

## Health Equity & Social Determinants of Health Communiqué | July 2017

### HNHB LHIN Highlights

#### Innovation brings enhanced caregiver respite support to more people across HNHB LHIN

Most people will, at some point in their life, help a family member or friend with a long-term health condition, disability or challenge related to aging. While providing care for family members or others can be a very fulfilling and rewarding experience, at times it can be challenging and can cause some caregivers to experience physical, emotional, financial or social distress and burden. With limited opportunities for caregiver relief or support, this prolonged stress can lead to emotional, mental and physical exhaustion and ultimately caregiver burnout.

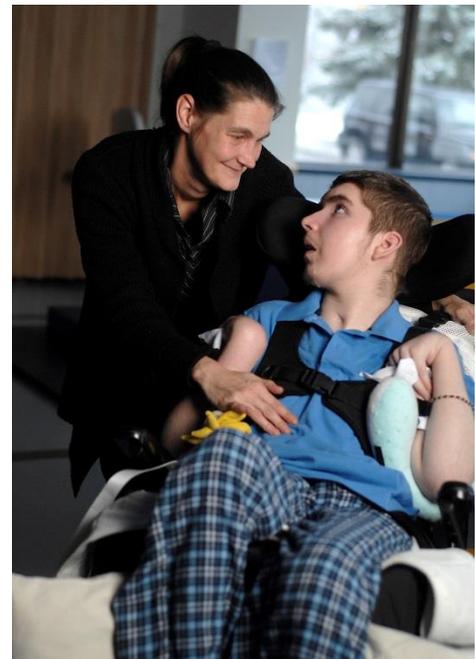
In June 2016, Ontario's Ministry of Health and Long-Term Care provided the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) with more than \$2 million in additional funding to enhance caregiver respite support and services.

The HNHB LHIN's home and community care team collaborated with the University of Waterloo to develop an evidence-informed approach to identify caregiver distress; resulting in the development of the Caregiver Distress Index (CDI). The CDI is a screening tool intended for care coordinators to identify caregivers at high risk of adverse outcomes and who may benefit from respite support.

Since its implementation in November 2016, the CDI has been included in the assessment of all long-term community patients and has increased the detection of caregiver distress. Results from the simultaneous assessment of the caregiver and patient are used to inform the development of care plans that optimize the allocation of respite personal support hours for patients and caregivers. For example, patients and caregivers with higher CDI scores (signalling high distress) have been allocated additional personal support hours to improve caregiver relief and reduce burnout.

This initiative is accompanied by a flexible model of care that allows patients and caregivers to bundle their available hours; offering the caregiver more choice in how they receive personal support services to better accommodate their needs. This caregiver-centred approach gives patient care coordinators the opportunity to develop care plans that put the needs patients and caregivers first.

By using the CDI screening tool, patient care coordinators have a better understanding of caregiver issues and are better equipped to carry out patient and caregiver assessments.



## Improving Transitions of Type 1 Youth to Adult Diabetes Education Programs



Improving processes to enhance the transition of youth to adult diabetes care has been identified as the primary quality improvement goal of the HNHB LHIN diabetes educators. The transition of youth to adulthood is a pivotal moment typically marked by life changes such as employment, acceptance into school, or the decision to live independently. This may often impact lifestyle and individual choices; as well as, social, economic, and environmental factors that influence decision making about health. Developing personal health practices and coping skills ensure individuals can maintain and enhance their health, promote self-care and cope with challenges. Given there can be many challenges evolving into adulthood, some youth become disconnected from diabetes education programs during this transition as they assume their own diabetes care.

In May 2017, the HNHB LHIN hosted the first combined meeting of adult and pediatric diabetes educators to discuss how best to implement best practice standards for children/youth with Type 1 diabetes as they move to adult care. The processes developed were informed by standards identified in the Ontario Paediatric Diabetes Network report, "[Transition to Adult Care Working Group Recommendations](#)" (February 2016).

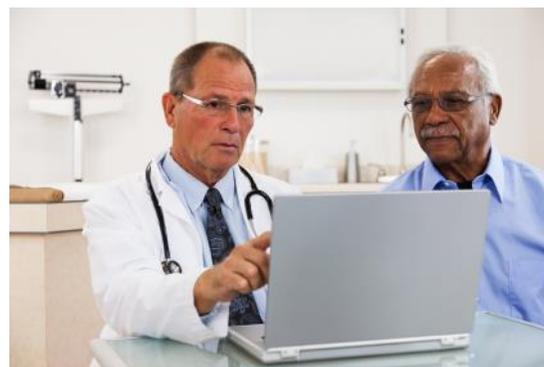
Pediatric Diabetes Education Programs (DEP) are available to children until age 18, at which point they are transferred to adult care. To better facilitate this transition, the HNHB LHIN DEPs developed processes to improve communication between the Type 1 youth, their family members, the family physician and DEP team. This included the development of a referral pathway for youth transitioning to adult care and the establishment of a key contact at the pediatric and adult DEPs to improve continuity. These processes will be monitored throughout 2017-18.

Outcomes from the first combined DEP meeting were deemed valuable and the partners agreed to meet regularly in order to continue to improve access and care transitions for people with diabetes.

## Public Posting of MRI and CT Wait Times

In the commitment to achieve meaningful reductions in wait times for diagnostic imaging (DI) services in the HNHB LHIN, the LHIN-wide DI Directors Committee has committed to making wait time information for magnetic resonance imaging (MRI) and computerized tomography (CT) examinations publicly available.

It has long been recognized that wait times can be a barrier to patients from receiving timely access to health care services. Informing patients and health service providers about wait times will increase accountability, improve transparency and referral patterns, and reduce the variation of wait times across the LHIN. Wait times for CT and MRI services are now posted on the websites of the HNHB LHIN hospitals where the services are provided: Hamilton Health Sciences, St. Joseph's Healthcare Hamilton, Niagara Health, Joseph Brant Hospital, Brant Community Healthcare System, Norfolk General Hospital, and Haldimand War Memorial Hospital. Wait times will be updated and posted on a quarterly basis.



This initiative is intended to empower patients to make informed decisions about their health and health care, to ask their referring physician about the waiting list and to determine feasibility to access services more quickly (i.e. referral to another hospital with a shorter wait) while at the same time encouraging health service providers to discuss health care options with patients, find a hospital with the shortest wait time, and to consider the appropriateness of the examinations and potential alternatives.

## Health and Equity through Advocacy, Research, and Theatre



Policy reform plays a critical role in improving the responsiveness of health systems to ensure vulnerable populations have access to equitable and patient centred care.<sup>1</sup> Using an innovative approach, the Health and Equity through Advocacy, Research, and Theatre (HEART) initiative combined participatory action research, public advocacy, and research-based 'legislative' theatre to understand issues of health equity faced by homeless individuals in St. Catharines, Welland, and Niagara Falls and to identify areas for social inclusion and policy reform.<sup>1</sup>

Led by McMaster University, a qualitative approach was applied to develop a research-based 'legislative theatre' play. Co-developed with Branch Out Theatre, the script was a product of 16 interviews with individuals who identified as either homeless or vulnerably housed; and was reflective of their experiences accessing and navigating the health care system.<sup>1</sup>



Invited to the play were members of the homeless community, offering a unique engagement of patients and an opportunity to influence the design of health care services and policy. The HNHB LHIN participated as a member of the panel in addition to representatives from the Niagara municipality, hospital, social services, and community services.<sup>1</sup> After watching the play, audience members were invited to intervene in the second viewing of the play by replacing an actor on-stage and improvising solutions to solve the problem being presented. Panel members used the suggestions to draft policies which were subsequently voted upon by audience members for uptake into policy-making.<sup>1</sup>

As a result of the play, eight policy solutions were generated by patients, practitioners, learners, and academic and industry experts:

- Full examination of all issues of patient care access into the system and upon discharge.
- Qualitative and quantitative impact assessment of the healthcare system on the homeless.
- Mental health and homeless competency training through the LHIN for health care providers.
- Integrated medical and social services and developing a uniform line for provider referrals.
- Increased capacity in community agencies such as Start Me Up Niagara and Hope Centre.
- A pilot trial to study an alternate funding model for providing primary care to the homeless.
- A study of the resources and capacity of social services and medical services in Niagara.

The findings and recommendations of the HEART initiative have been summarized in the report [Healthcare First: Improving access to healthcare for the homeless and vulnerably housed in Niagara](#). This initiative was found to be extremely successful and provides an innovative framework for adaptation across other populations and services across Canada.

<sup>1</sup> Hossain, R., Ramsay, N., and Milo, M. (2017) *Healthcare First: Improving access to healthcare for the homeless and vulnerably housed in Niagara*.

## Welcome to the new Executive Director for the French Language Health Planning Entity

The French Language Health Planning Entity (FLHPE) for HNHB and Waterloo Wellington LHINs welcomed a new Executive Director, Sébastien Skrobos on June 26, 2017.

The Entity has been in place since 2011. Funded by the LHINs, the Entity has an advisory role regarding the health needs of the local francophone communities. The Entity supports the LHIN mandate and collaborates to ensure the effective delivery of French language services at the local level by:

1. Identifying the health care needs of the local Francophone community.
2. Establishing relationships with the Francophone community in their designated area.
3. Identifying French language health services available to the Francophone community.

Overall, the Entity engages with the Francophone community to inform advice provided to the LHINs.

## Effects on the Ground: Social Determinants of Health in the News

The effects of the social determinants of health and health inequities are getting noticed. Here are a few headlines from the last few months that highlight the importance of recognizing and addressing them.



[There's a need for better dental care in Canada](#)



[Why Ontario seniors should have the same no-user-fee drug plan as youth](#)



[Greying nation: Canada has more seniors than kids for the first time ever.](#)



[Alarming number of Ontario teens texting while driving: survey](#)

**THE GLOBE AND MAIL\***

[Kids who aren't vaccinated stigmatized more than their parents: study](#)



CBCnews

[Hamilton a desert for transgender healthcare, but hope is on the horizon](#)

## Events

Please see below some great learning opportunities:

[Bruyère Continuing Care International Conference on Humanizing Health Care - October 18-20, 2017](#)

[Health Quality Transformation Presents: Quality Matters 2017 – October 24, 2017](#)

## Resources and Literature

[CBC Article: 'Like being inside a Heritage Moment!' On hearing my student speak Mohawk in Parliament](#)

[Ontario Newsroom: More Educational Opportunities for Indigenous Students](#)

[Ontario Newsroom: Fair Workplaces, Better Jobs](#)

[HQO Report: Opioid Prescribing in Ontario](#)

[Association of Ontario Health Centres: Health Equity Indicator Project](#)



## Education

[Training with the Canadian Red Cross \(in French\): To learn more about registering for First Aid and CPR \(Level C\) training in French, please contact Aline Roy at \(905\) 331-1354 \[aline.redcross@cogeco.ca\]\(mailto:aline.redcross@cogeco.ca\)](#)

## LHIN Contact Information

If you have any feedback on the bulletin or would like to make a contribution, please contact [Kate MacNeil](#).