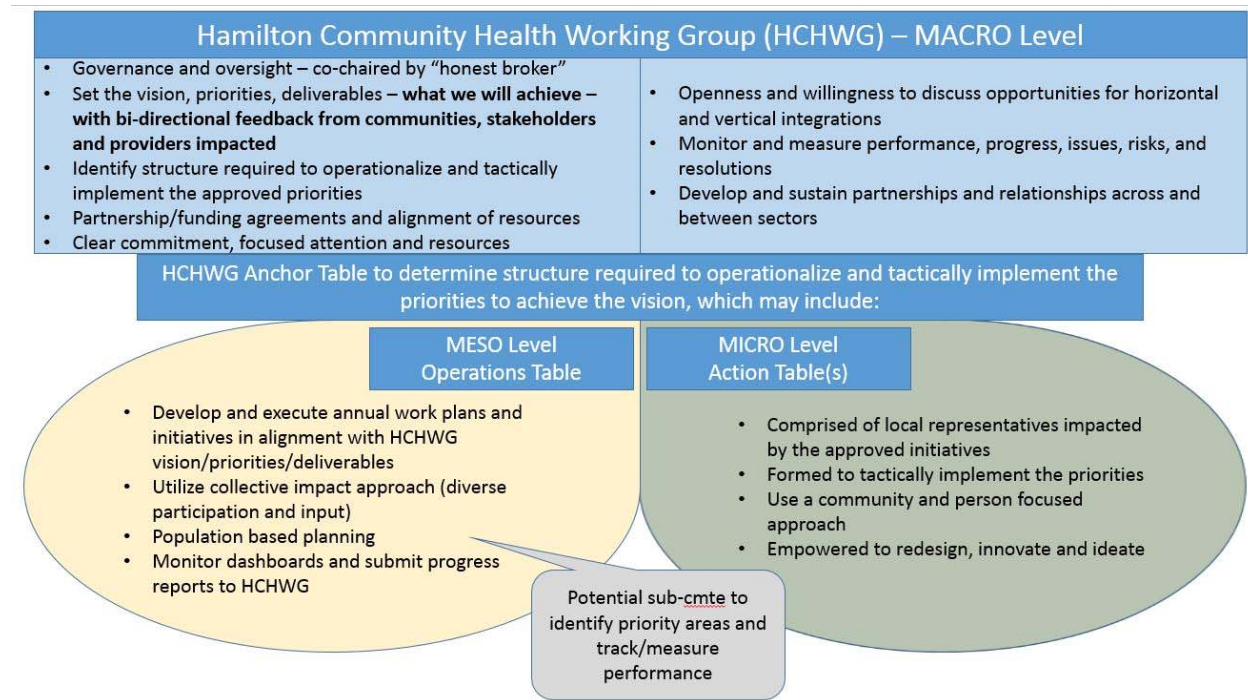
Adapted from Alderwick, H., Ham, C., and Buck, D. 2015. Population health systems: Going beyond integrated care.

Appendix B. Hamilton Community Health Working Group Anchor Table Membership

Sector	Organization	HCHWG Anchor Table Name/Role
Acute Care	Hamilton Health Sciences (HHS)	Rob MacIsaac (President & CEO) Dick McLean (EVP and CME) Sharon Pierson (VP) Sandra Ramelli (Director)
Acute Care	St. Joseph's Healthcare Hamilton (SJHH)	Kevin Smith (CEO) Dr. David Higgins (President)
Primary Care	Department of Family Medicine, McMaster University and HHS	David Price (Professor and Chair)
Primary Care	Hamilton Family Health Team	Terry McCarthy(ED) Monica De Benedetti (Lead Physician)
Primary Care	McMaster Family Health Team & McMaster Family Practice	Cathy Risdon (Co-Lead and Co-Director)
Primary Care	Community Physician	Tammy Packer (Community Family Physician)
Child & Youth Mental Health and Addictions (MCYS/ Lead Agency)	Lynwood Charlton Centre	Alex Thomson (Executive Director)
Public Health	City of Hamilton	Elizabeth Richardson (Medical Officer of Health)
Municipality/Region	City of Hamilton	Chris Murray (City Manager)
Ministry of Children and Youth Services/Ministry of Community and Social Services/Ministry of Education	City of Hamilton	Grace Mater (Community and Emergency Services Department, Children's and Home Management Services Division) Vicki Woodcox (Acting General Manager for Community Emergency Services – City of Hamilton)
Social Services	Hamilton Community Foundation	Terry Cooke (President & CEO)
Local Health Integration Network	Hamilton, Niagara, Haldimand, Brant (HNHB)	Donna Cripps (CEO) Martina Rozsa (VP, Home and Community) Rosalind Tarrant (VP, Health System Strategy & Integration) Laura Wheatley (Director, Hamilton Sub-Region)
University/Education	McMaster University	Jim Dunn (Professor, Dept. Chair of the Dept. of Health, Aging & Society; Director, McMaster Institute for Healthier Environments)
Community Members		Jackie Aird Carolann Fernandes Ross Rosier

*Note: The HCHWG recognizes the importance of engaging diverse stakeholders, and that membership will evolve over time and at different levels. As a result, multiple strategies will be used to ensure stakeholders are included in the planning, implementation and evaluation of the priority areas of focus.

Appendix C. Structure for HCHWG Anchor Table



Appendix D. Description of the Macro, Meso and Micro Level Approaches to Population Health

MACRO Level:

- Population level data to understand needs across populations and track health outcomes (big dots)
- Involve a range of partners across systems to improve health outcomes for defined population groups
- Balance improving health across whole of population + targeting specific interventions for most deprived groups (e.g. 3 neighbourhoods, frail elderly, mentally ill)
- Community involvement

MESO Level

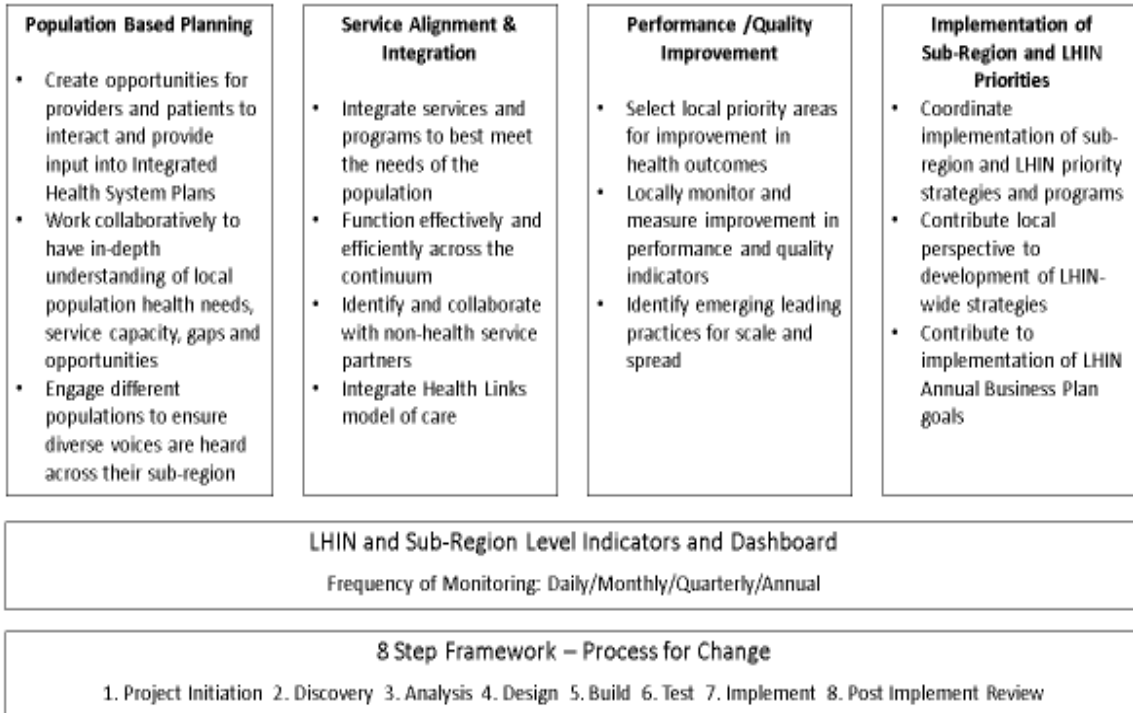
- Population segmentation and risk stratification to identify then needs of different groups within the population
- Targeted strategies for improving the health of different population segments
- Developing ‘systems within systems’ with relevant organizations, services and stakeholders to focus on different aspects of population health

MICRO Level Interventions aimed at improving the health of individuals within the populations they service (e.g. case management, housing support etc)

- Integrated health record to coordinate people’s care services
- Scaled up primary care systems that provide access to wide range of services and coordinate effectively with other services
- Close working across organizations and systems
- Close working with individuals to understand the outcomes and services that matter to them

Adapted from Alderwick, H., Ham, C., and Buck, D. 2015. Population health systems: Going beyond integrated care.

Appendix E. HNH B LHIN Sub-Region Framework

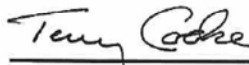


Appendix F. Charter Endorsement – Signatures of HCHWG Anchor Table members

Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: Hamilton Community Foundation

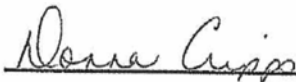


Terry Cooke
President & CEO
Hamilton Community Foundation
120 King Street West, Suite 700
Hamilton, ON L8P 4V2

Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
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Name of Organization: Hamilton Niagara Haldimand Brant Local Health Integration Network



Donna Cripps
Chief Executive Office
HNHB LHIN

**Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter**

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: McMaster Institute for Healthier Environments

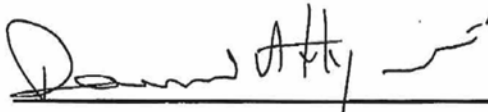


James R. Dunn, Ph.D.
Director
McMaster Institute for Healthier Environments
McMaster University KTH 226
1280 Main St. West, Hamilton, ON L8S 4M4

**Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter**

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: St. Joseph's Healthcare Hamilton



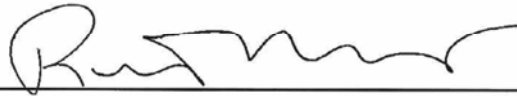
Name Dr. David Higgins
Title President
Affiliated Organization Name and Address
St. Joseph's Healthcare
Hamilton, Ontario L8N 4A6

**Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter**

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: HAMILTON HEALTH SCIENCES CORPORATION

[Insert signature(s)]



Name: Rob MacIsaac
Title: President and CEO
Affiliated Organization Name and Address: Hamilton Health Sciences Corporation
King West Site
P.O. Box 2000
Hamilton, ON L8P 1A3

**Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter**

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: CITY OF HAMILTON

[Insert signature(s)]

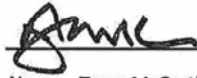


Name GRACE MATER
Title DIRECTOR
Affiliated Organization Name and Address CITY OF HAMILTON
28 James St N 4th Fl.
HAMILTON ON PO 2040
L8P4Y5

**Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter**

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: Hamilton Family Health Team



Name Terry McCarthy

Title Executive Director

Affiliated Organization Name and Address

Hamilton Family Health Team
123 James Street North, 3rd Floor
Hamilton, ON L8R 2K8



Name Dr. Monica De Benedetti

Title Lead Physician

Affiliated Organization Name and Address

Hamilton Family Health Team
123 James Street North, 3rd Floor
Hamilton, ON L8R 2K8

**Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter**

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: Hamilton Health Sciences

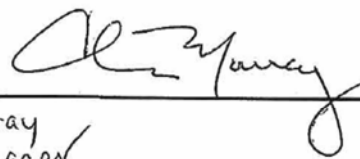


Name Dr. Richard McLean
Title EVP and Chief Medical Executive
Affiliated Organization Name and Address
- Hamilton Health Sciences, King West, Suite 23—P.O. Box 2000, Hamilton, ON L8N 3Z5

**Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter**

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Name of Organization: City of Hamilton

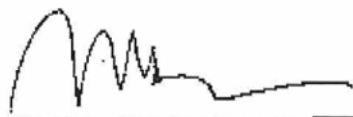
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Name Chris Murray
Title City Manager
Affiliated Organization Name and Address
City of Hamilton
71 Main Street West
Hamilton ON L8P 4Y5

Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: Dr. Tamar Packer

[Insert signature(s)] 

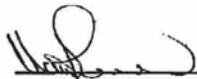
Name Dr. Tamar Packer
Title N/A
Affiliated Organization Name and Address

Individual Community Physician

Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: Hamilton Health Sciences



Sharon Pierson
Vice President, Community Medicine & Population Health
Hamilton Health Sciences, St. Peter's Hospital
88 Maplewood Avenue, Hamilton, ON L8M 1W9

Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
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The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: McMaster University

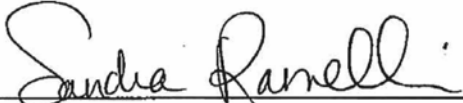
[Insert signature(s)] 

Name DAVID PRICE
Title PROFESSOR & CHAIR, DEPT OF FAMILY MEDICINE
Affiliated Organization Name and Address

Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: Hamilton Health Sciences

[Insert signature(s)] 

Name Sandra Ramelli
Title Director, Office of the CEO & Organizational Development
Affiliated Organization Name and Address
Hamilton Health Sciences
1200 Main St. West
Hamilton, ON
L8N 3Z5

Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: City of Hamilton, Public Health Services



Dr. Elizabeth Richardson, MD, MHSc, FRCPC
Medical Officer of Health

City of Hamilton, Public Health Services
110 King Street West, 2nd Floor
Hamilton, Ontario
L8P 4S6

Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: McMaster Univ

Department of Family Medicine

[Insert signature(s)]



Name DR. CATHY RISDON

Title ACTING CHAIR

Affiliated Organization Name and Address

DEPT. OF FAMILY MEDICINE
MCMASTER UNIVERSITY
100 MAIN ST. W. 6TH FL DBASC
HAMILTON, ON L8P 1K6

**Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter**

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: Retired, Project Executive, IBM Canada's Healthcare Innovation Centre
In partnership with Hamilton Health Sciences

[Insert signature(s)]



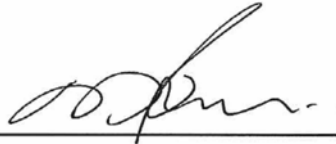
Name Ross Rosier
Title: Community Member, Retired IBM Project Executive, IBM Hamilton Healthcare Innovation
Centre, in Partnership with Hamilton Health Sciences.

**Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter**

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: HCHWG LHIW

[Insert signature(s)]



Name MARTINA ROZSA
Title VP HEALTH SYSTEM STRATEGY & INTEGRATION
Affiliated Organization Name and Address

**Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter**

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: St. Joseph's Healthcare Hamilton



[]

Name Kevin Smith
Title President and CEO
Affiliated Organization- St. Joseph's Healthcare Hamilton
50 Charlton Ave. E.
Hamilton, ON
L8N 4A6

**Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter**

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: Lynwood Charlton Centre, Lead Agency for MOMH –Hamilton Service Area

[Insert signature(s)]

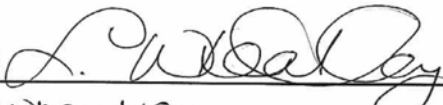


Name G.P. Alex Thomson
Title Executive Director
Affiliated Organization Name and Address
Lynwood Charlton Centre
526 Upper Paradise Road
Hamilton, Ontario
L9C 5E3

**Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter**

The following organization endorses the HCHWG Anchor Table Project Charter

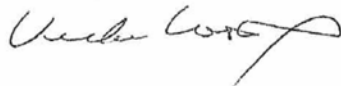
Name of Organization: HNHB LHIN

[Insert signature(s)] 
Name Laura Wheatley
Title Director Hamilton Sub-Region
Affiliated Organization Name and Address

**Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter**

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: City of Hamilton



Name: Vicki Woodcox
Title: Acting General Manager, Community & Emergency Services Department
Address: 28 James St. N., 4th floor, Hamilton, ON L8R 2K1

Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: HAMILTON NIAGARA HALDIMAND BRANT (HNHB)
LOCAL HEALTH INTEGRATION NETWORK (LHIN)

[Insert signature(s)] Rosalind Tarrant

Name ROSALIND TARRANT
Title VP HEALTH SYSTEM STRATEGY + INTEGRATION
Affiliated Organization Name and Address
HNHB LHIN
211 PRITCHARD RD
HAMILTON L8S 0G5

Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: Community Member.

[Insert signature(s)] Carolann Fernandes.

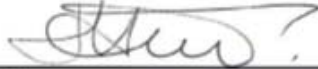
Name Carolann Fernandes
Title Community member
Affiliated Organization Name and Address

Endorsement for the Hamilton Community Health Working Group (HCHWG) Anchor Table
Project Charter

The following organization endorses the HCHWG Anchor Table Project Charter

Name of Organization: _____

[Insert signature(s)]



Name *Jacqueline Aird*
Title *Community Member*
Affiliated Organization Name and Address