

CRNCC

Canadian research network for
care in the community



RCRSC

Réseau canadien de recherche pour
les soins dans la communauté

Leading knowledge exchange on home and community care

Healthy Connections 2008

Health Equity: From Challenges to Solutions

Wrap-Up

June 5, 2008

The CRNCC is funded by the SSHRC and Ryerson University

RYERSON UNIVERSITY



Social Sciences and Humanities
Research Council of Canada



The Medicare Conundrum

- Medicare remains a defining characteristic of Canadian identity, but “sustainability” a major concern
 - Population aging
 - Advances in medical technologies
 - Rising public expectations

A Narrow Policy Response

- “Blunt force” attempts to control costs failed to solve system problems
 - But they have fueled public concerns about access, wait times, imminent system collapse, unsustainability

Tommy Douglas

“When we began to plan Medicare... we pointed out that it would be in two phases. The first phase would be to remove the financial barrier between those giving the service and those receiving it.

The second phase would be to reorganize and revamp the delivery system – and of course, that’s the big item. It’s the big thing we haven’t done yet.”

CRNCC

Canadian research network for
care in the community



RCRSC

Réseau canadien de recherche pour
les soins dans la communauté

Leading knowledge exchange on home and community care

What You Said

The CRNCC is funded by the SSHRC and Ryerson University

RYERSON UNIVERSITY



**Social Sciences and Humanities
Research Council of Canada**



Attitudes, Ideas, Values

- Shift to broader perspectives on health and health care
 - Social determinants of health including poverty, racialization, sexual orientation, housing, access to food
 - From “cure” to “care”
 - Dignity as a key value
 - Health as a right of citizenship
 - Access to health care as basis of an equitable society

Attitudes, Ideas, Values

- Value role of “non-professional” community based health and social supports including informal networks
- Recognize and confront stigma
- See this as a political struggle that challenges existing power relations

The Evidence

- The evidence game
 - If you can't measure it, you can't manage it
 - If you can't manage it, you shouldn't fund it



The Evidence Game

- “Making the case” difficult beyond curative health care
 - Care does not necessarily lead to cure
 - Outcomes difficult to measure (garbage bags vs. autonomy, quality of life, dignity)
 - “Unit of care” is not just the individual
 - Mix of providers
 - Multiple client groups with widely varying needs and preferences (culturally appropriate care)

The Evidence

- Poor data trail
 - Mental health and addictions
 - Homelessness
 - Ethno-cultural needs (established vs. emerging communities)
- Take control by constructing new measures
- Use data to force action

Targeting/Equity

- Give first priority to “high risk”, “high needs” populations
 - Preventive
 - Responsive
- Good for people
- Good for the system



Integration

- Span broad range of health and social supports
 - Costly and often inappropriate health care becomes default for failure to address basic needs
 - Could be primary care or pet care
 - Requires new funding models (move from fee-for-service or service based funding) to outcomes models
 - Supportive housing a particularly good model for integrating range of services around individual needs
 - New health providers

System Navigation

- Current (siloed) non-system presents gaps, inefficiencies, barriers to access to care
 - Those with greatest need, least able to access care
 - Could be geographic, cultural, linguistic, sexual orientation, faith barriers
 - Particularly important for individuals with multiple health and social deficits

System Navigation

- Build care around individual needs
 - One stop access – 211
 - Vertically-integrated care organizations
 - Coordination/case management
 - Challenge “medical gatekeeper” model
 - Capitalize on skills of foreign trained professionals

For more information

- Go to www.crncc.ca for:
 - Podcasts
 - Summary notes from discussion sessions
 - Presentations
 - The Community Story slideshow

CRNCC

Canadian research network for
care in the community



RCRSC

Réseau canadien de recherche pour
les soins dans la communauté

Leading knowledge exchange on home and community care

www.crncc.ca

Please join us -- membership is free

The CRNCC is funded by the SSHRC and Ryerson University

RYERSON UNIVERSITY



**Social Sciences and Humanities
Research Council of Canada**

