



Community Health Centre & Aboriginal Health Access Centre Research Strategy

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Outline

1. CHC description and model of care
2. The case for more PHC (& CHC) research
3. The CHC / AHAC Research Strategy
4. Research topics that align with our strategic direction
5. Expectations with partnerships
6. What is happening now?

Every One Matters.

For Ontario's Community Health Centres –
Every One Matters. Every Individual. Every Community.
 Here's where we're in action:



ERIE-ST. CLAIR
 Chatham-Kent
 - Wallaceburg
 Grand Bend Area
 North Lambton (Forest)
 - Kettle Point
 - Watford
 - West Lambton (Sarnia)
 Windsor Essex
 - City Centre Health Care
 - Sandwich
 - Street Health
 - Teen Health Centre

SOUTH WEST
 Central Community
 (St. Thomas)
 London InterCommunity
 - Huron and Highbury
 South-East Grey (Markdale)
 West Elgin
 Woodstock and Area

WATERLOO WELLINGTON
 Guelph
 - Shieldale
 Kitchener Downtown
 Langs Farm Village
 Association (Cambridge)
 - North Dumfries
 Woolwich (St. Jacobs)
 - Wellesley Township

HAMILTON NIAGARA HALDIMAND BRANT
 Bridges
 - Fort Erie
 - Port Colborne
 Grand River (Brantford)
 Hamilton/Niagara (Fr)
 - Welland (Fr)
 - Hamilton (Fr)
 Hamilton Urban Core
 Niagara Falls
 North Hamilton
 Quest (St. Catharines)

CENTRAL WEST
 Bramalea
 - Malton
 Rexdale
 - Burnhamthorpe/427
 - Jamestown Hub
 - Kipling/Dixon

MISSISSAUGA HALTON LAMP
 - East Mississauga
TORONTO CENTRAL
 Access Alliance Multicultural
 - AccessPoint on Danforth
 - AccessPoint on Jane
 Anishnawbe
 Anne Johnston
 Central Toronto
 - Queen West Clinic
 Shout Clinic
 Centre Francophone de Toronto
 Davenport Perth

Flemington
 The Four Villages
 - Dundas/Runnymede
 LAMP (Etobicoke)
 Parkdale
 Planned Parenthood
 Regent Park
 South Riverdale
 Stonegate
 Unison
 - Lawrence Heights
 - Keele/Rogers
 Women's Health
 in Women's Hands

CENTRAL
 Black Creek
 - Yorkgate
 Flemington
 - Fairview
 Unison
 - Bathurst/Finch
 - Jane/Trethewey
 Vaughan

CENTRAL EAST
 Brock
 Community Care
 (Kawartha Lakes)
 Oshawa
 Port Hope
 Scarborough Centre
 for Healthy Communities
 - Scarborough West
 - The Hub
TAIBU
 The Youth Centre (Ajax)

SOUTH EAST
 Belleville and Quinte West
 - Belleville
 - Trenton
 Country Roads
 Gateway
 Kingston
 - Napanee
 - Street Health
 Merrickville District
 - Smiths Falls

CHAMPLAIN
 Carleton (Ottawa)
 Centretown (Ottawa)
 L'Estrie (Cornwall) (Fr)
 - Alexandria (Fr)
 - Bourget (Fr)
 - Crisler (Fr)
 - Embrun (Fr)
 Lenark
 - Rainbow Valley
 - Killaloe
 - Whitewater Bromley
 (Beachburg)
 - Whitewater Bromley
 (Cobden)

Pinecrest-Queensway
 (Ottawa)
 - Nepean
 Sandy Hill (Ottawa)
 Seaway Valley (Cornwall)
 Somerset West (Ottawa)
 South-East Ottawa

NORTH SIMCOE MUSKOKA
 Barrie
 - North Innisfil
 Chigamik (Midland)
 South Georgian Bay

NORTH EAST
 Grand Sudbury (Fr)
 - Chelmsford (Fr)
 - Gogama (Fr)
 - Hamer (Fr)
 Kapuskasing (Fr)
 Missiway
 - Miisipemahetewin
 Temiskaming
 (New Liskeard) (Fr)
 - Earleton (Fr)
 - Larder Lake (Fr)
 - Virginia Town (Fr)
 Kirkland Lake (Fr)
 Sudbury East (Fr)
 - Nottville (Fr)
 - St. Charles (Fr)
 West Nipissing
 (Sturgeon Falls) (Fr)

NORTH WEST
 Mary Bengeand (Ignace)
 NorWest (Thunder Bay)
 - Armstrong
 - Longlac
 - Mobile Units



“Let’s not forget that the ultimate goal of Medicare must be to keep people well rather than just patching them up when they get sick”

Thomas Clement “Tommy” Douglas, father of Medicare
(1904 -1986)

Every One Matters.

Chaque personne compte.

<http://www.youtube.com/watch?v=V1A0vrz36Sc&feature=related>

Selected Characteristics of Primary Care Funding Models in ON

	Community Health Centre (CHC)	Family Health Group (FHG)	Family Health Network (FHN)	Family Health Organization (FHO)
PHYSICIAN REIMBURSEMENT	Salary	Blended fee for service	Blended capitation	Blended capitation
GOVERNANCE	Community board	Physician-led	Physician-led	Physician-led
AFTER-HOURS REQUIREMENTS	Yes	Yes	Yes	Yes
ACCOUNTABILITY AGREEMENT WITH LOCAL HEALTH INTEGRATION NETWORK	Yes	No	No	No
FORMAL ENROLMENT	No	Yes	Yes	Yes
COMMUNITY OUTREACH AND HEALTH PROMOTION SERVICES	Yes	No	No	No
LOSS OF BONUS PAYMENT FOR OUTSIDE PRIMARY CARE USE	No	No	Yes	Yes

CHC Model of Care Service Areas

- Primary care
- Illness prevention
- Health promotion
- Community capacity building
- Service integration

Selected CHC Client Characteristics

- Compared to the ON pop, CHC clients are:
 - lower income
 - higher % newcomers
 - higher % social assistance
 - higher % severely mental ill
 - higher % have CDs
 - higher % of morbidity and comorbidity

ICES Report, 2012

- “CHCs stood out in their care of disadvantaged populations and had substantially lower ED visit rates than expected.”
- “The reasons for these better outcomes are not known and require further investigation.”
 - What are the mechanisms responsible for lower than expected ED use in CHCs?
 - Value for money (efficiency of CHCs in relation to outcomes)

- Canada lags behind in primary health care performance (Schoen, 2009, 2010, 2011) and research when compared to peers:
- *“Canada seems to have stalled in its commitment to strengthening primary health care. One reason for this lack of movement may be the poor investment in primary health care research and evaluation. In this regard, Canada is probably at least 10 years behind”* (Starfield, 2008).

Impetus for Developing a CHC/AHAC Research Strategy

- Improve services through evidence-based clinical and organizational decision making
- Better understand our clients and community needs
- Increase understanding of CHC Model of Care
- Support quality improvement and data quality
- Greater focus on measurement to support accountability reporting

Enablers & Opportunities

- CHC Information Management Strategy (EMR, centralized data warehouse, data standards and quality)
- Increasing interest from the academic community and community partners
- CIHR CBPHC grant program
- Existing CHC research & evaluation capacity

CHC and AHAC PHC Research Strategy

1. Case for PHC research in CHCs and AHACs
2. Sector strategic and research priorities
3. Approaches and principles
4. Building capacity to support IM, KM and research
5. Partnerships

CHC Strategic Priority

Research Priority Areas

1. Leadership in community governance and service delivery

Appropriate and effective health promotion, prevention, treatment and support

2. Expanding Access

Improved access to health care for at-risk populations

3. Integration

Seamless client experience throughout the health and social service systems

4. Advocacy

Promoting health equity and healthy public policy

Social Determinants of Health

Potential Research Areas

1. Appropriate and effective prevention, treatment and support
2. Improved access to health care for disadvantaged populations
3. CHC client experiences throughout the health and social system
4. Advocating for health equity

Appropriate and effective prevention, treatment and support

What policies, structures, approaches and service delivery models will improve the appropriateness and effectiveness of CHC services and improve the health and well being of CHC clients and their communities?

- ❖ Model of care
- ❖ Community governance
- ❖ Role of social determinants of health
- ❖ complex needs, social context, cultural norms
- ❖ community initiatives/programs
- ❖ interprofessional teams

Improved access to health care for disadvantaged populations

What types of policies, programs and delivery models will reduce the barriers to accessing care for disadvantaged populations?

- ❖ appropriate care environments
- ❖ factors that influence health care-seeking behaviour and experiences in care
- ❖ influence of neighbourhood and community
- ❖ influence of racism and racialized poverty
- ❖ identifying those at risk

CHC client experiences throughout the health and social systems

How can the experiences of CHC clients be improved throughout the health and social systems? How can health outcomes be improved?

- ❖ coordination
- ❖ integration
- ❖ interprofessional teams
- ❖ information management role

Advocating for health equity

What evidence would support policy development, resource allocation and the delivery of primary health care services that address health inequities and the social determinants of health?

- ❖ Population level surveillance and planning
- ❖ cost-effectiveness
- ❖ active individual and community engagement
- ❖ intersectoral initiatives (public health, CCAC, MH&A, hospitals)

CHC and AHAC Expectations for Research Partnership

- Relevance
 - Research must be relevant and reflect the key priorities of the sector
- Type of research
 - Community-based research is the preferred methodology, as appropriate
- Type of Partnerships
 - Research should be conducted in equal partnership with researchers
- Research Quality
- Time and Effort
 - requires significant time and effort on the part of the sector
- Ethics
 - Research should be conducted based on clearly articulated ethics and principles
- Integrated KT
 - translate findings into practice and foster positive changes for clients, in the community

Current CHC Studies

- Building Better Teams: Learning from Ontario Community Health Centres funded by the Primary Health Care Transition Fund
- Comparison of Models Study
- Evaluation of the Family Health Team Initiative (CBoC)
- Complexity of Care Study
- Panel-size Study
- Ontario's Community Health Centres: Addressing Ontario's great health divide
- HIV in Community Health Centres
- Expanding Access
- Community Deprivation Mapping

CIHR CBPHC Funding Aim

- “CIHR and partners will provide funding for teams undertaking programmatic, cross jurisdictional and interdisciplinary research to develop, implement, evaluate, and compare innovative models for chronic disease prevention and management in CBPHC and/or improving access to appropriate CBPHC for vulnerable populations”

CIHR CBPHC Strategic Initiative

- \$55 Million over 10 years (2011-2021)
- Funding mechanisms:



Planning Grants (26 x \$25K in 2011-12)



Team Grants (16 x \$2.5M in 2012-16, 2017-21)

3. Clinician Scientist Awards (30 x \$100K annual in 2012, 2013)

CIHR CBPHC Strategic Initiative

Two Priorities:

1. **Better Systems: Chronic Disease Prevention and Management**

- *How do we best manage Canadians living with chronic disease and multi-morbidity in CBPHC settings (e.g. financial and other incentives for teams, HHR design, safe and effective treatments, employment of information and technology to improve prevention, etc.)?*

CIHR CBPHC Strategic Initiative

2. Access to Appropriate Care for Vulnerable Populations

- *How can CBPHC be designed to ensure a smooth continuum of prevention and care and successful transitions for members of vulnerable populations from hospital to home to long-term care, etc.? What models of care work best for effective, accessible and culturally-appropriate CBPHC?*

CIHR Meetings, Planning and Dissemination Grant (\$24, 975)

- Title: Addressing Health Inequities Through Community Health Centres and Aboriginal Health Access Centres
- Primary Investigator: A. Tetley
- Project Team: H. Sehdev, D.Gibson, C.Melito, S.Bland and L.Raskin (Strategy Group & PMC) and RAWG
- Goal – To foster a systemic and sustained approach to cross-sectoral and interdisciplinary evidence across Canada by leading the development of CHC Research Strategy and Guidelines

Specific Objectives

1. Forge new pan-Canadian research partnerships to exchange learning about local models of care and unique community needs;
2. Form consensus on CHC/AHAC research priorities as well as a research governance structure to ensure research from a potential CIHR CBPHC Team Grant has relevancy and is translatable, and;
3. Build new and enhance CHC/AHAC research infrastructure to improve receptor capacity for external research in preparation for Team Grant planning meetings.

RAWG Recent Activity (Fall 2010)

- Development of CHC / AHAC Research Strategy and Guidelines (on-going)
- Request for Expressions of Interest (RFEOI)
 - Nearly 20 responses from researchers from across the country
- Discussions with over 14 researchers / teams
- Review and recommendations to PMC

RAWG Review

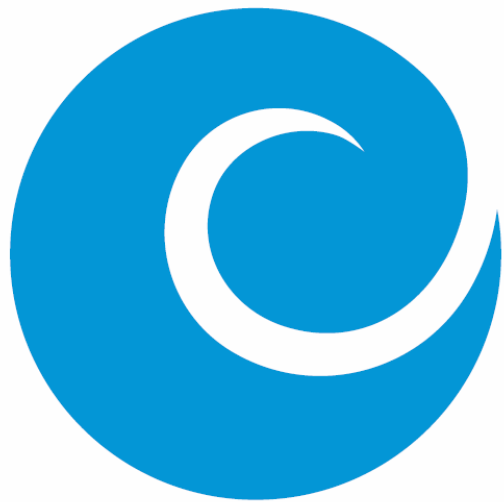
- Research teams were evaluated on a number of criteria:
 - Relevance of program of research to sector priorities
 - Alignment of research principles / approaches
 - Capacity building opportunities
 - Conducting research “on” or “with” CHCs and AHACs?
 - Likelihood of success in team grant competition
 - Resources required for partnership
 - Research team experience

Review Results

1. Piotr Wilk, Western & Martin Cook, Waterloo
 - Socioeconomic Determinants of Obesity in Aboriginal Children
2. Sara Torres, Josephine Etowa & Lynne MacLean
University of Ottawa
 - Lay health workers
3. Paul Belanger, Kieran Moore KFLAPH & Richard Birtwhistle, Queens University
 - Deprivation index, GIS mapping and the Canadian PC Sentinel Surveillance Net
4. Astrid Guttman, University of Toronto and ICES
 - Children's health cohort to improve quality of care and conduct program evaluation to support policy making

Critical Period: The Next Two Months

- **CIHR CBPHC Deadlines**
 - LOI – May 1, 2012
 - Decision: July 3, 2012
 - Full Application – October 15, 2012
 - Decision: April 1, 2013
 - Funding Start – April 1, 2013



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Every community
Every staff person

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