

Serving the Vulnerable

Assessing Need and Opportunity

It is core to the legacy of the Founding Sisters to serve those in greatest need.

In this rapidly evolving world, Catholic Health Sponsors of Ontario and its member organizations are seeking effective ways to identify the changing needs of vulnerable populations in the province.



Catholic Health
Sponsors of Ontario

A legacy of caring for the vulnerable



Introduction

Identifying and meeting the needs

One of the three elements of Catholic Health Sponsors of Ontario (CHSO) 2015-2018 Strategic Plan, *Strong, Unified Catholic Health Care in Ontario*, expresses a commitment to facilitate a systemic approach to identifying and meeting the needs of the vulnerable.

The strategic plan indicates this direction will be achieved through the following actions:

- Ensure that each member organization is identifying the most vulnerable in its community, systematically assessing their needs and, where possible, developing innovative solutions within its mandate that respond to new and emerging unmet needs and then advocating for implementation of these solutions on a broader basis.
- Develop measurable objectives for meeting the greatest needs. We will implement methodologies that allow the creation and ongoing monitoring of our success in meeting the evolving needs of our diverse populations.

This discussion paper provides an introduction to factors and trends that can assist in this work of identifying the most vulnerable in the communities we serve, and for assessing their needs. In particular, it highlights the importance of collaboration and partnerships, new models of care, and social, economic and physical environments in working together to build and sustain healthy communities and neighbourhoods.



CONTENTS



Foundational
Values
Page 2



Community
Involvement
Page 4



Determinants of
Health
Page 5



New Models
of Care
Page 6



Assessing Need
& Opportunity
Page 8



Part of Our Commitment to Catholic Health Care's Foundational Values

As Catholic organizations, we understand health care as a call to continue the healing ministry of Jesus. We profess being called to see those we serve as our neighbour.

Assessing and responding to the needs of the most vulnerable represents an opportunity to demonstrate our commitment to the foundational values of Catholic health care.

The core Gospel value to be neighbour to the other gives rise to a number of specific values that, while not being unique to Catholic health care, are essential for faithfulness to the Catholic tradition:

- Respect for the dignity of every person
- Concern for vulnerable people
- Promoting justice and the common good
- Stewardship of resources
- A “holistic” approach to wellness
- Collaboration – working with others to improve the health of our communities

“Catholic health and social services should be distinguished by their commitment to work for justice... They seek to serve and to advocate for those who are marginalized in society, witnessing to a special obligation to the poor and vulnerable.”

Health Ethics Guide



Concern for vulnerable persons

Catholic health care has a long tradition of responding to unmet needs, and of attention to vulnerable persons.

“Solidarity is ‘first and foremost a sense of responsibility on the part of everyone with regard to everyone, and it cannot be merely relegated to the state’.” (Health Ethics Guide)



Respect

Respect for the dignity of every person leads to a commitment to the entire community and, in particular, the hungry, homeless, depressed, troubled, frail, sick, physically and mentally challenged – regardless of gender, beliefs/faiths or culture.



Promoting justice and the common good

“Our vision of a more just and humane society, and our concern for health requires that we advocate for the attainment of social and living conditions that allow people to grow towards full physical, psychological, mental and spiritual maturity.”

Catholic Health Corporation of Manitoba



Stewardship

We have a responsibility to respect, protect and care for all creation and for ourselves. We act creatively with the intention of contributing to God's plan for creation. This calls for a fundamental stance of humility.



A holistic approach to wellness

"Health arises from the dynamic balance and harmony of a person's biological, psychological and spiritual energies within a physical, social, cultural and economic environment. Health is not merely the absence of illness, but the full functioning of the person as an integrated whole."

Health Ethics Guide



Collaboration

We demonstrate a willingness to work in partnership with others to improve the health of our communities, respecting the gifts and experience others bring.

Palliative Care for the Homeless St. Michael's Hospital, Toronto

"Homeless and under-housed individuals have specific preferences for where they'd like to die, and on July 2, 2014 Inner City Health Associates – a group affiliated with St. Michael's Hospital – began making their preferences a reality.

Palliative Education and Care for the Homeless, or PEACH, is a mobile palliative care program that offers vulnerable individuals the dignity of choosing where to receive end-of-life care.

"Most people want to pass away at home with family around them," said Dr. Naheed Dosani, a palliative care physician with St. Michael's and Inner City Health Associates. "That sentiment is no different from the patients PEACH aims to treat. The only difference is that our patients' homes are often a shelter and their families may be shelter clients and staff."

An interdisciplinary team, comprised of a palliative care physician and nurse, will essentially form a mobile palliative unit. The team will go out into the community to meet patients with serious illnesses to provide specialized care and work with the patient's existing care team."

St. Michael's website
Newsroom
July 29, 2014



Community Involvement and Partnerships



Courageous Beginnings

Many of the member organizations of CHSO have in their founding stories accounts of religious sisters who arrived in what were then newly established settlements and towns with few resources; and who went to work in these communities responding to the needs of their neighbours.

Often, this involved a small group of women going into their neighbourhoods to build relationships and partnerships with the community, to understand their needs, and to find solutions together.

Today, it is recognized that this kind of community involvement and building of partnerships is what health care is all about. We know that the health of people in our communities is influenced by much more than the health care that is available to them. It is affected by the physical environment, social structures, and the local economy. Where people live and work, the quality of their nutrition and shelter, and the level of personal support available to them – these and other factors are all part of what determines health.

The passion and tradition of community involvement, continues in CHSO organizations today. It is reflected in our commitment to increase access to health care for vulnerable populations and provide local residents with the support they need to make their neighbourhoods healthier.

Partnering with the Community

Partnering with community organizations and agencies shows respect for the experience, knowledge and gifts they bring to the table. Faith-based organizations, schools, health agencies and civic groups all have the trust of the community, and are seen to be credible when it comes to finding solutions to challenges. These are the groups that know the history of the community. The trust and credibility this fosters can be important when launching and implementing community health improvement activities.

Catholic health care's social justice tradition calls us to pay special attention to the needs of low-income and other vulnerable people. The health problems of such people can often be traced to inadequate housing and education, and lack of healthy food. Addressing those factors goes beyond the domain of health care providers, but here, too, health care organizations can work with community agencies and organizations to have an impact on these determinants of health.

Community partnerships also represent good stewardship of resources. Such efforts can help to coordinate the efforts of multiple players concerned with the same issue to avoid duplication of effort.

Together, we have the potential to prevent some health problems, to promote health, and to achieve better outcomes for the communities we serve.





Determinants of Health

The building blocks for healthy communities

The impact of social, economic and physical environments on overall health and well-being was something the Catholic health ministry recognized from the very beginning. Nurturing healthy communities remains a calling, though the terminology has changed. Today, we have a deepening understanding of the wide range of factors referred to as the determinants of health.

Biological Factors

The basic biology and organic make-up of the human body are a fundamental determinant of health. Recognizing and nurturing those biological factors promotes health. For example, studies have confirmed that when optimal conditions for a child's development are provided in the investment phase (between conception and age 5), the brain develops in a way that has positive outcomes for a lifetime.

Lifestyle

Smoking, diet and occupation have been found to be the most significant causal factors of cancer. Such statistics emphasize the importance of personal choice and lifestyle in the attainment of health.

Physical Environment

Health promotion campaigns have tended to concentrate on personal health practices, such as smoking, nutrition and exercise, but the importance of environmental factors is increasingly recognized. Clean water and air, safe living and working conditions are all important to our mental and physical well-being. This places an onus on us to consider the health implications of public policy and to review ways in which it affects health, both directly and through changes to the environment.

Social and Economic Environment

The link between poverty and health is now clearly understood. There is a strong connection between enhanced prosperity and improved health and well-being. Among those who are poor we witness increased inequalities in health and human development. There is strong evidence that links social support (family,

friends and community) to health. When asked about their social relationships and health, Canadians also list prayer, spiritual guidance and self-help or mutual aid groups as important elements of support in seeking to improve health.

Health and Spirituality

The growing awareness of the link between health and spirituality has given rise to a wellness model which recognizes that spiritual and emotional well-being are essential to physical health and healing, and that whole person care involves the body, mind and spirit.

Emerging Factors

Understanding the processes of human development and capacity for continued learning; recognition and acceptance of other healing traditions – these are all emerging factors in our understanding of the determinants of health.

Building health communities and responding to the needs of the vulnerable requires an assessment of the most prevalent determinants of health affecting the population concerned.

For more information on the determinants of health from the perspective of Catholic health care, see *Integrating Health & Values*, Catholic Health Association of Canada, 1994



Ontario Healthy Communities Coalition





New Models of Community Care and Population Health

In today's health care environment, wellness is as important as sick care; and to achieve wellness, collaboration is absolutely essential.

Traditionally, health care organizations have been expert in healing and delivering special care within a facility. However, we recognize that promoting wellness and preventing costly near- and long-term health problems, leads some organizations into unfamiliar terrain they are not trained to navigate.

While community health is now a primary factor and goal in creating healthy communities, we should not be asking, or expect, our organizations to step into this all by themselves.

We are involved in a transformation in which health systems have to tap into community collaborations and create conditions that are looking at the big picture of health.

In February 2015 the Ministry of Health and Long-Term Care in Ontario announced its *Patients First Action Plan for Health Care* – a plan that aims to put patients first with a goal to improve the care experience across the full continuum.

Catholic health care is already part of Ontario's high quality, integrated health system and provides programs and services to people of all cultures, faith traditions, and circumstances.

In recent years, Catholic health care in Ontario has moved to create centres of excellence and provide leadership in areas including mental health and addictions, palliative care, and care for the elderly.

Some of the most vulnerable populations in Ontario are not always well served by today's health care system. The Catholic health care tradition is to respond to those most in need in local communities. CHSO organizations recognize

the importance of the social determinants of health and the challenge to get beyond the boundaries of our traditional institutional roots, respond to local need, and provide a wider array of community-based programming.

Local Health Integration Networks are moving to achieve greater alignment and integration of health services in their communities. In a recent meeting with LHIN CEOs, CHSO indicated a willingness for LHINs to lean on Catholic health care to provide leadership as new networks of care are formed.

With its strong history, Catholic health care is well placed to play a leadership and coordinating role in multiple settings crossing the continuum of care.

If the founders of Catholic health care organizations were with us today they would be working actively with their hospitals, long term care facilities and systems as well as with churches, schools and community-based agencies to create new models of comprehensive community-based care directed to the common good.





Some examples...



Deborah Proctor
President & CEO
St. Joseph Health
Irvine, California

Project: St. Jude Neighbourhood Health Center
Fullerton, CA

"The community was riddled with crime, and not considered safe; there was not quick and immediate access to health care. So, it was truly a community that was struggling mightily.

One of the calls Catholic health care has is to respond to this need to develop community, not to solve their problems but to develop those communities so that they can solve their own problems.

We see that as being front and center as part of Catholic health care... part of our role to improve the health of communities as well as the health of the individuals within those communities."

[\(click to view video\)](#)



Shirlee Sharkey
CEO - Saint Elizabeth
Markham, ON

Project: Saint Elizabeth Person and Family Centred Care Institute

"For our clients we define person and family centred care as an approach to the planning, delivery and evaluation of home and community care that is grounded in mutually beneficial relationships and partnerships among people using the healthcare system, their family and healthcare providers."

[\(click to view video\)](#)



Dr. Kevin Smith
CEO, St. Joseph's Healthcare
Hamilton, ON

Project: Integrated Comprehensive Care Project - Bundled Care

An innovative model of care that directly integrates hospital and community care services for the patients. Integrated Comprehensive Care (ICC) means the patient isn't being handed off from one part of the system to the other; the patient moves to a different environment, their home, but the team remains the same.

"Our focus was really to say clearly we can coordinate care better... We redesigned the care process, again, always asking the questions – who is the best care provider we can offer at this point, and who is the most inexpensive care provider, so that we can leverage more money to serve more people."

[\(click to view video\)](#)





Assessing Need and Opportunity

Questions

1. Are there elements in the founding story of your organization that suggest ways of responding to unmet needs in your community today?
2. Does your organization understand the broader community that it serves (e.g. demographic profile, cultural diversity, local economic factors)?
3. What organizations / community agencies hold potential for partnership in your community?
4. What are the most significant determinants of health in your community or region?
5. Are there signs of disparity within your community that indicate persons susceptible to greater vulnerability?

*"[The Church] does not wait for the wounded to knock on her doors,
she looks for them on the streets,
she gathers them in, she embraces them,
she takes care of them, she makes them feel loved."*

Pope Francis, *The Name of God is Mercy*



**Catholic Health
Sponsors of Ontario**

1 Yonge Street, Suite 1801
Toronto, ON M5E 1W7
(416) 740-0444

For more information, visit
our website at www.chco.ca

