

Health Equity & Social Determinants of Health

Communiqué | March 2016

HNHB LHIN Highlights

Central Intake for Diabetes Education

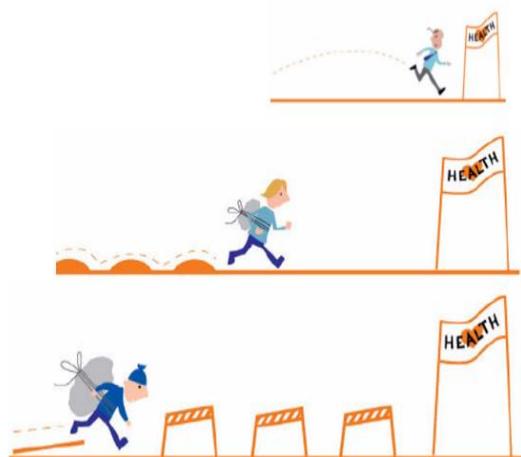
Accessing a Diabetes Education Program (DEP) for individuals with or at risk of developing diabetes is now easier.

A coordinated access model has been developed to standardize and improve equitable access to diabetes education services across the LHIN. This model includes one standardized diabetes referral form and three geographic zone leads to assist with coordinating access for individuals with or at risk of developing diabetes.

With this model, there is no wrong door for referral and DEPs can be accessed through direct referral, self-referral, or a DEP Coordinated Access Lead Agency (St. Joseph's Healthcare Hamilton, Niagara Health System, or Brant Community Healthcare System)

The Coordinated Access Lead Agency role includes resource matching DEP zone referrals to services that best match individual's needs. DEP teams consist of specially trained health care professionals who provide the knowledge and skills to self-manage diabetes by offering a range of services, including group and one-on-one education sessions on topics such as nutrition and physical activity. This team can also connect clients with other helpful programs and resources in their community. Some DEPs offer French language and/or culturally appropriate and inclusive services. Individuals are able to access the DEP location of their choice.

For more information, the standardized referral form and a listing of DEP locations are available on the [HNHB LHIN website](#).



From Norway's National Strategy to Reduce Social Inequalities in Health (2007)



Active Offer of French Language Services

There are approximately 35,000 Francophones residing in the HNHB LHIN; ranging from a variety of backgrounds and ethnicities from Franco-Canadians to French speaking migrants and refugees from countries such as Africa, Asia, the Caribbean, Europe and the Middle East.

The concept of "Active Offer" ensures that health care service providers create an environment that anticipates the needs of the Francophone community and actively offers services in French. This aligns with the principle of health equity which advocates for high quality and appropriate care for all no matter where they live, what they have, or what language they speak.

In February 2016, the HNHB LHIN attended the “Networking and Resources Day for Bilingual Staff” which was hosted by the French Language Planning Entity (FLPE), the Réseau Franco-Santé du Sud de l’Ontario, the Centre de Santé Communautaire and the Franco-Ontarian Association (ACFO). This day was dedicated towards sharing tools, materials and best practices to proactively offer services in French and to provide service providers an opportunity to network and build relationships. The event was well attended with representation from 80 agencies funded by the Ministry of Health and Long-Term Care and the Ministry of Community and Social Services.



Canada Welcomes 25,000 Syrian Refugees

The federal government has met its target of settling 25,000 Syrian refugees in Canada by the end of February 2016. This has been an enormous effort spanning all levels of government and many sectors.

The HNHB LHIN has welcomed nearly 1,000 Government Assisted Refugees with the leadership of Wesley Urban Ministries and the support of our many dedicated health care providers and partners. As health is an important component of transition planning, the health sector will continue to support the delivery of health care services to the Syrian refugees by providing initial health assessments, immunizations, and ensuring a warm transfer to primary care services.

For more information, please visit [Hamilton Syrian Refugee Information Portal](#) and [Niagara Syrian Refugee Information Portal](#).

2016 Ontario Budget

On February 25, 2016, the Finance Minister released [2016 Ontario Budget: Jobs for Today and Tomorrow](#). In an effort to build and revitalize public infrastructure, the government will invest \$160 billion over the next 12 years, which is the largest investment in public infrastructure in Ontario’s history.

The government will continue to transform Ontario’s universal health care system to keep Ontarians healthy and to give Ontarians faster access to the right care, and care that is coordinated and closer to home.



Patients First: Thank You for Your Feedback

In December 2015, the Ministry of Health and Long-Term Care released the [Patients First Discussion Paper](#) outlining significant changes to the health system. The HNHB LHIN engaged local communities to collect feedback on the ideas presented.

The LHIN has compiled your feedback and appreciates your comments and insights.

To review the feedback received on the discussion paper, please visit the [HNHB LHIN's webpage](#).

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.

HAMILTON  **SPECTATOR**

[Aboriginals nearly 30 per cent of city homeless](#)



[Mental illness contributing to youth crime](#)

THE GLOBE AND MAIL 

[Ontario broadens access to gender-confirming surgery](#)

HAMILTON  **SPECTATOR**

[The link between poverty and late-stage diagnosis in Hamilton](#)



[Passport to creating healthy kids](#)



[Let's get the basic income experiment right](#)



[Tobacco enforcement streamlined through pilot project](#)

Events

Please see below some great learning opportunities:

[Migrant Farm Worker Health Forum](#)

[University of Toronto Indigenous Health Conference](#)

[OFIFC Urban Aboriginal Health Forum](#)

[Unreserved heads to Six Nations of the Grand River](#)

[Our Future Hamilton Summit 2016](#)

Resources and Literature

[Windsor Essex County Health Unit: 2015 Health Equity Toolkit and Practical Guide](#)

[CAMH Population Studies eBulletins](#)

[World Happiness Report 2016](#)

[Understanding the Racialization of Poverty in Ontario](#)

[The State of Homelessness in Canada 2014](#)

[Caring for Aboriginal Patients](#)

[Brant Health Atlas](#)



LHIN Contact Information

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