



Association of Ontario Health Centres
Community-governed primary health care

Association des centres de santé de l'Ontario
Soins de santé primaires gérés par la communauté

Change The Story, Change the System

Dispatches on the CIW with the LHINs

Presenters: Gary Machan, Chris Archer, David Jeffery

AOHC Conference 2015



Ontario's Community
Health Centres
Les centres de santé
communautaire en Ontario



Ontario's Community
Family Health Teams
Équipes de santé familiale
communautaire de l'Ontario



Ontario's Aboriginal
Health Access Centres
Centres autochtones d'accès
aux soins de santé de l'Ontario



The Prevailing Story

- The reason people get sick is because they have lousy genes, or make poor lifestyle choices. Either way, it is the job of doctors to fix people by dispensing medications, advising lifestyle choices, or in extreme cases performing surgery. Health care institutions exist as places for doctors to do their work, along with allied health care professionals. Health care administrators ensure the efficiency of the institutions and compliance to the story.



But is the story true?

*What impact does
health services have
on health?*



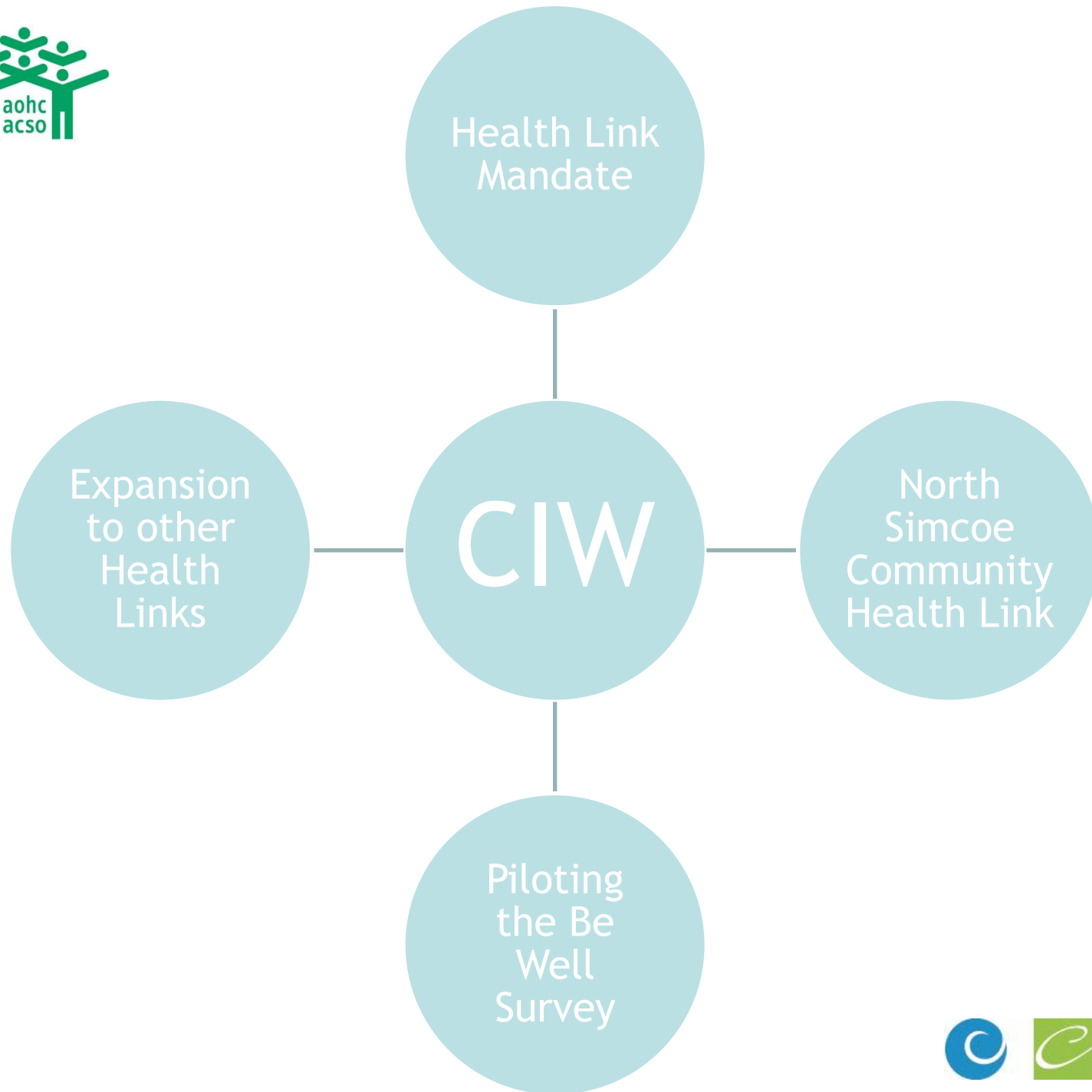
Factors that impact on health

1. Income and Social Status
2. Social Support Networks
3. Education and Literacy
4. Employment and Working Conditions
5. Social Environments
6. Physical Environments
7. Personal Health and Life Practices
8. Healthy Child Development
9. Biology and Genetic Endowment
10. Health Services



How we are changing the old story

1. Creating dissonance between the old story and hard facts with a special focus on dollars and cents.
2. Using the CIW to help people shift from the horizontal to the vertical axis
3. Forging partnerships with influential stakeholders aimed at collective impact versus narrow interest
4. Providing a place for innovation to occur that isn't stymied by narrow confines of Ministry mindset





Window of Opportunity

- Why the timing is right i.e. LHINs know they aren't making a dent in ALCs
- LHINs are growing more receptive to alternative ideas because they have to
- Evolution of Health Links and Health Hubs present a real opportunity for our sector
- CIW represents a wonderful tool to enhance community engagement/governance



CIW - Drawing Some Threads Together

- Some Research - Wilkinson, Piketty, Rosella
- What about the NSM LHIN
- Reaching the community
- Health Links



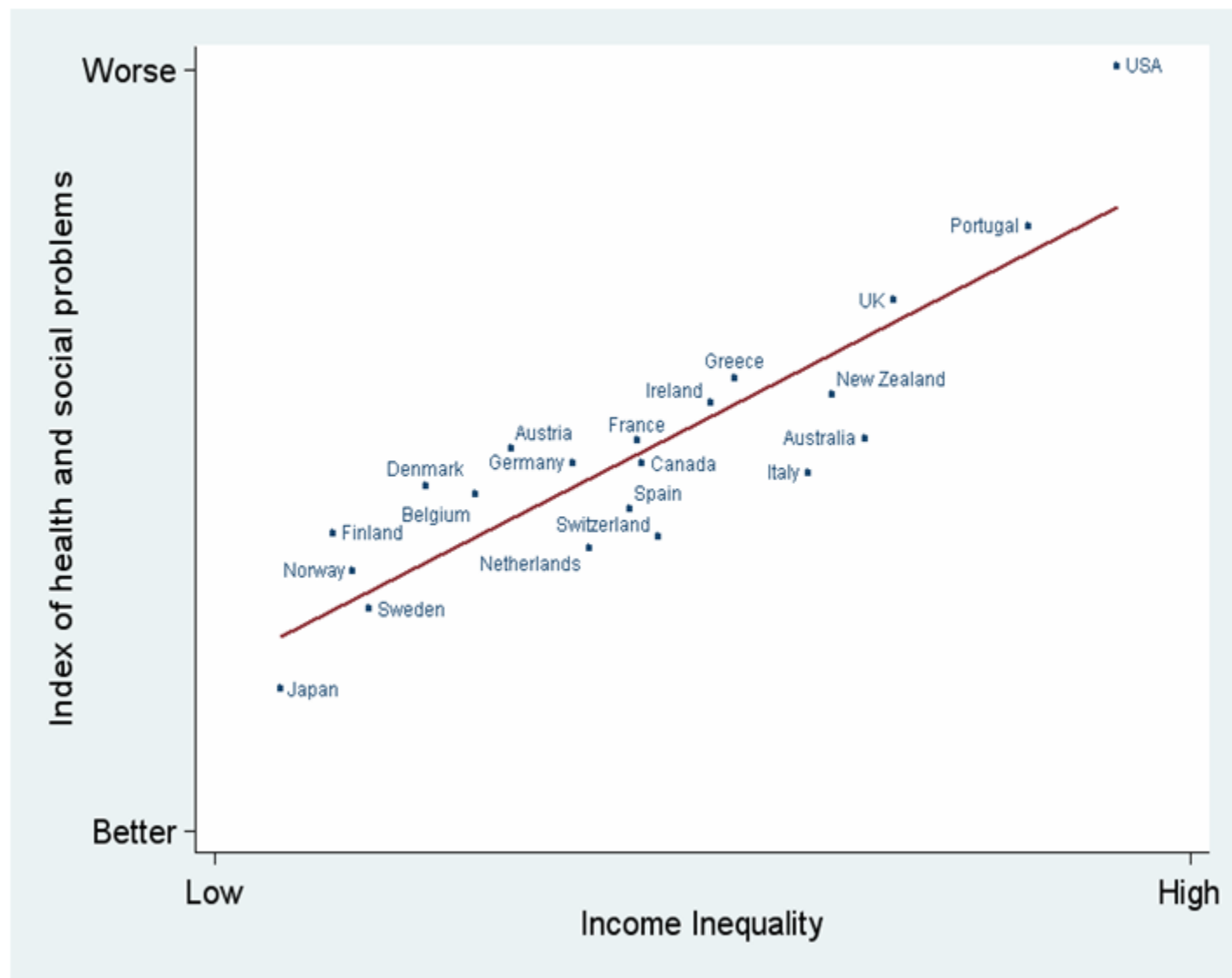
Richard Wilkinson

- Richard G. Wilkinson is a British researcher in social inequalities in health and the social determinants of health. He is Professor Emeritus of social epidemiology at the University of Nottingham. Founded Equality Trust and has published on Health and Equity. Presentation: TED Talks October 2011

Health and Social Problems are Worse in More Unequal Countries

Index of:

- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility



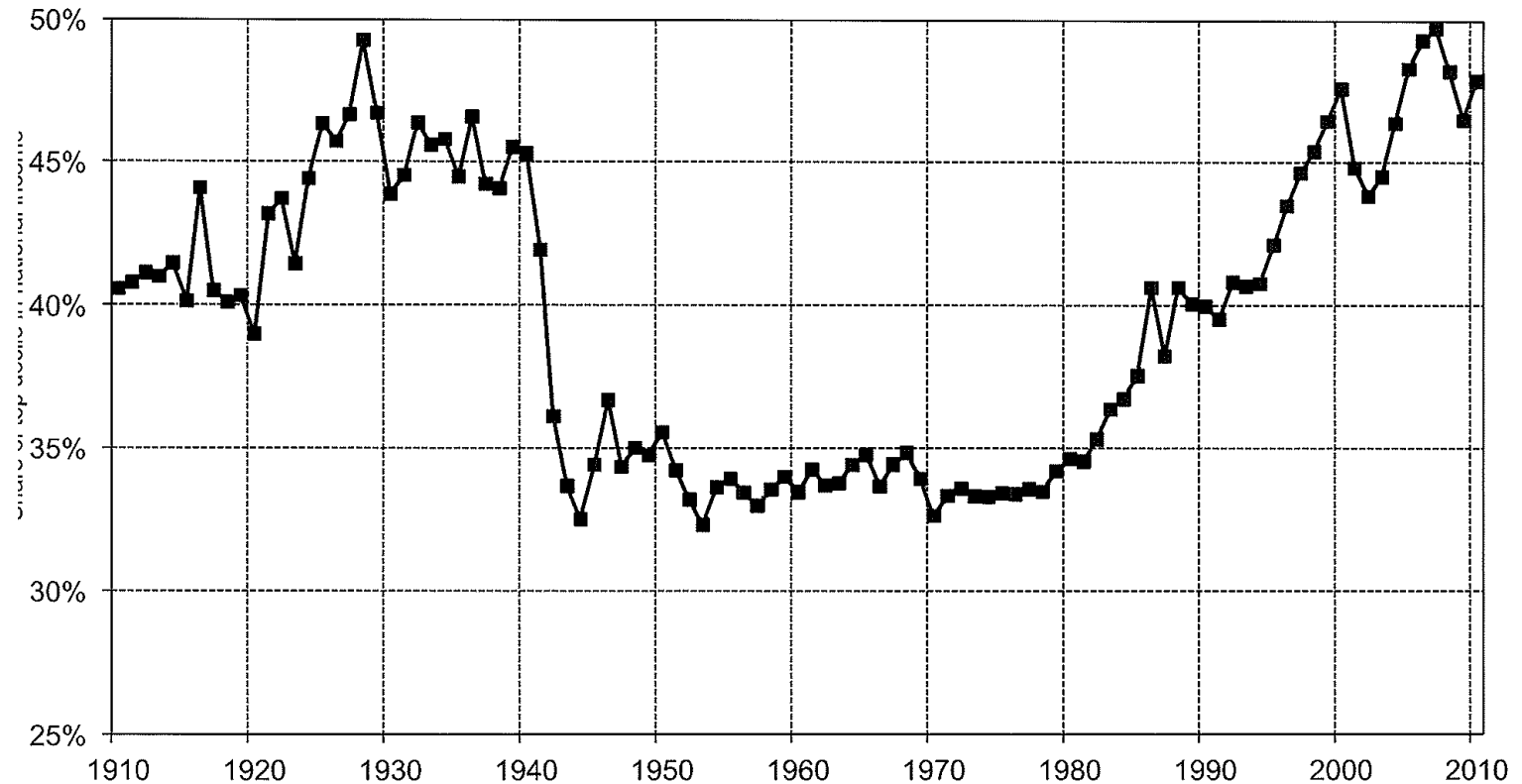


Thomas Piketty

- Thomas Piketty is Professor of Economics at the Paris School of Economics. He is the author of numerous articles published in journals such as the Quarterly Journal of Economics, the Journal of Political Economy, the American Economic Review and the Review of Economic Studies, and of a dozen books. He has done major historical and theoretical work on the interplay between economic development and the distribution of income and wealth.
- His late 2014 Book - Capital in the Twenty-first Century.

Piketty - Inequality

Figure I.1. Income inequality in the United States, 1910-2010



The top decile share in U.S. national income dropped from 45-50% in the 1910s-1920s to less than 35% in the 1950s (this is the fall documented by Kuznets); it then rose from less than 35% in the 1970s to 45-50% in the 2000s-2010s. Sources and series: see piketty.pse.ens.fr/capital21c.



Dr. Laura Rosella

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- Assistant professor, Dalla Lana School of Public Health, University of Toronto
- Member, Banting and Best Diabetes Centre, Faculty of Medicine, University of Toronto
- Doctor of philosophy (Epidemiology), Dalla Lana School of Public Health, University of Toronto
- Master of health sciences (Epidemiology and Community Health), Dalla Lana School of Public Health, University of Toronto



Poverty and Health

- Looking Beyond Income and Education: Socioeconomic Status Gradients Among Future High-Cost Users of Health Care
- Tiffany Fitzpatrick, Laura C. Rosella, Andrew Calzavara, Jeremy Petch, Andrew D. Pinto, Heather Manson, Vivek Goel, Walter P. Wodchis
- Publication stage: In Press Corrected Proof
- American Journal of Preventive Medicine
- Published online: May 7, 2015



The Research Message

- Health Care can't solve poverty
- Health Care can't solve health - D. Spero: Diabetes: Sugar-Coated Crisis.2006
- In a word the challenge for Health Care is; Poverty



NSM LHIN

- Health Links - knowing the most complex
- System Change?
- Intractable problems
- Are the regions too big?



Community

- CHC Clients
- CIW Pilot
- HP CD working group - Standards of Living and Community Vitality
- CIW conversations



Health Links

- The right size, the right partners
- 5 Links in NSM LHIN
- CIW key to knowing our complex users
- Can provide a broader response than Health Care can provide
- System change at a community level



CIW

- A tool for understanding the real impact of inequality, poverty
- Gives us language to describe and imagine how we might move forward
- There are now established base lines against which to understand clients and community and to gauge progress.



A New Story

‘Ontario has become one of the healthiest places to live. This was precipitated by the enactment of the Ontario Wellbeing Measures Act which in turn played a significant role in reallocating resources to alleviate poverty, provide access to education and strengthen social networks. Community health hubs now serve as the foundation of the health care system of which CHCs are an integral part.