

Greater
Hamilton
Health
Network
ONTARIO HEALTH TEAM



Annual Report

2025-2026

greaterhamiltonhealthnetwork.ca

About Us

The Greater Hamilton Health Network (GHHN) is one of the first Ontario Health Teams across the province, with a purpose of transforming healthcare in partnership with patients, families, care partners, primary care, local organizations and the community.

A collaboration of local health and social service partners, the GHHN includes representation from more than 150 organizations. We are a dedicated group of professionals, organizations and people with lived and living experience working to co-design a patient centred health system, grounded in engagement, health equity and the local needs of the communities we serve across Hamilton, Haldimand, and Niagara Northwest.



Who Do We Serve?

- Attributed Population: 596,416
- Weighted Average Age: 45
- Racialized Population: 17.38%
- Low Income-Income Population: 5.44%

Source: OHT Dashboard, May 2026

Our Vision

Building community
health together.

Our Mission

A healthier community that provides an equitable and seamless continuum of care that actively improves population health and meets the individual needs of our community.



Land

Acknowledgement

The work of the Greater Hamilton Health Network takes place on the traditional territories of the Erie, Neutral, Huron-Wendat, Haudenosaunee, and Mississaugas: Indigenous people who have lived here since time immemorial and have deep connections to these lands.

This land is covered by the Dish With One Spoon Wampum Belt Covenant, which was an agreement between the Haudenosaunee and Anishinaabe to share and care for the resources around the Great Lakes. We further acknowledge that this land is covered by the Between the Lakes Purchase of 1792, between the Crown and the Mississaugas of the Credit First Nation.

As we reflect it is important to understand that the GHHN catchment area continues to be home to vibrant and diverse Indigenous communities who have distinct and specific histories and needs, as well as a constitutionally protected treaty. The GHHN is located next to Six Nations of the Grand River and Mississaugas of the Credit First Nation but most Indigenous peoples in the GHHN catchment area live in urban Hamilton. We honour this diversity and respect the knowledge, leadership, and governance frameworks within Indigenous communities.

We are grateful for the opportunity to live, meet, and work here, and are committed to engaging and building meaningful relationships and partnerships with Indigenous communities, Six Nations of the Grand River, Mississaugas of the Credit First Nation and urban Indigenous populations on this territory.





A message from
GHHN Executive Director

**Kathy
Peters**

This past year has been one of both transition and momentum for the Greater Hamilton Health Network. Since stepping into the role of Executive Director in January 2026, I have had the privilege of witnessing firsthand the strength of this network. The GHHN is built on deep collaboration, shared purpose, and a collective commitment to improving the health and well-being of our communities.

The GHHN continues to play a vital role in bringing together over 150 organizations to design a health system that is more seamless, accessible, and responsive to local needs. This year, our work has been guided by a clear focus on strengthening primary care access and attachment, advancing integrated models of care, and building the capacity of our Ontario Health Team.

Improving access to primary care remains a top priority. Through coordinated efforts with the GHHN Primary Care Network, we are helping more people connect to care close to home and ensuring that more individuals benefit from interprofessional team-based care across the GHHN region.

At the same time, we are addressing complex health and social care needs that bring providers together across sectors to better support people. While there is much to be proud of, we also recognize the challenges facing our health system. Increasing demand, workforce pressures, and evolving priorities require us to remain adaptable and forward-thinking. What gives me confidence is the strength of our partnerships and our shared commitment to meeting the needs of the communities we serve.

As we look ahead, we will continue to build on this strong foundation through deepening collaboration, addressing health inequities and advancing innovative health & social care solutions that improve access, experience, and outcomes. Thank you to everyone who contributes to this work. Your leadership, collaboration, and dedication are what make the GHHN a truly impactful partnership.

Our Team

A dedicated staff team that works to develop priorities each year that include the foundational elements of Equitable Healthcare Approaches, Patient and Community Engagement, and Environmental Sustainability.

This year, we are excited to welcome Vanessa Parlette as the GHHN Manager of Primary Care and Robert Steele as the Senior Project Manager of Digital Health.



Kathy Peters
Executive Director



Brad van den Heuvel
Director, Physician
Recruitment



Megan Lynch
Senior Manager,
Priority Populations



Sarah Precious
Senior Manager,
Communications &
Engagement



Vanessa Parlette
Manager, Primary
Care



Ryan Janssen
Manager, Health
Equity, Haldimand,
and Mental Health &
Addictions



Robert Steele
Senior Project
Manager, Digital
Health



Anna Burns
Coordinator,
Engagement &
Communication



Becky McMahon
Coordinator, Physician
Recruitment



**Subiksha
Nagaratnam**
Primary Care
Coordinator



Marijke Ljogar
Manager, Primary
Care & Environmental
Sustainability



Heather Shaw
Manager, Integrated
Health Pathways and
System Navigation

Our Board

A special thank you to our Board Chair and Directors for your leadership, guidance, and the stewardship of the Greater Hamilton Health Network.



France Vaillancourt



Kathy Allan-Fleet



Rashed Afif



Omar Aboelela



Sharon Moore



John Fleming



Anita Gombos-Hill



Genevieve Hladysh



Gloria Jordan



Barbara Klassen



Leslie Gillies



Grace Mater



Clare Mitchell



Dr. Cathy Risdon



Dr. Elizabeth Richardson



Medora Uppal



Steve Sherrer

On behalf of the Greater Hamilton Health Network Board of Directors, I am pleased to share our 2025 Annual Report and reflect on another year of progress in building a more connected, equitable, and patient-centred health system across Hamilton, Haldimand, and Niagara Northwest. These accomplishments are a testament to the dedication of our staff, patient and family advisors, health care providers, community organizations, and system partners who work collaboratively every day to improve the health and well-being of the people we serve.

This year also marked an important leadership transition for the GHHN. On behalf of the Board, I would like to extend our sincere gratitude to Melissa McCallum, who concluded her tenure as Executive Director after five years of dedicated leadership. Melissa played a pivotal role in building the GHHN from its inception and guiding its growth into one of the province's leading Ontario Health Teams. Her vision, commitment to collaboration, and unwavering focus on improving health outcomes have left a lasting legacy for our organization and our communities.

In January 2026, we were pleased to welcome Kathy Peters as our new Executive Director. Kathy brings extensive experience in health system integration, governance, and collaborative leadership, and has already successfully transitioned into the role.



A message from
GHHN Board Chair
France
Vaillancourt

The Board is confident that Kathy will build on the strong foundation established by Melissa and continue to advance our vision of a more connected, equitable, and patient-centred health system.

I would also like to recognize and thank two valued Board members whose terms concluded this year. Sharon Moore and Dr. Cathy Risdon have each made significant contributions to the GHHN through their leadership, expertise, and commitment to improving care for our communities. We are grateful for their service.

As we look ahead, we remain focused on strengthening partnerships, improving access to care, advancing health equity, and ensuring our communities have a strong and sustainable health system for generations to come. Thank you to everyone who has contributed to our shared success this year.

Our Patient Advisors

A special thank you to our Patient Advisors for your leadership, guidance, and for sharing your lived experience to support the transformation of healthcare.



Ike Agbassi



David Cooke



Barbara Dolanjski



Janice Duda-Kosar



Angela Frisina



John Fleming



Anita Gombos-Hill



Su Heenan



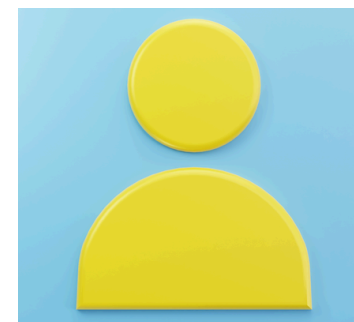
Bernice King



Lester Krames



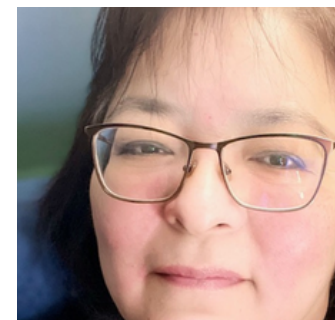
Ruth Morris



Don M.



Bonnie Pataran



Jodi Rock



Murray Walz

As Co-Chairs of the Patient, Family, CarePartner Leadership Network, we are proud to reflect on another year of meaningful collaboration, shared learning, and continued growth across the GHHN. This year demonstrated the strength and value of partnership. Patients, families, care partners, providers, and community organizations came together with a shared commitment to co-designing a more connected, equitable, and person-centred healthcare system. We are continually inspired by the willingness of people across our network to listen, learn, and work together to improve care experiences and outcomes for our communities.



**Bernice
King**



**Janice
Duda-Kosar**

A message from
**GHHN Patient Family
 CarePartner Leadership
 Network Co - Chairs**

We are especially encouraged by the ongoing commitment to engagement across the GHHN. From strengthening relationships and expanding opportunities for participation, to supporting capacity building and shared leadership, we continue to see engagement embedded as a core part of how we work together. As outlined in the GHHN Engagement Strategy, meaningful partnership remains essential to transforming healthcare in our region.

Looking ahead, we are excited for the continued evolution of engagement work across the network. We look forward to what the engagement strategy refresh brings to our work for the next year, ensuring it continues to reflect the voices, priorities, and diverse experiences of our communities. We are also pleased to see the rollout of our engagement training in sessions, which help build a common understanding of meaningful engagement practices and strengthen patient and provider relations across organizations and teams. We are equally excited about the launch of the Engagement Corner in the newsletter — a new opportunity to celebrate engagement successes, share resources and stories, and continue learning from one another across the region.

On behalf of the PFCLN, thank you to everyone who has contributed their time, perspectives, and lived experiences this year. Together, we are building stronger partnerships and a healthcare system that is more inclusive, compassionate, and responsive to the needs of our communities.

GHHN Impact Report

Strategic Priorities

Ontario Health Team Capacity Building and Governance

- 100% of GHHN Staff Trained (Rainbow Health, Engagement 101, San'yas Indigenous Training, Active Offer)
- Advance to Level 2: Learning and Developing as outlined in the Creating Engagement Capable Environments

Integrated Care Initiatives

- **Interprofessional Primary Care Team (IPCT) Partners and Funding**
 - IPCT Partners include: Hamilton FHT, Haldimand FHT, Smithville FHT, McMaster FHT, Centre de santé, PCAAT (Good Shepherd, Shelter Health, HamSmart, Refugee Newcomer Health)
 - Given 2.2 million to attach GHHN region. Our % to target for access touchpoints are 214% (OH target is 10250 but we did 21,920) and our % to target for attachment is 210% (OH target is 940 and we did 1076)
- **2 Community Wellness Hubs** have 130 members who participated in events, for a goal of 10,473 touch points
- **Long-Term Care Pathways**
 - distributed to 33 LTCs, 12+ partner organizations providing care in LTC to prevent ER transfers
 - 6 month data shows increase in referrals for 3+ organizations, leading to possible 330 ER transfers avoided

Primary Care Access and Attachment

- Expanded our PCN to 821 members
- Cleared Health care Connect (HCC) pre-January 2025 waitlist to zero and continued attachment of newly registered patients
- Supporting 1,500–2,000 unattached patients annually through the Primary Care Access and Attachment Team (PCAAT), providing urgent, short-term, and interim primary care to prepare patients for long-term attachment
- Attaching up to 1,000 unattached and equity-deserving patients in a high need, materially deprived, and underserved area through the Primary Health Care at Eva Rothwell Centre

Local Community Programs and Supports

- 429 women, trans, and gender diverse individuals experiencing homelessness attended our four Women's Health Days
- 4500 touchpoints were reported included 21 PAPs, over 150 health screenings, 100 vaccines, and countless mental health and wellness supports
- Over 90% of participants said the services met their needs and they felt comfortable, and over 50% said they accessed services they have not accessed before

Spotlight on Impact

Primary Care Funding

In May 2025, the GHHN Primary Care Network (PCN) submitted a comprehensive proposal to Ontario Health to expand team-based primary care and increase attachment in the LOR Forward Sortation Area (FSA). The proposal was co-designed with local family physicians and healthcare practices with support from municipal leaders, MPPs, and community organizations.

As a result of this proposal, the GHHN PCN was awarded \$834,200 to attach LOR residents to primary care. The approved funding is tied to an attachment goal of 2,175 - 2,400 residents in the LOR region over a 12–18-month period, led by the Hamilton Family Health Team (FHT) in collaboration with Haldimand Family Health Team (FHT) and other regional partners. This initiative builds on \$2.2M in annual funding previously approved in 24/25 and continuing through 2025/26 to facilitate access and attachment to primary care.

These funds were used to build interprofessional care teams and dedicated outreach led by the Hamilton FHT in collaboration with Fletcher FHO, Haldimand FHT, Smithville FHT, McMaster FHT, Centre de santé, and the Primary Care Access and Attachment Team (Good Shepherd, Shelter Health, HamSmart, Refuge Newcomer Health) to newly attach **2,306 individuals to primary care providers and/or teams.**



Spotlight on Impact

Haldimand Older Adult & Caregiver Health Day

106 individuals

100% of attendees said they learned something new

100% said they would return if this event was held again next year

There are more than four thousand seniors with specific age-related health conditions living in Haldimand; a population that is rapidly growing and requiring collaborative models of care for improved wellbeing and enhanced caregiver experience. The Haldimand Health Council has continued to bring health and social services closer together for this community through Older Adult & Caregiver Health Days.

On November 3, 2025, the 3rd Annual Older Adult and Caregiver Day took place at the Dunnville Lifespan Centre, bringing together 23 health and social service providers that support older adults and caregivers in Haldimand. The event connected community members with local programs, resources, and supports in one location.

*"It was a great turnout, great information."
-Participant*



*"Nice lunch, informative booths."
-Participant*

Spotlight on Impact

Lower Limb Preservation

1,623 clients were referred

75% achieved full wound healing

Clients accessing LLP services through Compass also benefit from seamless connections to wound care and a broader network of community supports

Through coordinated care, clients have timely access to assessment, treatment, offloading, and follow-up care to support healing and reduce the risk of complications

The expanded LLP catchment area has further improved access to enhanced foot care services, including Tier 2 offloading devices

In FY2025/26, the GHHN OHT continued to advance Lower Limb Preservation (LLP) through strong collaboration across health and community care partners, including Compass Community Health and Hamilton Health Sciences. This work improved access to early screening, foot care, and treatment for people at risk of serious lower-limb complications, including diabetic foot ulcers. Through ongoing collaboration and alignment of the LLP Integrated Care Pathway, people across Hamilton had more timely access to specialized assessment, treatment, and coordinated follow-up, with a particular focus on high-risk, equity-deserving populations in downtown Hamilton.

Mr. X was referred to Compass by his primary care provider for wound care and was seen by a chiropodist within two days of referral for a full assessment. During the assessment, the chiropodist identified the need for vascular intervention and supported a timely vascular consult. While awaiting treatment, Mr. X continued to receive regular wound care, was connected to community nursing for dressing changes, and was fitted with appropriate offloading to help prevent the wound from worsening. Antibiotics were prescribed as needed, and following successful revascularization, improved blood flow supported healing. Mr. X shared that the coordinated care he received, particularly the advocacy of the chiropodist and his inclusion in the LLP program, 'truly saved his foot.'

Spotlight on Impact

GHHN Women's Health Days

"As Lead Physician with the Shelter Health Network, I see firsthand the critical impact that initiatives like the GHHN Women's Health Days have on improving access to care for women who face significant barriers. These events provide a trusted, low-barrier environment where women can receive preventive screenings, primary care, and connections to ongoing supports that are often otherwise out of reach. Beyond addressing immediate health needs, they create an opportunity to build relationships and restore trust in the healthcare system. This model of integrated, community-based care is essential to advancing health equity and improving long-term outcomes for women experiencing vulnerability."

**-Dr. Karen Busche,
Shelter Health Network,
Lead Physician**



2025 - 2026: 4 Health Days

4551 touchpoints of care

168 Providers

429 Participants



Spotlight on Impact

HealthPathways

HealthPathways has significant impact across our local region, bringing together speciality care with primary care to co-design integrated models of care. Through ongoing collaboration, clinical partners establish shared agreements that clarify roles, improve referral navigation, and enhance referral processes for both providers and patients. By centralizing trusted guidance and referral information in one accessible platform, it reduces administrative burden for primary care teams.

HealthPathways strengthens relationships, enhances coordination, and improves the patient journey while enabling consistent practice, reducing duplication, and supporting continuous quality improvement across the system.

It also promotes shared accountability and informed decision-making across providers.

“Recently, in a neighbourhood community clinic, a patient presented with a complaint of sore feet. Once, seen, it was clear that the problem was more complex. The patient was not in acute distress and wanted to avoid going to the ER. The diagnosis of Heart Failure was made and my next step was to go to the Community HealthPathways. HealthPathways was so useful to review red flags, initiating treatment and planning follow up. The pathways are nicely laid out in a consistent manner, are easily searchable and available for any practicing clinician. They, provide localized resources for investigations, consultations and other referrals.”

-Dr. Mike Pray



“In these very transformational times for community pharmacy, being outdated and not current with your clinical skills will put you far behind in the very near future. This, tool, Community HealthPathways, is an extremely important puzzle piece to get aligned clinically with your patients and other healthcare professionals. The future is not coming-it is already here.”

-Rami Safi, Community Pharmacist

Spotlight on Impact

Black Health Working Group

“The Black Health Working Group has played a pivotal role in bridging community voice and health system action across the Greater Hamilton Region. Through consistent monthly meetings, the group has created a dedicated and accountable space to center the priorities, experiences, and leadership of Black communities while advancing coordinated system change. Its strength lies not only in its purpose, but in its diverse and intentional membership—bringing together Black co-chairs, health system leaders from primary care and hospital sectors, community partners, patient and family advisors, representatives from the Black Health Community Advisory Table, and a respected community elder. This structure ensures a comprehensive and grounded perspective that reflects both lived experience and system leadership.

Through this collective approach, the Working Group has actively supported and endorsed key organizational initiatives, including informing and strengthening the development of Black Health Plans at both Hamilton Health Sciences and St. Joseph’s Healthcare Hamilton. These plans are being shaped to reflect community insight, align with regional priorities, and drive meaningful, measurable improvements in care and outcomes. The Working Group’s strong connection to the Black Health Community Advisory Table further ensures that community perspectives remain central to planning, decision-making, and accountability. Together, these efforts are contributing to a more coordinated, responsive, and equity-focused health system—one that is better equipped to improve health and well-being for Black communities.”

**-Rochelle Reid and Terri Bedminster,
Black Health Working Group Co - Chairs**



**-Terri Bedminster,
REFUGE Newcomer Health,
Executive Director**



**-Rochelle Reid,
Hamilton Health Sciences,
Chief Health Equity Officer**

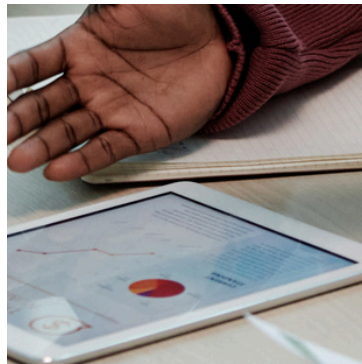
Spotlight on Impact

Quality Improvement: Educational Rounds

Co-led with Canadian Mental Health Association (CMHA) Hamilton, more than 300 front-line mental health and addictions staff from 30+ health and social service providers across the region have signed up for one of 18 sessions held to date. These sessions are aligned with the Health Quality Ontario quality standards on key clinical topics in the mental health & addiction sector: opioid use disorder, problematic alcohol use, mood and anxiety disorder, and other clinical topics. Led by a psychiatrist from CMHA Hamilton, staff report overwhelmingly that the space is useful to learn more about providing quality care and explore ways to put quality standards into practice. Participants also have regular opportunities to provide insights into how care is delivered and what health system improvements can be made to advance the quintuple aim.

“Excellent, very clear and concise. The materials provided will be of benefit when conducting an assessment.”

-Participant



“I love attending these sessions! I find them very informative and useful for my practice.”

-Participant

2025 GHHN Leadership Award Winners

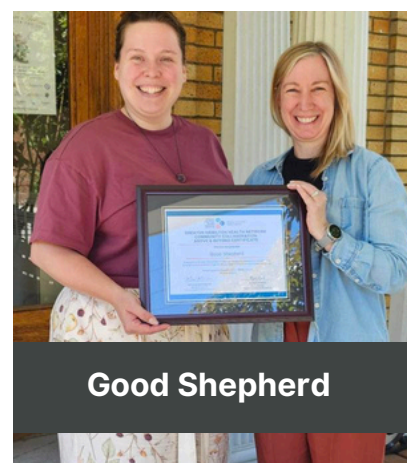
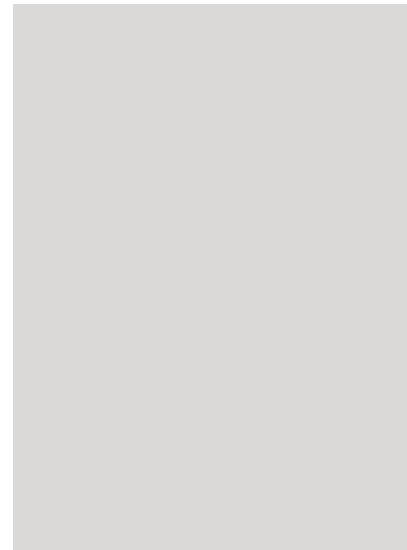
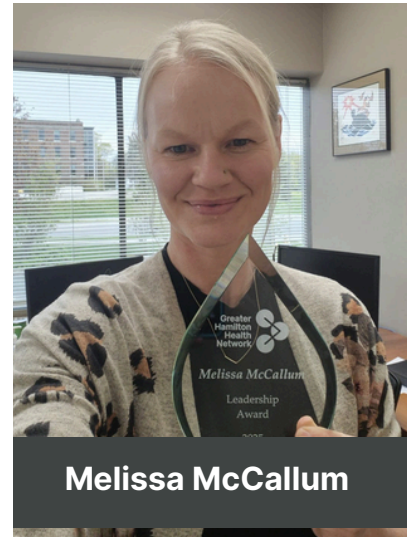
In 2025, we were proud to recognize individuals and organizations with the Annual GHHN Leadership Awards, who joined us in Building Community Health Together.

Congratulations to Kathy Allan-Fleet, Chief Executive Officer of Compass Health, and Melissa McCallum, previous GHHN Executive Director, as the recipients of the GHHN Leadership Award. Their leadership, dedication, and partnerships have strengthened care and community well-being across Hamilton, Haldimand, and Niagara Northwest.

We also congratulate Murray Walz, GHHN Patient Family CarePartner Leadership Network Co-Chair, the recipient of the GHHN Patient and Family CarePartner Leadership Award, for his outstanding advocacy and leadership in health system transformation.

We were also pleased to present the inaugural GHHN Community Collaboration Above & Beyond Certificate to Good Shepherd in recognition of their exceptional partnership and support of our shared mission.

We extend our sincere gratitude to all of our award recipients for their passion, service, and ongoing contributions. Their efforts inspire excellence and strengthen the care, support, and connections that benefit our patients, residents, clients, and community every day.



Need a Family Doctor?

Residents of **Hamilton and Niagara Northwest (Grimsby, Beamsville, Smithville)** who don't currently have a family doctor: **get in touch and we'll help connect you with a family doctor accepting patients.**



attach@hamiltonfht.ca



(365) 317-8117



www.hamiltonfht.ca



Primary Care
Network



Hamilton Family Health Team

Better care, together.

Residents of **Haldimand** who don't currently have a family doctor: **get in touch and we'll help you get connected.**



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Primary Care
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Haldimand

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