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Frontline Health Care in Canada: Innovations in Delivering Services to Vulnerable Populations

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Executive Summary

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AstraZeneca Canada commissioned Canadian Policy Research Networks to conduct research and prepare a report on “frontline health” in Canada. The purpose of the report was 1) to better understand the nature of populations in Canada who are unserved or underserved by the mainstream health care system, in particular people in rural and remote communities, people living in the inner city, and people living in conditions of poverty and low income; 2) to explore and describe the nature of frontline health services; and 3) to describe the public policy environment in which patients and providers on the margins have been operating. The research was carried out using qualitative research methodologies including environmental scans, literature reviews, key informant interviews and site visits.

Profiling the People on the Frontlines

The diversity of urban populations and significant gaps in research, data collection and comparative analysis of sub-populations makes it difficult to comprehensively describe the overall health status of urban marginalized groups. It is clear, however, that some sub-populations living in urban areas are facing challenging economic, social and environmental conditions with one result being poor health. Conditions that determine health such as education, employment, housing, and food are less than adequate for some Canadians living in urban areas. Health care can help, but vulnerable urban populations often face difficulty in accessing mainstream health care services.

The health status of the population living in Canada’s diverse and distinct non-urban regions, including rural, remote and northern regions, is lower than that of their urban counterparts. Aboriginal peoples (First Nations, Metis and Inuit), in particular, tend to have the poorest overall health status in Canada. Rural, remote and northern populations exhibit a set of health needs influenced by aging, depopulation, poverty and occupational hazards. Health needs for rural, remote and northern populations may be particular to the environment, geography, changing demographics, a common health need present in a rural environment, or the need for health concerns to be expressed in a “rurally sensitive” way.

Critically important to the health of vulnerable Canadians living in both urban and rural areas are issues related to social causes of ill health. The problem is not, or certainly not only, lack of health care provision, inappropriate health care delivery systems, and barriers to accessing care. While access to health care is one “determinant” of health, it is only one of a long list of factors that research has clearly demonstrated significantly affects the health of populations. Furthermore, while there are similarities in determinants of health in urban and rural areas in Canada, there are also significant differences. This fact argues well for the appropriateness of community-based frontline health responses to health care needs – because they have the ability to respond to local determinants of health.

Frontline Health Services in Canada

The frontlines of health care provision exist wherever there are people unserved or underserved by mainstream health care in both urban and rural areas. Frontline service providers offer health care to geographically, socially, economically and culturally marginalized populations in inner city and rural Canada. Frontline providers are people, programs and organizations that deliver health care to these people and populations facing barriers to accessing health care.

This research report highlights a number of innovative, creative and effective health care models that are struggling to deliver frontline care and services to marginalized populations, in spite of extremely challenging conditions and demands.

Comprehensive data on access to frontline health care services in urban areas is limited. While this is a challenge that should be addressed, we do know that there are several points at which marginalized populations in urban areas typically access health care services, including: community health centres, specialized health initiatives, and hospital emergency departments.

There are many health care services that are not being provided adequately or appropriately to marginalized populations resident in inner city areas. These gaps in health care provision tend to vary by population and community. Some gaps in service are unsurprising and speak to chronically underserved health needs; others are emerging as areas of increasing need spurred by economic, political, social and cultural changes in society.

Canadians living in rural, remote and northern regions of the country experience more health care challenges compared to those living in Canada's cities and towns. Access to health care services in rural Canada is more restricted than in urban areas. This is often due to distances, and the struggle to attract and retain nurses, doctors and other health care providers.

The most common health service access points for rural residents are family physicians, small rural hospitals, community health centres or clinics, nursing stations and mobile health units. There is often a great deal of overlap between these access points, as, for example, most rural hospitals are staffed by local family physicians. Generally speaking, the further away a rural community is from an urban centre the fewer the options for health care services and the less specialized the service providers are.

Gaps in access to health care services in rural Canada are many. Similar to inner city gaps, some gaps can be categorized as chronic as they have existed for a significant period of time or since a particular health challenge has existed. Others can be defined as emerging gaps, as the gap in access is due to recent phenomenon and current trends. And yet others are gaps or challenges at the system-wide level.

Issues and Challenges for Frontline Health Care

- *Inadequate Training:* Health care professionals are not always adequately trained in the health care issues specific to inner city or rural populations.
- *Overall Shortage of Health Care Professionals:* There is a recognized shortage of health care professionals and providers right across Canada and in rural, inner city and isolated areas, the understaffing of emergency medical services is particularly acute. There is also a critical shortage of nurses especially in the north and far northern communities.
- *Conflicting Funding Models:* Community Health Centres operate as non-profit organizations with the majority of funding coming from government or health authorities, with some funding from private foundations and donors. Funding comes attached to specific reporting and evaluation criteria that are not standardized. Global funding would allow for more efficient and effective management.
- *Lack of Community Health Centres (CHCs):* The number of rural CHCs is small but the potential to offer more comprehensive health services to rural residents is high.
- *Inadequate Services in the Suburbs:* More health care services are needed, particularly for marginalized populations in the urban periphery and not just in the downtown core.
- *Lack of Integrated Care:* It is recognized that integrated care is more successful in improving the health status of marginalized populations. This is especially important for vulnerable clients who may see several different health care providers to address their health care needs.

Policy Perspectives for Frontline Health

The “determinants of health” are the factors that interact to affect personal health and well-being. Generally, there are three kinds of factors:

- *Personal Attributes and Acquired Behaviours* – biology and genetic endowment, healthy child and youth development, and personal health practices and coping skills
- *Physical Environments*
- *Social and Cultural Resources and Environments* – income and social status, education, social support networks, employment and working conditions, social environments, health services, gender and culture/ethnicity

Research has shown that social issues appear to explain more about variations in health and well-being than do any combination of individual factors. A focus on social issues also reinforces that individual and physical environment factors have social aspects (e.g. obesity is dependent on the quantity and quality of food available, and the available opportunities for physical activity).

Still prevalent in Canada is the thinking that to address the health needs of Canadians we need more of the same: e.g. doctors, nurses, hospitals; or, delivering the same thing in a different way: e.g. redesign of services, community-based care. But health services are only one of many

determinants of health. It is important to understand the interdependence of the determinants and their ability to influence health. No one determinant on its own can guarantee good health for the population. Health services are certainly essential, but a number of other things are also essential – work, environmental conditions, income, genetics, social networks, gender, culture, and so on.

It is at the community level, of course, where the connections between health and its influences are clear. And, it is at the community level where individuals and organizations take action through community innovation. Innovation is about finding creative and concrete ways to deal with social and economic problems so as to make a real difference in the lives of people in the community.

Innovation sits deep within the community sector. With its in-depth knowledge of the community, capacity to mobilize volunteer and professional resources, creativity and entrepreneurial skills, and the ability to take a holistic approach to social and economic challenges, communities can find solutions to community challenges that cut across sectoral and jurisdictional boundaries and limitations. They find local community responses to local community problems.

There are major challenges facing the community sector in Canada, however. Financial sustainability is of primary concern, with a large part of the community sector dependent on governments for large parts of their annual budgets. Over the last 25 years, governments have been cutting back on their funding for community organizations. Human resource challenges are also significant – with lower compensation levels than the private sector it can be difficult for community organizations to attract and retain skilled and competent staff, and this is particularly true at the management level. Community organizations also depend on volunteer resources – as staff to deliver programs and services, and as board members to govern and direct the organization’s activities – and the number of Canadians who actively volunteer is declining.

Frontline health services can generally be characterized as primary care services, although some of the services provided have a specialized focus (e.g. substance abuse, sexually transmitted disease). The current debate and dialogue in Canada on access to health care is essentially restricted to consideration of waiting times for access to certain primary care diagnostic tests and treatments (e.g. joint replacements, cancer treatments).

A truly accessible health care system demands discussion about access to a range of services and service providers that are currently not part of the debate about wait times. There is consensus that an accessible health system provides the right service at the right time in the right context. Frontline health services can be conceived as a response to that goal.

Conclusion

The Frontline Health Report clearly addresses the question, “What can be done to ensure support for frontline health services in Canada?” Support begins with recognition, and while there are no simple answers, the report provides a broader understanding of frontline health in Canada.

Our research has shown that while the needs and issues of frontline populations are diverse, they commonly face restricted access to health care due to geographic, social or physical barriers.

Similarly, frontline health providers must also deal with common barriers such as geographic and social isolation, insufficient training and services, inadequate networks and support, and inappropriate funding models.

Frontline health service professionals strive to find a way to meet the needs of their respective communities. Innovation is always evident in the daily activity of providers. Across Canada, community health centres, community organizations, innovative initiatives, hospitals and mobile services are attempting to creatively address the health needs of marginalized and rural and remote populations.

There are a number of innovations in how frontline health care is being delivered:

- Building partnerships among frontline health providers, public agencies, faith-based and other community organizations, and other allied health professionals;
- Developing new education, training and support models that help to attract, prepare and retain frontline medical professionals;
- Specific models of care for particular populations, e.g. women, ethnocultural groups;
- Taking care and services out to the community, e.g. community health centres, street-based outreach programs and mobile services;
- Using technology such as virtual communities and telehealth (psychiatry, home care, psychology, diagnostic services, etc.);
- Utilizing interdisciplinary teams and integrated service models that combine health services with other social services, i.e. “one-stop shops”;
- Undertaking community economic development initiatives that provide services, skill development and income for individuals and agencies; and
- Adopting new funding models, e.g. moving from fee-for-service arrangements to salary; putting organizations on global budgets.

In talking with the people living and working on the frontlines, our research has found that frontline health services need more than recognition. They also need adequate staffing, financial resources, management, infrastructure, networks, partnerships and technology to sustain them.

There also needs to be a broader acknowledgement that frontline health services will be needed more and more if action is not taken to address the underlying social causes of many of the health problems faced by the people living on Canada’s frontlines. The more attention given to these health issues and determinants and the more we draw upon those successful and innovative models for delivering health care services to marginalized populations, the less pressure there will be on these health care services.

Please Note:

For a more detailed summary of this report, see the *Research Highlights of Frontline Health Care in Canada: Innovations in Delivering Services to Vulnerable Populations*.