

## Health Equity & Social Determinants of Health Communiqué | June 2016

### HNHB LHIN Highlights

#### *Indigenous Cultural Safety Training*

According to the National Aboriginal Health Organization (NAHO), four major challenges to advancing the health and wellness of First Nation, Métis and Inuit Peoples are historical trauma, stereotypes, respect and trust. Through education and training opportunities, health care workers can begin to overcome these challenges by building their understanding of Indigenous cultures and cultural difference, acknowledging and respecting the important role of traditional knowledge and medicines, and recognizing the impacts of colonization on the health and wellness of Indigenous Peoples.

In 2015 the HNHB Indigenous Health Network (IHN) reviewed and endorsed Ontario's Indigenous Cultural Safety (ICS) Training for Health Professionals as a positive first step towards providing care for Indigenous Peoples in a way that is culturally safe and respectful. With the endorsement of the IHN, the LHIN developed and initiated a plan to broaden access to Ontario's ICS Training for up to 460 staff from mainstream health service providers between February 2016 and March 2017. Participants included staff of local hospitals, mental health and addictions providers, home and community care providers, and other community support services. As of May 2016, approximately 70 individuals have completed the training, 60 are in progress, and 100 are registered for upcoming sessions.

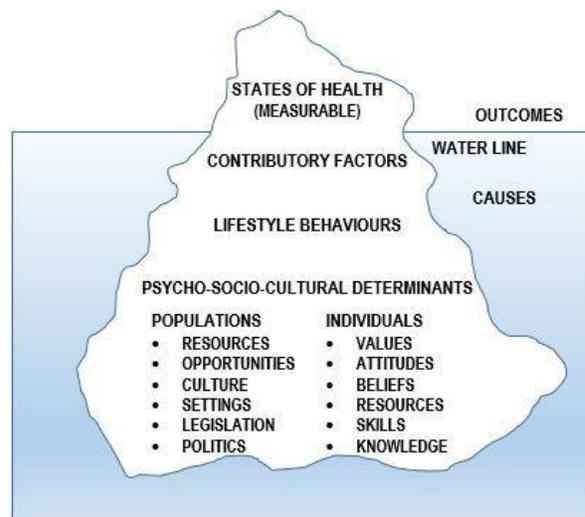
Increasing access to Ontario's ICS Training for Health Professionals, as well as advancing locally developed learning opportunities, continues to be a health system priority nationally, provincially, and locally, as a means to provide the best care possible for Indigenous Peoples in a way meets each individual's unique needs, develops trust and relationship building, improves health outcomes, and nourishes positive patient and family experiences.

For more information, please visit the [Ontario's ICS Training for Health Professionals](#) webpage.

#### *Low-Barrier Dialectical Behavioural Therapy (DBT) in Hamilton*

Through the work of the HNHB LHIN's Concurrent Disorders Capacity Building Strategy and Hamilton East Health Link, access to the specialized treatment Dialectical Behavioural Therapy (DBT) was identified as a gap for marginalized individuals with concurrent disorders (mental health and substance use). Both local working groups had a vision to provide DBT-informed services in a way that would reduce barriers and increase access for individuals who may have difficulty registering, attending, participating or meeting some of the requirements of traditional DBT services.

Consultation was conducted with local providers and individuals trained through the HNHB LHIN's DBT training initiative to inform current challenges and opportunities. As a result, leadership from Good Shepherd Centres Hamilton and City of Hamilton, Public Health Dept, Alcohol, Drug & Gambling Services agreed to provide staff for facilitation of the pilot project "Masterminds".



The “Masterminds” group offers practical application of DBT-informed concepts to adults with mental health and substance use concerns. The group is offered in an open format on a drop-in basis and has no requirements of pre-registration, stability, or abstinence from substances. The intent is to offer equitable access to individuals who may be excluded from or unable to attend traditional DBT services.

The “Masterminds” group is co-facilitated by Good Shepherd HOMES & Alcohol, Drug & Gambling Services (ADGS) staff in Hamilton. The results of this pilot will be evaluated and shared upon its completion in July.

For more information of the group please contact [Laura Walsh](#) (HNHB LHIN Advisor, Health System Transformation).

## Restoring Fairness to the Interim Federal Health program



The [Interim Federal Health Program \(IFHP\)](#) provides limited, temporary coverage of health care benefits to refugees, protected persons, and refugee claimants in Canada; who are not otherwise eligible for provincial or territorial health insurance.<sup>i</sup> In 2012, the federal government implemented changes that effectively eliminated health coverage for many IFHP recipients and reduced access to health care services for most. Under this program, refugees and refugee claimants received coverage for prescription drugs, vision care and dental care similar to what provinces and territories provide to Canadians on social assistance. The IFHP

recognized that refugees and refugee claimants have many health care needs and typically lack financial resources to purchase insurance.<sup>ii</sup>

As of April 1, 2016, the IFHP has been fully restored to pre-2012 levels for all eligible beneficiaries and will include basic, supplemental and prescription drug coverage.<sup>iii</sup> In addition, the IFHP will be expanded by April 1, 2017 to cover refugees before their departure to Canada. Additional coverage will include medical examination, vaccinations, treatment of disease outbreaks in refugee camps and medical support during travel to Canada.

Restoring the IFHP will improve the health outcomes of refugees and refugee claimants, provide financial relief to private sponsors, reduce administrative burden of healthcare professionals, and will ease health care funding pressures on provincial and territorial governments.<sup>iv</sup> [Learn more.](#)

## HQO Income and Health Report

Our health is greatly impacted by both economic status and social factors that are beyond our control. These factors are called the social determinants of health and include our sex, ethnicity, immigration status, and where we live.

In April 2016, Health Quality Ontario (HQO) released its first report dedicated solely to health equity shedding light on health inequities in Ontario. The report [Income and Health: Opportunities to achieve equity in Ontario](#) explores how income is associated with health risks, health care and health outcomes among people in Ontario.<sup>v</sup> Looking at the variation between the poorest and the richest in Ontario across five income levels, the report covers everything from smoking rates to prescription medication to life expectancy.<sup>vi</sup>



## 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.



[Bridging the gender health divide](#)



[Mental health issues take a toll on half of GTA workers](#)



[Government of Canada supports health solutions](#)



[Childhood obesity rates fall in Canada for first time in years](#)



[Ontario helping more schools become community hubs](#)



[Older LGBTQ+ population lives in social isolations](#)



[How will gender affect the practice of medically assisted dying?](#)



[Food landscape in Canada unhealthy](#)



[CAMH sweat lodge a “higher level of healing”](#)

## Events

Please see below some great learning opportunities:

[Soaring Spirit Aboriginal Day Festival June 17-21](#)

## Resources and Literature

[National Collaborating Centre for Determinants of Health](#) (Resource Centre)

[Wesley Institute: Health Inequity Resources](#) (Resource Centre)

[Hamilton Immigration Partnership Council](#) (Resource Centre)

[HEIA Tip Sheet: Identifying and Selecting Mitigation Strategies](#) (Fact Sheet)

[Certain Circumstances: Issues in Equity and Responsiveness in Access to Health Care in Canada](#) (Report)

[Understanding Health Inequities and Access to Primary Health Care in Southern Ontario](#) (Report)



## LHIN Contact Information

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

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<sup>i</sup> Wesley Institute. 2013. The Real Cost of Cutting the Interim Federal Health Program. Accessed 22 June 2016 at: <http://www.wellesleyinstitute.com/wp-content/uploads/2013/10/Actual-Health-Impacts-of-IFHP.pdf>

<sup>ii</sup> Wesley Institute. 2013. The Real Cost of Cutting the Interim Federal Health Program. Accessed 22 June 2016 at: <http://www.wellesleyinstitute.com/wp-content/uploads/2013/10/Actual-Health-Impacts-of-IFHP.pdf>

<sup>iii</sup> CBC News. 2016. Liberal government fully restores refugee health care program. Accessed 22 June 2016 at: <http://www.cbc.ca/news/politics/mcallum-philpott-interim-federal-health-program-refugees-1.3453397>

<sup>iv</sup> Government of Canada. 2016. Restoring Fairness to the Interim Federal Health Program. Accessed 22 June 2016 at: <http://news.gc.ca/web/article-en.do?nid=1034619>

<sup>v</sup> Health Quality Ontario. 2016. Health Equity Report. Accessed 22 June 22 2016 at: <http://www.hqontario.ca/System-Performance/Specialized-Reports/Health-Equity-Report>

<sup>vi</sup> Health Quality Ontario. 2016. Health Equity Report. Accessed 22 June 22 2016 at: <http://www.hqontario.ca/System-Performance/Specialized-Reports/Health-Equity-Report>