# CLEAR Toolkit Pilot Study in Côte-des-Neiges: Helping Health Workers Address the Social Causes of Poor Health

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# Presentation Outline

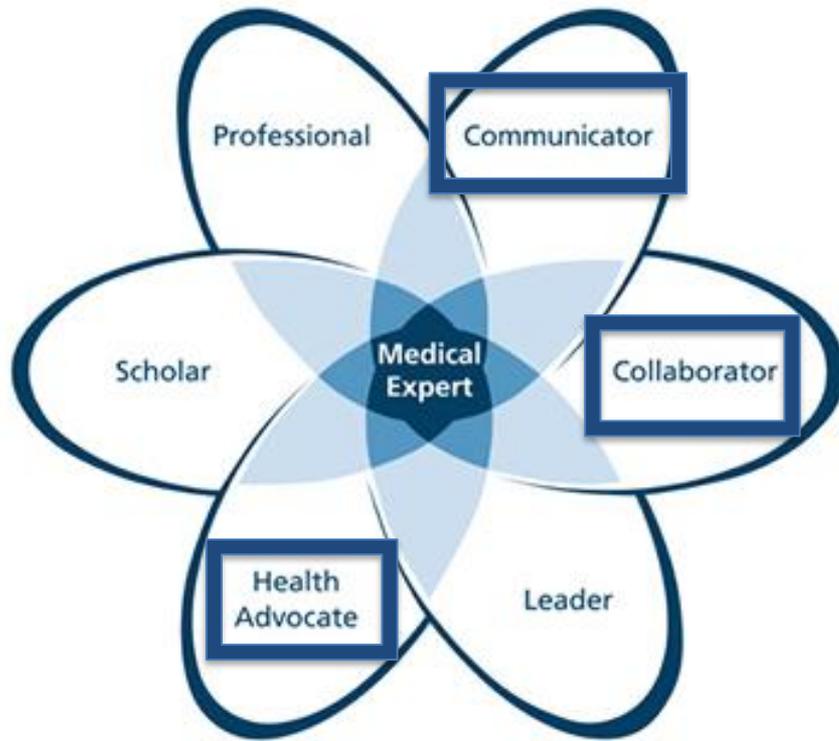- Background

- Objective

- Methods

- Results

- Discussion

# Strategies for Improving Health



Fig 2.6 – A continuum of strategies is required to improve population health[1]

Source[1]: Andermann, Anne. *Evidence for health: from patient choice to global policy*. Cambridge University Press, 2012.

# Health Workers Roles



CANMEDS

CanMEDS-Family Medicine

# The CLEAR Collaboration

CLEAR – **C**ommunity **L**inks **E**vidence to **A**ction **R**esearch

Founded in 2010, the CLEAR Collaboration was created to empower health workers to improve health and social outcomes for disadvantaged children and families, particularly in low- and middle-income countries.



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# The CLEAR Toolkit



THE **CLEAR** TOOLKIT

Training frontline health workers to ask about and act upon the social causes underlying poor health

The purpose of this toolkit is to empower and educate health workers on how to address the social causes of poor health.

When caring for patients, you will often see the same kinds of health issues appearing again and again within the community. Instead of providing a "quick fix," what more can be done to prevent these health problems in the first place?

Many health problems often have the same underlying causes related to daily living conditions and circumstances at home, including: poverty, hunger, isolation, abuse and discrimination.

Using the four-step process in this toolkit will help you to identify the underlying causes of the conditions you treat regularly. Together you and your colleagues can work to make your community a better and healthier place by starting to ask about and act upon the underlying social causes of poor health.

1 TREAT

2 ASK

3 REFER

4 ADVOCATE

# Study Objective

To assess whether training family medicine residents to use a clinical decision aid (CLEAR toolkit) to help them ask about and address the social determinants of health in clinical practice can improve health and social outcomes for their patients.

# Research Setting

St Mary's Hospital Family Medicine Centre in Côte-des-Neiges: serving one of the most ethnically diverse neighborhoods in Canada

# Mixed Methods Study (1)

**Study Population**

1) First Year Family Medicine Residents
2) Patients
   – Seen in clinic by a resident in the study
   – Female
   – Pregnant or have a child under 18 years old
   – Exclusion: patients under the age of 18
3) Community Organizations

**Timeline**

Data Collection → May 2015 – August 2015

# Mixed Methods Study (2)

1) Local adaptation of the CLEAR toolkit in Côte-des-Neiges

- Focus group with key stakeholders (n=7)

2) Recruitment, randomization & training of FM residents

- Control group had basic social determinants training (n=6)
- Intervention group also taught to use CLEAR toolkit (n=6)

3) a. In-depth Interviews

- Frontline health workers (n=7)
- Patients (n=5)
- Community organizations in CDN (n=7)

3) b. Self-completion survey with a random sample of patients seen by residents recruited to the study (n=29)

# YOU ARE NOT ALONE
## Resources in Cote des Neiges

| Issues | Sample questions | Community referral resources |
|---|---|---|
| **Poverty and unemployment** | • Do you have trouble making ends meet at the end of the month?<br>• Do you have problems paying your rent each month?<br>• Do you have stable employment with benefits? | **Project Genesis**<br>514-738-2036<br>http://genese.qc.ca/<br>**Job Search Centre**<br>514-733-3026<br>http://crecdn.com/ |
| **Housing problems** | • Do you and your family have a safe place to sleep every night?<br>• Do you have cockroaches, mice or mold in the home? | **OEIL**<br>514-737-2866<br>http://www.oeilcdn.org/ |
| **Food insecurity** | • Do you and your family have enough to eat?<br>• Do you ever need to make difficult choices about whether to pay bills or whether to buy food or medicine? | **MultiCaf**<br>514-733-0554<br>http://www.multicaf.org/<br>**Montreal Diet Dispensary**<br>514-937-5375<br>http://www.dietdispensary.ca/ |
| **Early childhood** | • Who looks after your children when the adults are working or out of the house?<br>• Do you ever feel overwhelmed or unable to cope looking after your children? And if so, what do you do in those situations?<br>• Who do you turn to when you have questions about parenting? | **La Maison Bleue**<br>514-509-0833<br>http://www.maisonbleue.info/<br>**Baobab Familial**<br>514-734-4097<br>http://www.baobabfamilial.org/ |
| **Domestic violence, mental health and addictions** | • Do you feel safe at home?<br>• How is your relationship with your partner?<br>• Does anyone in your family suffer from mental health or addiction problems? | **SOS Violence Conjugal**<br>1-800-363-9010<br>http://www.sosviolenceconjugale.ca/<br>**Club Ami**<br>514-739-7931<br>http://www.clubami.qc.ca/ |
| **Child maltreatment** | • Have you ever been worried that your child's safety may be threatened? | **Batshaw**<br>514-935-6196<br>http://www.batshaw.qc.ca/en |
| **Discrimination** | • Do you ever feel pressured, bullied or intimidated?<br>• Have you ever been refused employment, housing, services or benefits based on you age, gender or ethnic background? | **Promis**<br>514-345-1615<br>http://promis.qc.ca/index.php<br>**Multi-écoute**<br>514-737-3604<br>http://www.multiecoute.org/ |
| **Isolation** | • Do you have any family members, friends or neighbours here in Montreal you can count on in times of need? | **Femmes du Monde**<br>514-735-9027<br>http://www.femmesdumondecdn.org/ |

# Data Analysis

**In-Depth Interviews**
- Deductive-Inductive analysis
- Initial deductive coding frame:
    1. In what ways are patients vulnerable?
    2. Are health workers aware of their patients' vulnerabilities (i.e. missed opportunities)?
    3. How is the CLEAR toolkit helpful, are there any harms of it being used in practice and what can be improved?

**Patient survey**
- Basic descriptive statistics
    - not presented here (low RR)

# Results: Are patients vulnerable?

**IMMIGRATION AND INTEGRATION CHALLENGES**: "A huge social challenge would be the immigrant communities and the immigration process and the availability of services… I think that whole population has a huge social challenge because they can't integrate well" - **Political Borough Representative**

**POOR LIVING CONDITIONS**: "You know it's over a third of the kids in our neighborhood living with excessive humidity or mold in their homes - and the repercussions for their health—for their physical health I think are really big. But again, also for mental health. And I feel like that's something that really does not get recognized enough" - **Community Organizer**

**POVERTY AND SOCIAL EXCLUSION**: "There was a child in one of the buildings in Côte-des-Neiges, he was expelled from high school. He was autistic, and he was going to a special school but there were bed bugs - he would bring the bed bugs with him at school - and the school kind of panicked - and they expelled the child" - **Housing Rights Community Organization**

# Results: Are patients vulnerable?

**VIOLENCE, INTIMIDATION, EVEN FORCED MARRIAGES:** "There are several cases [of forced marriages]. Here, in Côte-des-Neiges. It's a young woman eighteen, nineteen years old, sometimes sixteen that were forced to be married by their family [...] They're scared. Scared to be killed by the family if they don't do it." - **Women's Group Community Organization**

**CHALLENGES FINDING SUPPORT**: "Another challenge is people who need things don't always go the extra mile to get what they need. For a variety of reasons, one of which is it's overwhelming. When you're low income, you've already got 3 kids. You know, you're a single mom and you're already doing ten thousand things. Sometimes even if it would help you to reach out, reaching out is like unfathomable because it's just so hard to do because you focus so much on day-to-day" - **Food Bank Community Organization**

# Results: Are health workers aware?

**NOT AWARE OF WHAT'S GOING ON IN THE COMMUNITY:** "I think that could be something that we could work on, because I don't think we have that much knowledge in terms of like what's available in the society—and the community that is for these vulnerable patients. We—most of what we deal with is the CLSC, social worker, physiotherapist, psychologist." - **First Year Family Medicine Resident Trained to use the Toolkit**

**DON'T KNOW THE CHALLENGES PATIENTS FACE UNLESS THEY ASK:** "I've noticed, a lot of patients who come in who you know tell me that they're fine, everything's okay and then you kind of ask a few basic questions. Asking about their—you know, how their life is doing at home. And then you start finding out a lot of things that you wouldn't have otherwise." - **First Year Family Medicine Resident Trained to use the Toolkit**

# Results: How does the toolkit help?

**PROVIDING PSYCHOLOGICAL SUPPORT AND POINTING PEOPLE IN THE RIGHT DIRECTION:** "My role as a healthcare worker is really to get to know my patients and understand what their needs are and then be able to put them into the right direction. So that would be on top of, of course, well care, making sure that all their general screening guidelines are being followed and dealing with health concerns, but then there's also the psychological aspect which I feel like as a family doctor I can really impact with my patients" - **First Year Family Medicine Resident Trained to use the Toolkit**

**ENCOURAGING PATIENTS TO SPEAK ABOUT THEIR CHALLENGES:** "I think you can also give the toolkit to the patients. You can say these resources in the community, if you feel that your doctor should ask about these issues, just bring it up at your visit" - **First Year Family Medicine Resident Trained to use the Toolkit**

# Results: How does the toolkit help?

**UNDERSTANDING THE PATIENT'S BROADER CONTEXT TO BETTER SUPPORT THEM:** "I think and this is where you're right on the mark with what you're trying to do with this program, with showing [how] the health worker can be conscious of the person's context and also be able to link them with proper avenues." - **Political Borough Representative**

**MAY TAKE A BIT LONGER AT FIRST BUT WILL REDUCE BURDEN ON HEALTH SERVICES:** "I think we would wait longer in the waiting room. But I think there would be... well after many years, there would be less patients in the waiting room. Because, you know, it would be a holistic kind of approach with the patient instead of just the physical pain." - **Female Patient of a Resident Trained to use the Toolkit**

# Conclusions

- Family medicine residents regularly come into contact with vulnerable patients in their clinical practice.

- However, patients seldom make the link between their social situation and their health conditions.

- Patients are often unaware of their rights and unable to identify pathways for accessing health and social care.

- Family medicine residents understand the importance of asking about the social determinants of health of their patients.

- Yet, patients are more transparent and forthcoming regarding their social vulnerabilities during interactions with local community organizations.

# Conclusions

Health workers may understand the relevance of the social determinants of health at a cognitive level, but patients are unlikely to spontaneously raise these issues during a doctor's visit.

Therefore, health workers need to help their patients:

  1) Feel more at ease in discussing their social challenges

  2) Better understand their rights

  3) Navigate with greater ease through the health and social systems

# Strengths and Limitations

## Strengths

- Mixed method study design
- First time piloting CLEAR toolkit
- Participatory policy approach

## Limitations

- Working with hard to reach/recruit populations leading to low response rates
- Lack of incentives for participation

# Policy Implications

- More research needed to measure impact of a social determinants approach in clinical practice.
- Implementation and evaluation research possibilities:
  - Incorporate CLEAR toolkit training during undergraduate medical school curriculum
  - Train physicians to use CLEAR toolkit during residency, and in continuing medical education
  - Train nurse practitioners to use the CLEAR toolkit
- Learning how to encourage intersectoral community action that promotes patient connectedness, community organization, and physician engagement.

# Thank you!

This research was supported by:

# Questions? More information?
## www.mcgill.ca/clear