

Health Equity & Social Determinants of Health Communiqué | April 2017

HNHB LHIN Highlights

Dementia Care Excelling at Grandview Lodge

Social determinants of health such as income and social status, physical environments and personal health practices, each have its own effect on the health and well-being of an individual. These factors become even more important as we age and are faced with new and emerging health and social challenges.

Grandview Lodge, located in Dunnville, is a long-term care home that is working to reduce health disparities and inequities related to health and social needs through staff training. Currently, 71% of the residents at Grandview Lodge have dementia and vary in levels of cognitive impairment. As part of their Strategic Plan, all staff regardless of their position is expected to participate in a two-day Montessori training course that focuses on working with older adults with cognitive and/or physical impairments. Staff assess the “why” behind resident behaviours and work with them to address social supports, environmental/physical concerns, and personal health practices by tailoring care to keep the resident engaged and valued.



In addition, the environment around Grandview has been altered to reflect the needs of the residents and respect their level of functioning. Examples of the environmental changes include: a wood working garage, gardens, pathways, art center, outside shelter, clothes line, personalized bedroom doors, and the installation of a baby nursery. These physical modifications have led to increased social gatherings, network building and friendships amongst staff and residents. This model of care has allowed residents to feel they are at their own home again.

Staff have reported that the Montessori training along with the environmental and social changes have led to a culture of purpose and meaning amongst the staff and residents at Grandview. The staff take pride in understanding there is no “one size fits all” method for assisting their residents with dementia. Instead, they have instilled a culture of understanding the whole person and what brings meaning to each individual life.

The Health Career Bus: En route for bilingual opportunities



Recruiting bilingual health professionals is a key component of the effective provision of services in French. Health service providers are challenged by a shortage of bilingual professionals and therefore experience difficulty in building capacity in French. A lack of information at the educational level has been identified as a gap in access and recruitment of bilingual professionals. It has been recognized that this can be improved by building connections and increasing awareness of career opportunities through colleges, universities, and health services providers.

On March 20, 2017, the health sub-committee of the Niagara Interagency Table (comprised of the Réseau franco-santé du sud de l'Ontario, the French Planning Entité, and the HNHB LHIN), piloted an initiative called the Health Career Bus to increase awareness among young French speaking students of the career opportunities available to them in the Niagara Region in the field of nursing, psychology and gerontology. The bus left Toronto for St. Catharines and picked up 25 students along the way.

The students took a tour of five identified and designated French health service providers in the Niagara Region (i.e. Alzheimer Society of Niagara, March of Dimes, Niagara, Centre de Santé Communautaire, Brain-injury Community Re-entry Niagara and

the Foyer Richelieu). The students also learned about the French Language Services Act and the importance of ensuring *Active Offer* in the provision of health services.

The pilot launched with great success resulting in a secured position for one student and an internship opportunity for another; and is expected to continue annually. This experience helped to strengthen partnerships between health service providers and various colleges and universities and also facilitated the connection between students and communities in need of bilingual providers. It also enabled the students to realize the diversity among the francophone population as the students came from various countries such as Haiti, Republic of Congo, Algeria and France. The students were shown how their language capacity and experience could be an asset to many communities. The pilot was also covered by the local francophone newspaper [Le Régional](#).

A Health Equity Lens on Behavioural Support Ontario Services

Responsive behaviours are one of the most cited factors in hospital patients designated for an alternate level of care (ALC) within HNHB hospitals.ⁱ This means there is a significant population of individuals who may encounter challenges in accessing the most appropriate level of care and services as a result of responsive behaviours. Responsive behaviours result from Alzheimer disease or other dementias and cognitive impairments and may include wandering, aggression, resistance, or other types of behaviours. It may occur in response to a real or perceived stimulus, and may result in risk for the individual or others, or provide challenges for caregivers.ⁱⁱ This can lead to social, familial and financial impacts for patients and their families. It is important to view responsive behaviours from a health equity lens as it can affect individuals regardless of background, race, or gender.

For individuals with particularly challenging responsive behaviours, long-term care placement and transition can be particularly difficult. That is why in 2016-17, the HNHB LHIN expanded existing Behavioural Supports Ontario (BSO) services to include six new “transitional lead” positions across the LHIN to focus exclusively on supporting individuals during their transition into long-term care. The transitional leads will support individuals with particularly challenging responsive behaviours, who might otherwise be declined for acceptance to long-term care. In 2016-17 the LHIN also invested in an expansion of the BSO Community Outreach Team, as well as the Hospital Clinical Lead program.



Finally, 2016-17 the HNHB LHIN made a substantial investment in BSO education and training for long-term care staff. Increasing staff education and training is a key tenet of the 2016 Ontario Dementia Strategy discussion paper. Additionally, BSO has partnered with nearly all of HNHB's 86 long-term care homes to identify a behavioural lead champion that will work directly with BSO to support implementation of behavioural strategies for residents. Together these initiatives aim to ensure individuals with responsive behaviours have access to care in an environment best suited to their needs, provided by a well-trained and knowledgeable staff. [Learn more.](#)

What is Indigenous Cultural Safety?

Cultural safety is a concept that has been adopted by health service organizations across Ontario and Canada as a foundational step towards addressing health inequalities and inequitable access to healthcare experienced by Indigenous Peoples.ⁱⁱⁱ Similar frameworks and concepts such as cultural awareness, cultural competency, and cultural sensitivity share the same intended outcome by focusing on enhancing the knowledge, attitudes and/or skills of healthcare providers.^{iv} Cultural safety however, extends beyond these frameworks and is differentiated by an introspective and reflective process of unlearning and relearning how one's own culture, history, lived experiences, beliefs, and attitudes not only shape one's approach to practice, but impacts how patients and families respond to them.^v

In order to address Indigenous specific racism and discrimination across the health care system, a deliberate and planned cultural safety approach is recommended worldwide as a best practice.^{vi} Strategies such as cultural safety training have been found necessary to achieve cultural respect and have the potential to foster improved health and wellbeing of Indigenous populations.^{vii} A publication released by Well Living House reported that cultural safety training helps to mitigate the impacts of systemic racism by improving communication between health service providers and Indigenous service users.^{viii} This is

accomplished by improving awareness and understanding of Indigenous health issues and legacies of colonization, improving cultural and language awareness, and enhancing the sense of safety of Indigenous service users during health care provision.^{ix}

A systematic review of cultural competency training approaches also concluded that these strategies can improve patient and client health outcomes, as well as demonstrate moderate improvements in provider-related outcomes, health care access and utilization for racial/ethnic minority groups. Error! Bookmark not defined. While existing research on cultural competency and safety approaches rely on self-reported data elements, additional research and evaluations are currently underway to further measure the impact of cultural safety training on health care provider behaviors, interactions and patient centred health outcomes.^x



To learn more about cultural safety and for information on Ontario's San'yas Indigenous Cultural Safety Training visit the LHINSight article '[Register Today: Indigenous Cultural Safety Training](#)' or contact Kate MacNeil (Advisor, Access to Care) at

kate.macneil@lhins.on.ca or 905-945-4930 ext. 4216.

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.



[Smoking Cessation More Affordable](#)

» [thestar.com](#) «

[Effects of racism on physical health should be better tracked](#)

THE
HAMILTON SPECTATOR

[Liberals look to target child care funding](#)



[Program seeks to ease isolation of seniors](#)

» [thestar.com](#) «

[\\$5B housing pledge aims to help most vulnerable](#)

Events

Please see below some great learning opportunities:
[Migrant Farm Worker Forum –April 21-22, 2017](#)

[Cultural Considerations in Services Delivery to Amish populations \(webinar\) - April 19, 2017](#)

[Centre Talks: Racialization, health care and health care research – May 2, 2017](#)

[Using Canadian Case Studies to Improve Healthcare for Inner City and Marginalized Populations – May 31, 2017](#)

Resources and Literature

[Bill 114: An Act to provide for Anti-Racism Measures](#)

[A Better Way Forward: Ontario's 3 Year Anti-Racism Strategic Plan](#)

[System change interventions for smoking cessation](#)

[Summary of Proceedings: 'Making the Invisible Visible'](#)

[Health Equity Must Be a Strategic Priority](#)

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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- ⁱ Access to Care (January 2017). Specialized Needs and Supports (SNS) as a Barrier for Open ALC Long Waiter Case.
- ⁱⁱ HNHB BSO (Retrieved April 7, 2017). <http://hnhb.behaviouralsupportsontario.ca/>
- ⁱⁱⁱ Allan, B. & Smylie, J. (2015). *First Peoples, Second Class Treatment*. Wellesley Institute. Well Living House, St. Michael's Hospital.
- ^{iv} Freeman, T. et al. (2014). *Cultural respect strategies in Australian Aboriginal primary health care services: beyond education and training of practitioners*. Australian and New Zealand Journal of Public Health. Vol38-4, pp355-361.
- ^v DeSouza, R. (2008). Wellness for all: The possibilities of cultural safety and cultural competence in New Zealand. *Journal of Research in Nursing*, 13(2), 125-135.
- ^{vi} Browne, A. J., et al. (2016). Enhancing health care equity with Indigenous populations: evidence-based strategies from an ethnographic study. *BMC Health Services Research*, 16, 544
- ^{vii} Freeman T., et al. (2014). *Cultural respect strategies in Australian Aboriginal primary health care services: beyond education and training of practitioners*. Australia and New Zealand Journal of Public Health. Vol38, 355-361.
- ^{viii} Allan, B. & Smylie, J. (2015). *First Peoples, Second Class Treatment*. Wellesley Institute. Well Living House, St. Michael's Hospital.
- ^{ix} Allan, B. & Smylie, J. (2015). *First Peoples, Second Class Treatment*. Wellesley Institute. Well Living House, St. Michael's Hospital.
- ^x Truong, M. et al. (2014). *Interventions to improve cultural competency in healthcare: a systematic review*. BMC Health Services Research. <http://www.biomedcentral.com/1472-6963/14/99>.