

Canadian College of Health Leaders - Eastern Ontario Chapter SPOTLIGHT PROFILE

Elaine Medline

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Network (LHIN)

What are some of the challenges and opportunities of being Vice-President of Communications and Engagement for the Champlain LHIN?

My portfolio has several planning functions as well, including working with Indigenous communities to help coordinate health services in Champlain. There are many health challenges facing First Nations, Inuit and Métis individuals, mostly as a result of multi-generational trauma due to residential schools and racism. People have misunderstood, or been ignorant of historical realities. In the spirit of reconciliation and re-confederation, health providers are now understanding that culture *is* treatment, and that formal training on Indigenous cultural safety is fundamental to building a health system that provides the best possible care for Indigenous Peoples.

Second, the disruption of traditional media has completely changed the nature of communications. Many organizations plan press conferences, and are disappointed when the press doesn't show up. Truth is, every year, there are fewer local journalists in the workforce, so it's crucial that we change the ways we share information. Websites and social media have generated a phenomenal revolution in communications, but without that third-party analysis and criticism, it becomes increasingly difficult to be held publicly accountable. That's why, more than ever, we need to reach out to citizens and report back on the changes we've made as a direct result of their advice.

Biography in-Brief



Elaine Medline joined the Champlain LHIN in 2006, and has contributed to a number of key LHIN projects and programs in the areas of communications, mental health and addictions, and lung health. She became a member of the LHIN's Senior Management Team in 2011.

In addition to communications and community engagement, Elaine currently focuses on improving health services for Francophone communities, as well as for immigrants and refugees. She is currently co-chair of the Health and Well-Being Sector Table of the Ottawa Local Immigration Partnership.

Elaine also works with Indigenous partners on a number of important health initiatives.

From 1999 - 2006, she was employed by Ottawa Public Health, developing policies and programs related to tobacco control, environmental health, youth programs, harm reduction and health-care emergencies.

Elaine has degrees in biology and medicine from McGill University, and a journalism degree from Carleton University. She began her journalism career in 1991 as a reporter at the Charlottetown Guardian newspaper in Prince Edward Island, followed by a five-year stint covering health policy and medical innovations for the *Ottawa Citizen* newspaper from 1992 to 1997. In her free time, she enjoys writing short stories.

What have been some highlights in your career path so far?

At Ottawa Public Health, I was involved in a number of tobacco control efforts. We introduced one of the most comprehensive smoke-free bylaws for public places in North America at the time. We also established a youth-led tobacco prevention and cessation program for high school students. Both of these initiatives were groundbreaking in the sense that they helped solve serious and long-standing problems in a bold way. The first initiative was the result of changing a municipal policy. The second forced us to reconsider how we were communicating with young people about tobacco addiction. I often think about how many lives were saved through these two programs, not in a doctor's office or an operating room, but at city council and in school hallways.

Improving the health of immigrants and refugees has been a priority of mine for almost a decade. The Champlain Local Health Integration Network (LHIN) has worked with many partners to help newcomers navigate the health system, get good primary care, and gain access to interpretation services. When Syrian refugees arrived a couple of years ago, the health system in our region was already set up to manage the health needs of the newcomers. We continue to build on past success, but there is still so much more work to do.

As a health reporter for a major Canadian daily newspaper in the 1990s, my goal was to raise awareness about health policies and new medical treatments. The topics I chose were wide-ranging. Even back then, I was writing about the issue of hospital patients who had finished their treatments but had nowhere else to go, and on the potential costs associated with a new kind of surgery at the time—joint replacement. At a certain point, though, I felt that raising awareness wasn't enough to effect lasting change. I wanted to be at the table, making decisions.

The *Patients First* legislation in Ontario has brought about many changes for the LHINs. What are some of the exciting opportunities at the Champlain LHIN in the next five years?

LHINs are now responsible for the delivery of home care, a critical part of the health system, especially as the population ages. Because LHINs already had a planning, coordinating and funding mandate for a number of other key health sectors (for example, hospitals and mental health agencies), the added role of providing home care will drive health-system integration like never before. I strongly believe that the results of these changes will be multifold—reducing wait lists, raising the quality of care, and improving the patient journey. These are compelling, big-picture opportunities.

The new *Act* is called *Patients First* for a reason. In fact, the legislation requires all LHINs to create a Patient and Family Advisory Committee, and that's an incredible opportunity for members of the public, and for the LHIN itself. The Champlain LHIN's committee started meeting in October 2017. LHINs have always paid attention to the voices of patients, clients and family members, but now it's more formalized, and there are higher public expectations. We need to make decisions based on what people need and want, not what's most convenient for providers. Our region of the province is so diverse, and that has to be reflected in how we connect with the public. For example, Francophones represent nearly twenty per cent of the Champlain region's population, and face unique challenges in accessing equitable care. All communities must be represented, and heard.

Do you have any advice for those new to healthcare and administration?

If you are struggling with a decision, do what you think is fair. Fair to whom? That's what you need to decide. This is advice my father gave me, and it almost always helps me work through a difficult problem.

At a time when priorities and technologies are constantly changing, being a generalist is the shrewd way to go. At the same time, it's a good idea to become a true expert in a specific area of your field, one that you are passionate about. So know the general lay of the land, but be the go-to person for something in particular. Similarly, strike a balance between working at the philosophical level and venturing into the gritty details. It's sometimes tough to stay focused on the objectives when there are so many distractions. In sum, as a former mentor used to say, "Just get the puck in the net."

Don't be afraid to challenge conventional wisdom, but have the evidence to back yourself up. Pore over the metrics when you are exploring an issue, but remember that examining data isn't everything—it's just one part of the equation. Listening to people's experiences is just as essential.

Thank you for your time Ms. Medline and for sharing your experience and perspectives with the Eastern Ontario Chapter!