

Priority Population Review: Final Report June 23, 2011

The attached report is the result of a request by the Board of Directors of the Guelph Community Health Centre that the consulting firm Public Interest Strategy & Communications conduct a study of the challenges facing the Centre's delivery of primary health care services to the Centre's priority populations and make recommendations for action. For many years, the Board had been aware that a significant number of the Centre's primary health care clients did not fit the priority populations that the Ministry of Health and Long-Term Care funds and expects the Centre to be serving. At the same time, there are many people belonging to the priority populations who are not being served by Guelph CHC or indeed being otherwise served effectively by the primary health care system in Guelph.

If the Ministry's funding rules are to be strictly followed, the Board and the Centre must address the question of who should be receiving services. The key question is how to respond to the clients who are not part of the priority populations. This is, of course, a very sensitive issue and until recently, the shortage of family physicians in Guelph precluded any action which would involve moving non-priority population clients off the Centre's roster. Now, however, there no longer exists a physician shortage in Guelph as demonstrated by the growth in group practices and the policy question can no longer be avoided. The Board's responsibilities to the Ministry funding contract (operated through the Waterloo-Wellington Local Health Integration Network) include a clear definition of the Priority Populations we are mandated to serve, and must be addressed.

The Board is acutely aware that any action on this issue must be undertaken very carefully and only with a full appreciation of the consequences for the Centre's current clients and their health care needs. The intent in appointing Public Interest Strategy and Communications was to conduct an in depth analysis of the services and populations served by the Centre, and to offer recommendations on how to move forward. A challenge of the review was to determine how Guelph CHC can fulfill its mandate related to the priority populations while supporting its current client base.

The Board's intention now is to consider the data and the implications of the recommendations for all those who are affected, along with other information the Board can gather from the Centre's staff and the Board's own contacts within the community. On receiving the report in June, 2011, the Board committed itself to an extensive review, in hopes of reaching a decision on a suitable policy position regarding its services in the fall of 2011.

Feedback to the report is welcome. Please send your written comments to Nancy Mykitschak, Interim Executive Director (execdir@guelph.ca). The final report and the summary report will be posted on the Guelph CHC website (www.guelphchc.ca).



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Guelph Community Health Centre Priority Group Review/Renewal Process Summary of Final Report, June 20th, 2011

Context

In 2010, the Board of the Guelph Community Health Centre initiated a process to “review/renew” the priority populations that, since 1997, had been the focus of the programs and services delivered by the agency within the City of Guelph. The process was also designed to determine a framework for a transition process for clients to ensure that there was ongoing capacity for the organization to address priority populations and primary health care issues. The review was initiated in response to the organization’s status as a Community Health Centre (CHC) and the service agreement with its principal funder, the Waterloo Wellington Local Health Integration Network (WWLHIN), both of which require the organization to focus its resources on addressing priority populations.

Process and Methodology

The Board struck a steering committee with board representation, the Executive Director, front-line staff and two partner organizations: the Guelph Family Health Team and Trellis Mental Health and Development Services. The steering committee engaged Public Interest, a consulting firm with expertise in health and community service planning, to facilitate a research and community engagement process, and to support the work of the committee.

The review comprised an environmental scan involving the analysis of relevant CHC, Local Health Integration Network (LHIN) and related documentation; a literature review to identify priority-setting models and current thinking on the CHC model of care; demographic and related data on the population of the city, on trends and indicators of significance in relation to existing and emerging priority population groups, health issues and neighbourhoods. In addition, eight interviews were conducted with core primary health care services and meetings were held with both the clinical and community health teams of the CHC. All of this data provided a framework to define the scope and nature of community engagement and the major issues to explore in that process.

The community engagement involved a further 10 key informant interviews and a series of 10 individual or group interviews, eight focus groups by invitation, two drop-in sessions and two Town Hall meetings.

Data from all sources was collated, clustered thematically and analyzed to identify conclusions that were used to develop a set of four interrelated recommendations designed to address the complex challenges facing the organization.

Principal Themes and Conclusions

The findings were clustered into four topics. Most, if not all individual responses, and all clusters of responses, fit within one or more of these themes.

Theme 1. Creating and Maintaining Capacity:

There was recognition across all stakeholder groups of the CHC's limited capacity to absorb growing numbers and complexities within its existing priority groups. The demographic and related profile data reinforced this trend. This pressure was compounded by the emergence of additional priorities, and the prospect, in a growing city of changing needs that would require changes to the CHC's model to create capacity and flexibility over time. Related to this, the issues of transitions between providers, the implications of potential transition for clients, and the nature of access barriers for specific populations were raised consistently. The conclusion drawn from this theme was that, given the evidence of increasing demands on the CHC and the system over all, solutions would need to be identified to ensure flexibility and transitions within and from the CHC, and therefore increased collaboration and flexibility across the range of primary health and community services. The notion of a citywide primary health care planning body was identified and endorsed by many of the key stakeholders.

Theme 2. Guelph CHC's Service Model:

The CHC's comprehensive, determinants of health based model, and its three approaches to delivering services – population specific, health issue specific and neighbourhood strategies – were all validated as effective, necessary and definitive of the CHC's "niche" in the system. The literature and related materials review reinforced this recognition. The conclusion was that the CHC should consolidate what had been viewed as three separate and competing models as essential and interrelated.

Theme 3. Generic vs. Priority Focus:

This issue arose as the discussions centred increasingly on the demands on the CHC to address priority issues and populations, and the implications of focusing entirely on those priorities issues, populations and neighbourhoods. Discussion points related to debating the risks of further marginalizing people and neighbourhoods vs. the urgency of need and increased pressures on staff from complex client workloads. Related to these were questions as to whether the presence of a socio-economically diverse client population was essentially necessary and beneficial, and whether inclusion of priority groups warranted exclusion of others. The research conclusion here was that whatever changes were indicated would have to ensure that they minimized any risks of marginalization, maximized opportunities for

broad interaction and engagement, and supported managed change to allow for appropriate staff support and workload management models to be implemented.

Theme 4. Service Gaps and System Linkages:

Four additional priority areas were identified where there were service gaps or access barriers. These were raised in the engagement process and validated through the other streams of research. The four areas were Lesbian, Gay, Bisexual, Transsexual and Transgender populations; various services for youth; mental health and addictions, and the growing seniors population. Discussions about these issues, again supported in the literature and related research, centred on the benefits of addressing these issues as system issues, and not related solely to a single service provider. In addition, two neighbourhoods, Brant and Two Rivers, were identified as matching the criteria for the CHC's neighbourhood model of intervention.

Recommendations

Four interlinking recommendations were presented, all predicated on the necessity and multiple benefits of the development and implementation of a health equity framework for the City of Guelph. In this model, all health and community services incorporate a commitment to inclusion of populations that are identified as not facing equitable opportunities to service access and to healthy outcomes as the general population. Not only does this approach improve access and collaboration/integration between services for priority populations, but also it encourages a system that allows for ease of transition across the system for *all* clients, facilitating capacity and maximizing resource efficiencies.

Recommendation 1 – Development of a Health Equity System for Primary Care Services for the City of Guelph

The principal recommendation locates the determination of priorities for Guelph Community Health Centre in the context of a citywide systems approach to health equity. The recommended system involves collaborative planning and service delivery, with standardized assessment and care planning tools to allow individuals to receive, seamlessly, the range of services appropriate to their needs at specific points in time. It also allows for effective transition between primary care providers and other related health and community services.

Recommendation 2 – Maintaining Guelph CHC's Focus on Priority Populations, Health Issues and Neighbourhood Strategies

The recommendation is that, given the relevance and effectiveness of all three approaches, all should be maintained. It was also recommended that two additional neighbourhoods, Brant and Two Rivers, already part of the CHC's neighbourhood model, but not named as priorities, should be incorporated as such into the organization's planning and service agreements.

Recommendation 3 – Addressing Capacity - Development of a Health Equity Assessment and Care Planning Review Process for all Clinical Clients

This recommendation is that sustainable capacity can only be achieved by developing the system-wide model. In the short-term, it suggests that out-of-catchment clients be supported to make a mandatory transition to other primary care providers. Secondly, it recommends that the organization initiate preliminary work on the development of health equity assessment and care planning tools that will locate individuals in terms of their priority for the services offered by the CHC, develop a care plan, and, where appropriate, work on a transition plan to other parts of the system. This model would become mandatory once the overall system is operational. The care planning review would become an annual part of the client's service from the CHC. New clinical clients will be informed of this new model and may be required to sign a service agreement.

Recommendation 4 – Development and Implementation of an Inclusion Strategy

The final recommendation is that the organization commit to a range of approaches to maximize social and economic inclusion, civic engagement for all priority populations and neighbourhoods, maximize the diversity of the volunteer base to span the socio-economic spectrum, and engage the CHC and its clients in the life of the city.

In terms of implementation, the report recommends an incremental, carefully managed change process, focusing on viable internal change and placing the development of the citywide system to support health equity as the major priority.

*Public Interest Strategy and Communications
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