

Topic Overview

Engaging Communities in Setting Priorities for Home and Community Care in Northeastern Ontario

Citizen panels
18, 19, 20 August 2015

The McMaster Health Forum convened a series of citizen panels on the subject of engaging communities in setting priorities for home and community care in northeastern Ontario. The panels were organized with the support of the North East Community Care Access Centre (CCAC), McMaster University's Labarge Optimal Aging Initiative and the Government of Ontario (through two Health System Research Fund grants: 1) "Improving Health Equity for Northern Ontarians: Applied Research with Vulnerable Populations," based at the Centre for Rural and Northern Health Research (CRaNHR) at Laurentian University and 2) "Harnessing evidence and values for health system excellence," an interdisciplinary research and knowledge-translation program at McMaster University).

Separate panels were convened for: 1) Aboriginal community members; 2) Francophone community members; and 3) mainstream community members. The purpose of the panels was to inform the development of a strategic plan for the North East CCAC for the period 2016-19.



Laurentian University
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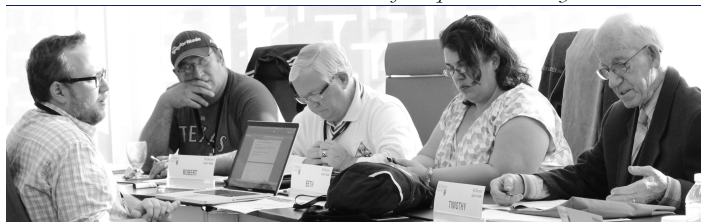


CCAC CASC
Community Care Access Centre
Centre d'accès aux soins communautaires



Ontario

The views expressed in the panel summary are the views of panel participants and should not be taken to represent the views of the Government of Ontario, McMaster University, McMaster University's Labarge Optimal Aging Initiative, the North East Community Care Access Centre, the Centre for Rural and Northern Health Research, or the authors of the panel summary.



Discussing the problem

Participants discussed challenges related to planning for future home and community care needs in northeastern Ontario. During the deliberations, the following eight challenges were raised: 1) realities of older adults' lives; 2) desire for holistic care; 3) increasingly complex care needs emerging at a younger age; 4) geographic isolation; 5) cultural and linguistic diversity; 6) fragmentation of current programs; 7) personal support workers' needs for support and training; and 8) informal/family caregivers' need for support.

Discussing the options

Participants reflected on three options (among many) for addressing home and community care in northeastern Ontario: 1) increasing access to highly valued services and reducing the provision of less highly valued services; 2) better meeting needs during transitions in care, and among Aboriginal and Francophone groups; and 3) better engaging patients, families and communities in the care delivery process. Several values-related themes emerged during the discussion about these options, with three emerging with some consistency: 1) equity/fairness (e.g., striving for equity across northeastern communities and between northern and southern Ontario, recognizing that vulnerable older adults may require additional support); 2) cultural and linguistic sensitivity (e.g., making sure that care is attuned to the diverse needs of Aboriginal and Francophone groups, ensuring the cultural and linguistic competence of health-system navigators); and 3) empowerment (e.g., engaging frontline organizations, community organizations and associations, supporting self-management so that older adults and their informal/family caregivers can play an active role in their care).

Discussing the implementation considerations

When turning to potential barriers to address home and community care needs in northeastern Ontario, participants identified three sets of barriers to moving forward: 1) the specific needs of northerners do not seem to be a priority for provincial and federal governments; 2) organizations and their boards appear to operate in silos; and 3) fragmentation in the health system limits capacity for care coordination, information sharing and intersectoral collaboration. Participants then turned to the factors that could facilitate efforts to improve home and community care in northeastern Ontario. They encouraged health-system leaders and stakeholders to be innovative and creative. They also proposed key strategies to bring about change, with specific strategies targeting patients and informal/family caregivers, providers, healthcare organizations and the health system more broadly.

Panel deliverables

To learn more about this topic, consult the [citizen brief](#) that was presented to participants before the panels and the [panel summary](#). For an electronic copy of the citizen brief or panel summary, visit our website www.mcmasterhealthforum.com and click on 'Products' along the sidebar.

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