Nov 28th/2011
Fraser Room: Reducing Inequities in Health through Reorienting Health Services

1. Promoting Patient mental wellbeing: building mental health promotion capacity within BC's healthcare workforce

Presenters: Alana Rauscher & Paola Ardiles

- Provincial Health services authority works closely with the 5 regional BC Health Authorities and Ministry of Health to meet local and provincial health needs
- Key success: use mental health to engage other agencies- promotion of "well-being"
- Mental health promoting healthcare system
    - Dependent on having a skilled and informed workforce
- Project Goal: to transform health care practice by enhancing the capacity of PHSA health care providers to further promote the mental wellbeing of all patients/clients and families that access PHSA"s health care services
- Phase 1 : (Sept 2009-March 2010)
    - Examine the current state of mental health promotion within PHSA's healthcare services
    - 21 group discussions and 2 key informant interviews
    - Incorporation of mental health into the system
- Phase 2: developed a mental health promotion resource and E-learning program
    - Goal: to contribute towards a change in attitudes and behaviors by increase the awareness and knowledge of
        - Intrapersonal skills, interprofesisonal interactions, healing environments
    - Primary target: health care leaders, managers, and educators (Mental health promotion resource)
    - E learning program: for health care provider
        - Education/training for health care provider
        - Improve patient's satisfaction, reduce hospital time/cost, improve care, reduce professional burnout and turnover
- Phase 3: pilot testing of the Mental Health Promotion E-learning Program
    - Group facilitated and individual self directed process

- Emphasis on collaboration with PHSA agencies: BC cancer agency, CDC, BC children's Hospital, Sunny Hill
- Patient, Client and Family Engagement
    - To collect feedback and input into the Mental Health Promotion Resource and E-learning Program
    - Main focus: Providing patient-centered and culturally competency
- Evaluation Framework and Protocol
    - Quantitative and qualitative methods

- Process evaluation
  - Led by external evaluation consultants
  - Domains: engagement and Resource development
  - Key informant interviews and discussion groups
- Pilot test evaluation
  - Led by education consultant and project team
  - Domains: capacity development (knowledge, skills, attitude, behaviors)
  - Pre-post questionnaire will be administered to pilot test participants

Questions:

1 What kind of behavior change (expectation) amongst staffs in terms of evaluation process ?

- 6 week follow up post E-learning resource
- looking for shift in attitude amongst staffs (integration of health and mental health)
  - taking on the role/responsibility of promotion of wellbeing and mental health

2. How to engage people in the process?

- not addressing mental health directly but more on mental health promotion
- development of scripts and scenarios
- feedback from community and health professionals
-different expert group review the resource

3. Hope vs sustainability? Embedding the curriculum in education/competency of health care provider?

- sustainability-> internet web page to access resource, connection to human resources to see how it might be integrated into orientation process at PHSA
- learning and development group
- engage in health authorities- adapting it as needed
-connect to UBC collage of discipline

<u>2. Enhancing equity-oreinted primary health care delivery: evidence-base strategies for public health and PHC organizations</u>

Presenters: Annette Browne, Doreen Littlejohn

- context for research
  - poverty issue
- health care reform (decrease primary health care providers and acute care beds, decrease health and social services, increase number of people falling through the cracks")

    - increasing call within the WHO and other leading organization of enhancement of the way primary health care is deliver
- Partnership based research, UNBC, UBC, Central interior native health,, Vancouver native health
- Purpose of study
    - Phase 1: extend understanding of how primary health care services are proved to meet the needs of people who are most impacted by systemic inequities
    - Phase 2: to use that knowledge to develop a preliminary set of PHC indicators that reflect the most relevant dimensions of services delivery in the context of "Marginalized" population
- Phase 1 study:
    - Data collection: participant observation, interviews with patients, interviews with staff, analysis of organizational and policy context: analysis of contractual funding arrangements and policy contexts
- Phase 2 study:
    - Focus on PHC Indicators
- Research Findings
    - Key Dimensions of Equity Oriented PHC services
        - 4 key dimensions:
        - inequity responsive care: care that address social determinants of health
        - trauma-informed care: care recognized that people who affected by violent often experience trauma
        - contextually tailored care: include services that are tailored to population served
        - culturally competent care: focus on racism discrimination, and marginalization
    - Strategies to Enhance equity capacity in PHC and public health organization (10 strategies)
        - Explicitly articulate commitment to equity in Mission, Vision and other organizational policy statements
        - Develop and advocate for structures, policies, and process to support and enactment of equity
            - Suitability of funding
        - Re-vision use of time to maximally benefit the needs of populations
            - Focus on what is relevance for the patient, taking time to address social determinants of health
            - Attending to the client's agenda
        - Engage in decision-making on basis of critical analyses of power differentials—at both service delivery and organizational levels
            - Staff meetings→ all area of health care professional
        - Tailor care, programs and services to the context of people's lives (eg cultural, social, gender, demographic contexts)

        - Dependent on client's priorities
        - Constant advocacy for food, education, housing→ integration into clinical care
    - Create opportunities to promote and foster participatory engagement by patient-population
        - Involve clients in research and community work (need to hear what is important to them?)
    - Tailor, programs and services to individual and group histories, with emphasis on trauma-informed care
        - Trauma informed care→ creating a safe environment base on understanding of trauma effect
        - Respond to behavior and what is behind the behavior
    - Enhance access to resources that address the social determinants of health—emphasis on intersectoral collaborations
        - Committed advocacy from client, clinicians, and organizations
    - Optimize use of place/space to meet the needs of client populations
        - Outreach
        - Provide necessitates that help client connect to health care setting
- Outcomes
    - (shorter term):increase effectiveness of services, increased access to resource, increased capacity to manage health, increased client activation
    - (long term): improved health and quality of life, reduced health inequities at population level

Question:

1. Can you elaborate on the trauma informed care?

- acknowledgement of trauma, responding to the trauma in client's life (empathy)
- responding to social determinants that may be effecting the client's life

2. How are determinants of outcomes developed?

- Research and experiences from clinics

<u>3. Enumerating the Public Health Workforce-initial steps in addressing inequities in workforce distribution (Public Health Agency of Canada)</u>

- timeline
    - 1999- competent workforce recognized as an essential element to strengthening health surveillance in Canada

    - 2003- SARS, Naylor Report; First Minister's Accord on Health Care Renewal (highlight importance of public health workforce)
    - 2004- 10 year plan to strengthen Health Care
    - 2005- Pan Canadian Framework for Public Health human resources planning building the public health workforce for the 21st century (publication)
- public health workforce challenges
    - limit data on public health workforce
    - jurisdictions struggling with critical shortages in their respective public health workforces (mangers with no public health background)
    - overall- supply problems and inequitable distribution
    - Differ approaches to training; weak linages academia and practices
    - Limited availability of applied public health research
- Identify core public health services (2007), gather data on the public health workforce, define the public health workforce planning purposes→ all have been addressed
- Public Health Human Resources Task Group (PHHR TG)
    - Objectives:
        - Use framework to identify strategic priorities and resources required
        - Facilitate and coordinate activates of the implementation priorities
        - Collaborate with other organizations involved in health human resources
        - Provide advice and recommendations to Fed/Prov/Ter
    - Priorities
        - Quality Graduate Education Program
            - Looking at guideline
            - Need for accreditation for master
            - Network for public health program
        - Enumerating of the public health workforce in Canada pilot project
- Enumeration Project
    - Goal: characterize size, composition and distribution of workforces among multiple jurisdictions
    - Use "job" title as the primary means of categorizing the workforce
    - Regional and provincial enumeration
        - FTE and headcounts
        - Summary table
    - Learning/Challenges
        - Defining what are public health programs and services
        - Important to set up steering committee
        - Helpful to have an agreed upon protocol example tables, in advance
    - Next steps
        - Finalize data

- Integration of reports
- Compare results with HEABC data, make recommendations

Questions:

1. Shortage of public health professional, how do we address that?

- counting workforce, analysis of data to address what the needs are and measuring the needs for public health workers

2. Little personnel for health promotion, what does that mean?

- In BC, “health promoter” is not a common job title