

# High Priority Community Strategies

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# HPCS Overview

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- What is HPCS purpose?
- When it started?
- What has been achieved?
- What next?

The High Priority Communities Strategy (HPCS) emerged from the recognition that certain communities in Ontario were disproportionately impacted by the COVID-19 virus. The HPCS program lead agencies have addressed many Health Equity gaps in cancer screening, diabetes prevention, and mental health supports.

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# HPCS Lead Agencies - PEEL

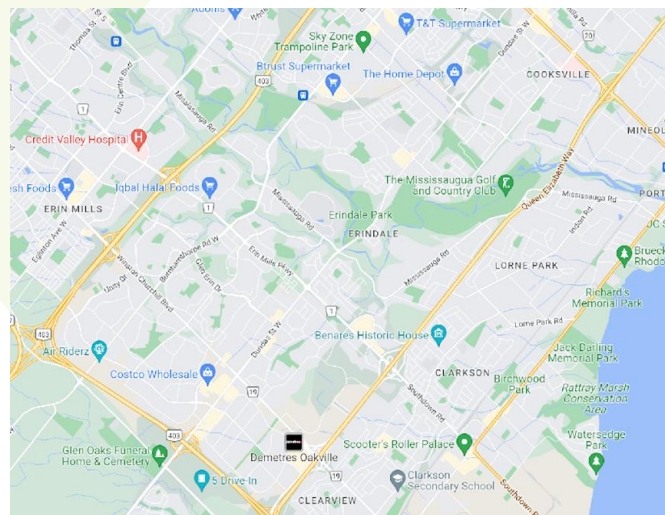
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- Canadian Mental Health Association (Peel Dufferin)
- Dixie Bloor Neighbourhood Centre
- Indus Community Services
- Punjabi Community Health Services
- WellFort Community Health Services
- Roots Community Services

# Mental Health & the Pandemic

- 1 in 10 Canadians report that their mental health worsened “a lot” as a result of COVID-19
- 1 in 5 Canadians 18+ screened positive for min. 1 of 3 mental health challenges:
  - Major depressive disorder (MDD)
  - Generalized anxiety disorder (GAD)
  - Post-traumatic stress disorder (PTSD)
- 38% of Canadians reported experiencing feelings of loneliness and isolation
  - 4 times higher prevalence of MDD, GAD, and PTSD compared to those who did not experience loneliness
- 21% age 18-34 and 25% age 35-54 increased their alcohol consumption

- Target Population: Newcomer youth and seniors, with an emphasis on Black and South Asian populations, in Southwest Mississauga



\* Stats Canada, 2021

# Dixie Bloor Neighbourhood Centre

DBNC is founded in 1988 on the premise that ***Neighbours should help Neighbours*** - is one of the leading agencies for HPCS in the East of Mississauga. From Feb 2021 to Sep 2022:

- Outreach and awareness for COVID-19
- Sharing resources with the community
- Wrap-around Services

## Lessons Learned:

- ★ HPCs need more wrap-around services that are culturally appropriate / deliver as a package than a service
- ★ Food insecurity is serious in HPCs

## Recovery from COVID-19:

We surveyed the community and asked their top health needs!

### Pillars:

- COVID-19 Outreach/booster doses
- Mental Health and Wellness
- Primary Health Care: Cancer, Diabetes, connecting clients to Family Physicians
- Newcomers Service Navigation

### Target Populations:

- Newcomers (Ukrainians, Syrians and etc)
- Arabic Speaking Communities

# Dixie Bloor Neighbourhood Centre

## Mental Health and Wellness

- ❖ Awareness and Prevention
- ❖ Intervention and Response

### Approaches:

- Wellness clinics/Sessions (mostly in person)
- Women, seniors and youth
- Mindful Mondays, therapies (Art Therapy, Yoga)
- Mental Health Events (panels and workshops)
- Counselling!

### Since October 2022:

- Wellness sessions (in person): 974
- Individual Counselling: 44

## Newcomers Service Navigation:

- Information sessions for newcomers
- Case management (Assessment)
- Referrals to Settlement Services
- ★ # of case managements since Oct: 375

# Dixie Bloor Neighbourhood Centre

## Primary Health Care

- Assessment and case management:
  - Attach clients to family physicians
  - Primary care referrals:

Including:

- Breast Cancer referrals
- Lung Cancer referrals
- Dental Health referrals
- Hearing Aid referrals
- Vision Aid referrals
- Diabetes referrals

## COVID-19 Outreach

- Working with Ontario Health and Peel region - MURBs
  - Supporting Covid-19 clinics
  - Target outreach and vaccine delivering
  - Transport and Interpretation Services
  - ❖ # of COVID-19 vaccines provided: 1063
  - ❖ # of PPEs distributed: 3500
  - ❖ # of Rapid Antigen Test Kits: 33000 (6700 boxes)



# Our Recovery Goals

|    |                    |  |
|----|--------------------|--|
| 01 | Cancer Screening   | <ul style="list-style-type: none"><li>• Increase screening rates among the three screening tests (Breast, Colorectal and Cervical)</li></ul> |
| 02 | Primary Care       | <ul style="list-style-type: none"><li>• Increase attachment to primary health care providers</li></ul>                                       |
| 03 | Service Navigation | <ul style="list-style-type: none"><li>• Internal and external service referrals</li></ul>  |

**Our Target Populations: South Asians and West Asians**

# #1

## Cancer Screening

-Outreach Material: Educational flyers for each cancer type: stand out statistics, screening eligibility, how to get screened

-Mississauga Halton Central West Regional Cancer Program Toolkit

**-Learning sessions; virtual and in-person by our Health Promotion team on topics such as:**

- cervical health
- digestive health
- modifiable risk factors for cancer

**Interactive Outreach Approaches:**

- Having speculums and fit tests on hand for demonstration
- Trivia questions and Raffles

**Continuous training for CHAs:**

- Training on the cancer types and screening
- Training on the tests itself
  - Pap test
  - Fit test
  - Mammogram
- Health communication
- Ongoing feedback and discussions

# #2

## Primary Care

A major concern in the Peel region is the lack of individuals who have access to a primary care physician.

**To address this recovery goal, our HPCS team is:**

- Compiling a list of physicians who are accepting new patients in the area to create a referral network where we can connect individuals to providers
- Utilizing our HPCS hotline phone number as a communication tool where individuals can call and we can help them to navigate the health system, answer questions, and connect them with primary care

**Hotline Number 905-366-1010**

# #3

## Service Navigation

-Indus is a multiservice agency offering a wide variety of services ranging from health, to newcomer, employment, family and etc.

-Along with internal services, Indus also has a wide range of resources for external services that can be referred to community members

-Providing the public with visual aids such as brochures, posters, banners

-Hosting workshops

# Challenges and Reflections

## UHIP:

- Providing resources and knowledge to international students on what UHIP is, and what it can offer
- Hotline

## Capacity Building:

- Providing the community with educational resources and sharing facts to dispel the myths surrounding cancer
- CHAs being empathetic and actively listening to the concerns of the communities helps us cater how our information is presented in public

## Languages:

- Offering material and services in languages that are spoken of the community
- Our CHAs speak a multitude of languages, which helps initiate and explain context within their own language
- Languages our team knows: **Hindi, Punjabi, Tamil, Urdu, Somali and Arabic**

# Success Stories

- University/ Colleges Events
- Successfully attaching our first person to a family physician
- Educating international students on UHIP
  - Advising students what UHIP is, and how its included in their tuition
- Educating the public about colorectal cancer
  - A woman not knowing she has a colon; thought it was only a male anatomical part
  - FIT kits
- Learning workshops reinforcing demand and positive feedback
- Social Media Interactions



# High Priority Communities Strategy (HPCS) at PCHS for 2022-23

## 3 PILLARS

1. COVID-19
2. DIABETES
3. MENTAL HEALTH AND ADDICTIONS

## LAST 3 MONTHS

- Outreach conducted: **40**
- In person seminars: **12**
- Direct mental health support provided to : **307** clients
- Nurse practitioners served: **87** clients
- Dietitian served: **60** clients
- Highlight was our **DIABETES CLINIC** through which we served **80** clients

## PLAN FOR COMING MONTHS

1. **Dec 2022:**
  - Project Khushi
  - Holiday Fair
  - CPR and Naloxone training for Addictions clients
2. **Jan 2023:**
  - **Diabetes Education Program:** *Module based in person seminars*
  - **Wellness Program:** *activity based mental health in person seminars*
  - **Smoking** cessation campaign
  - **Alcohol** de addiction program

## SUCCESS

- Seminars
- Clinics
- Inclusion/ Legal status
- Wraparound support
- partnerships

## LEARNINGS

- Need for education
- Language barrier
- Social determinants increasing health burden



## REFLECTIONS

- Acknowledging the gap in communication: in immigrants from country without social healthcare
- CHAs role in decreasing the health burden
- Absence of culturally and linguistically appropriate education program
- Diabetes and Addictions situation

# Roots Community Services



Inspiration. Empowerment. Action.

## Our Focus



- Breast Cancer
- Cervical Cancer
- Diabetes
- Primary Care Access
- Vaccine shots/boosters



# Roots Community Services



Inspiration. Empowerment. Action.

- Continue to outreach and provide education individually, in small groups, at barbershops, grocery stores, schools, faith-based organizations, etc.
- Partner with established clinics to host special days/events for our targeted communities
- Partner with labs such as Dynacare to host mobile clinics in targeted communities and help patients navigate to find wraparound support services





# WellFort Community Health Services-Areas of Recovery Focus

- Increasing COVID-19 testing and access to Covid therapeutic clinical treatment
- Increasing access to Preventive Cancer Screening
- Increasing access to culturally appropriate Diabetes Care
- Increasing access to Primary Care
- Integrating clinical and social care supports as a hub of services
- Targeted to support over 76,000 people through all strategies this year



# KEY STRATEGIES

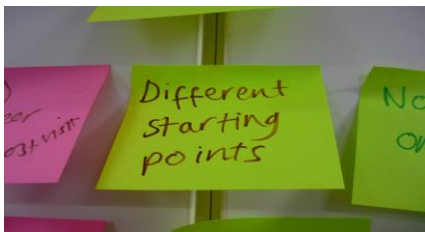
- Engage in robust, targeted community outreach and education - local businesses, schools, faith institutions, social service agencies, health service providers, primary care etc.
- Increase access to preventative care by holding mobile wellness clinics that provide preventative care/services accessible times/location within the community.
- Through our OHT partnership create a referral process, which will allow Community Ambassadors to assist community members with referrals to their PCP for preventative screening.
- Create culturally appropriate, language specific resource materials for our target community



“It will definitely take a village to ensure the marginalized population we serve have access to quality preventative care- Partnerships and collaboration is key to the future”.

# SOME KEY LEARNINGS

- Through their relationship building with the community and informal conversations, our CHA's have informed us of what community members say about why they do not get screened.
  - Some folks are focused on their immediate needs-paying rent, bills, putting food on the table and don't have time to even think about going for their mammogram or pap.
  - Others have spoken about Childcare issues and inaccessible clinic times.
  - Some feel very disconnected and don't see it as an issue that affects them – they don't see themselves in literature and resources.



A recent study by The 6 Peel Agencies, The Institute for Better Health and Trillium Health partners has revealed

- The Average of 61.7 community health ambassadors engaged across all sites per month, almost all from racialized and diverse communities
  - A total of 866,634 individuals contacted through community health ambassador activities
  - A total of 48,280 individuals received personalized case management support through HPCS to directly address their unmet needs. This eased the pressure on our Emergency Departments, while diversifying Ontario's health workforce and struggling parts of our social services and healthcare system.
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Preliminary qualitative themes are as follows:

- **Risk communication**

The HPCS served as “myth busters” by providing accurate information to the communities, bridging trust gaps between the community and the healthcare system, and easing pressure on our overburdened hospitals.

- **Building community trust**

- The HPCS is a program that contributed strongly to driving the vaccination and COVID-19 testing rates upward by reaching groups such as students, newcomers, the undocumented, etc. that are typically difficult to reach.
- Increasing health literacy at the community level about the vaccine and its importance by effective communication and outreach strategies will further ensure higher response rates in future health campaigns.

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- **Breaking down barriers to access**

The HPCS program prioritized representation through services rendered. The agencies had a deep understanding of the cultures of community members and addressing these issues, and were able to answer questions like:

- Where to reach community members?
- What was the most effective medium of communication?

*We have been able to build a trust with the community and engage them in a way that they feel they are included and belong to the community. We believe that we are here to support each other, build stronger and progressive communities!*

*The CHA approach is the most cost-effective way to reach communities facing systemic and other barriers with timely and accurate health care information and support*

# Thank You!

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QUESTIONS?