

Building Bridges - Analysis of Community Planning Initiative

Presentation to HIV Clinic Coordinators

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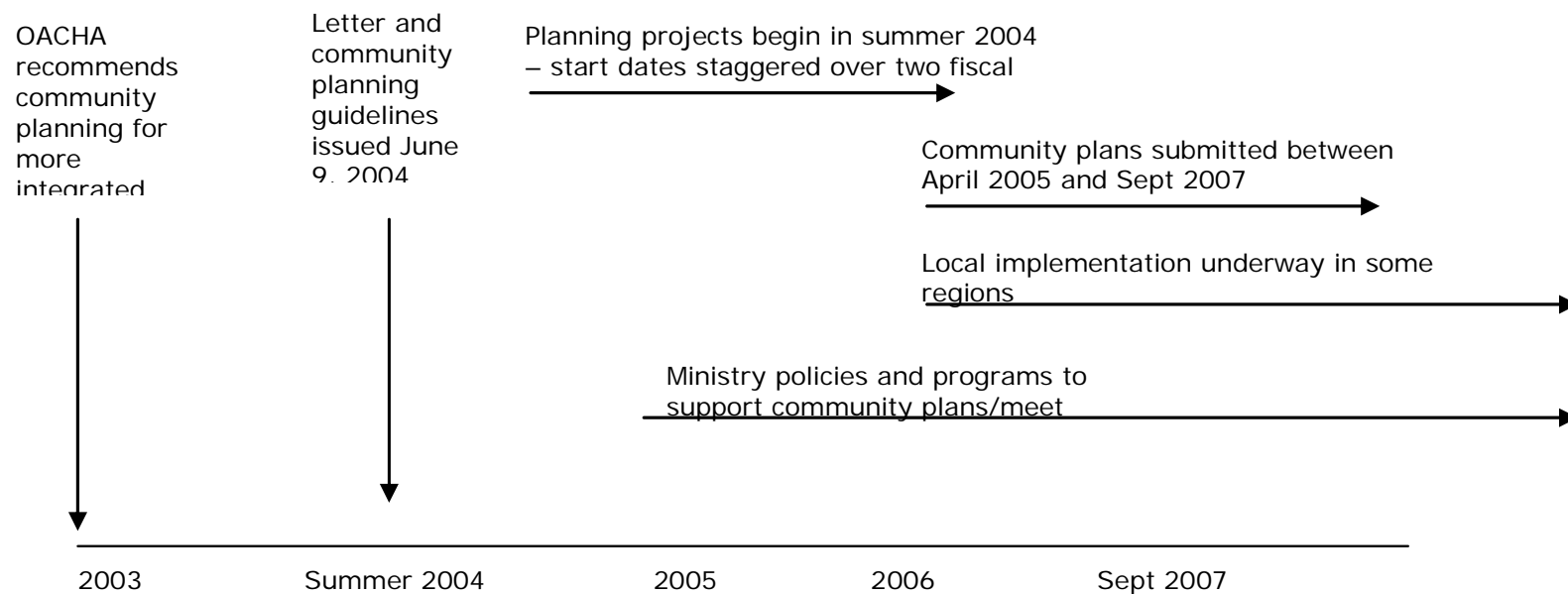
Background

- OACHA identifies complex health and social needs of people with HIV and populations at risk
 - **Problems cannot be solved by community-based AIDS organizations alone**
 - **Provincial strategy recommended an “integrated approach to HIV prevention, support, care and treatment based on the determinants of health” and “effective partnerships ... to integrate services to provide more comprehensive care and support”**
- Regional differences in the epidemic call for regional plans and strategies
- Province divided into 12 community planning regions based on natural service use patterns
- Organizations with a provincial mandate involved in similar process
- AIDS Bureau provided planning guidelines/toolkit and funding

Goals of Community Planning

- Not About Additional Resources/Money -- About Different Ways Of Working Together To Deliver Services
- Develop a community HIV/AIDS strategy that responds to local needs and reflects provincial goals and directions
- Improve access to and coordination of services for people with HIV and populations at risk
- Provide more integrated, comprehensive, effective, efficient care and support services
- Develop innovative service delivery models

Timeline for Community Planning



Community Planning – Final Report

Overall Analysis

- Background & Key Findings
- Common Themes & Distinct Themes
- Innovative Plans
- Evaluation of Community Planning
- AIDS Bureau Support for Community Planning
- Next Steps

PLUS - REGIONAL Reports

Key Regional Factors Shaping the Plan

Proposed Approach to Integrated Services

Evaluation Results

Assistance Required from the Ministry of Health and Long-Term
Care

Lessons Learned

1. Community planning process was a helpful way to bring groups together: “meaningful approach to address local needs” “encourages and engages participation” “promotes networking and information sharing”.
2. Process was most effective in communities that already have history of collaborative planning/service delivery -- usually smaller communities with strong leaders and fewer services. Leaders who had already developed relationships with other services were more successful in getting people to come to the table.
3. It's easier to plan integrated services when organizations share a common “client”.

More Lessons Learned

4. It may be easier to engage other services on an issue-by-issue basis. Everyone is short of time, and meetings have to be meaningful.
5. Regions now have a better understanding of local needs and resources, which should lead to more effective programs and services.
6. The AIDS Bureau has a better understanding of service delivery issues throughout the province.
7. Community-based ASOs are not necessarily aware of the role of provincial organizations or how to work with them -- provincial organizations are not mentioned as a resource in most community plans. When asked how to improve links with provincial organization, ASOs suggested easy access to provincial services.

More Lessons Learned

8. Local capacity to implement plans will depend on provincial policies and resources: there are some things communities can do on their own; others require additional resources or provincial support
9. Collaborating and developing integrated services takes time -- most regions made progress but are still at the “awareness” level of collaboration.
10. The funding provided for community planning was key to its success -- it allowed organizations to participate without having a negative effect on front-line service.

Outcomes

- The plans were developed and submitted to the ministry. AIDS Bureau has completed an analysis of the initiative.
- 11 of 12 regions plan to maintain their inter-agency planning group or develop another ongoing planning/information sharing mechanism
- Too early to assess impact on services, service delivery, access, client satisfaction or client health/well-being

Common Themes/Issues

Some themes recurred in most or all plans:

- The impact of stigma and discrimination
- The need for population-specific education and awareness programs
- The impact of geography and transportation issues
- Lack of primary care physicians
- Waiting lists for mental health and addiction treatment services
- The need for more comprehensive services for Aboriginal people
- The need for greater access to needle exchange programs, testing and other services for drug users
- The need for general public education and awareness programs
- The need for more innovative, integrated approaches to helping people with their practical needs.

Distinct Issues/Themes

Some issues were identified by only one or two regions, but may be emerging issues in other parts of the province:

- The need for better coordination of services for people in the correctional system
- The need for a continuum of housing services: supportive housing, long-term care, palliative care
- Easier access to social assistance and disability programs; legal and settlement services
- The need for services for people who are co-infected with HIV and hep C, or have other concurrent disorders (e. g., HIV and mental illness)
- The need for culturally competent services for people from a range of ethnocultural backgrounds
- Continued high rates of staff turnover
- LHIN boundary issues and how to build relationships with the LHINs

Examples of Concrete Ideas

Algoma: HIV Nurse Practitioner Pilot Project

- Shortage of HIV specialists in the region
- Needs could be met through two nurse practitioners linked to an HIV specialist at an HIV clinic in Sudbury or Toronto
- Group Heath Centre in Sault Ste Marie interested in being involved; NP in Centre interested in the project
- Plan estimates the number of clients/visits and describes role for NP in prevention as well as care and treatment
- Plan sets out budget for the pilot project -- including funding required to evaluate the pilot project
- Community planning group intends to apply to the ministry NP program for funding

Examples of Concrete Ideas

Niagara/Hamilton/Brant/Haldimand & Norfolk: Long Term and Palliative Care

- Lack of long-term care and palliative care for people with HIV in the region
- Yet full range of long-term care and palliative care services are available in the region
- Organizations agree to co-ordinate to provide end-of-life care: CCACs, Good Shepherd Centres, ASOs, hospices and long-term care homes
- ASOs to provide education for staff in long-term care homes to ensure that full continuum of care is available to residents with HIV

Examples of Concrete Ideas

Southwestern Ontario: Improve access to services in rural areas

- Lack of ASO services in rural counties and smaller urban centres
- Plan to explore restructuring or integrating the AIDS Committee of London and AIDS Action Perth to serve a larger geographical area and become the AIDS Committee of Southwestern Ontario
- Plan to establish a pilot HIV/AIDS healthcare team made up of medical, mental health, and social work professionals to identify issues and develop solutions, and link people to appropriate services (e.g., AIDS committee, HIV clinic, John Gordon Home, Options Clinic, public health, hospitals, Ontario Works, etc.)

Examples of Concrete Ideas

Southeast Ontario: Coordinate services for newly released prisoners

- People released from prison lack access to services
- AIDS service organization, Ontario Works, Ontario Disability Support Program, HIV Clinic and Correctional Services Canada will develop a plan with allied agencies to improve coordination of services and implement the plan

Southeast Ontario: Coordinate services for newly released prisoners

- Distance from services and cost of transportation is an issue for many clients
- Ontario Works, Ontario Disability Support Program, AIDS service organization, volunteer driver programs and transportation companies will work together to develop a coordinated transportation system for all clients to reach services -- including a charge-back system between agencies that support the transportation system
- The regional office of the Ministry of Community and Social Services and the municipal government will discuss co-locating social assistance programs to provide more accessible coordinated services

Examples of Concrete Ideas

Northwestern Ontario: Partnership to target youth

- High rates of teen substance use, suicide, pregnancy and STDs in the region
- Some strong existing programs for youth (e.g., shelters, drop-in centres)
- Health units and AIDS service organization will establish partnerships with existing agencies/programs serving youth to provide HIV/AIDS prevention programs, sexual health programs, harm reduction services, substance use counselling, other health and social services
- Partners will advocate with school boards to be part of initiative

Evaluation of Community Planning

CLEAR Unit evaluated the effectiveness of the community planning process by measuring:

The level of collaboration among agencies within each region based

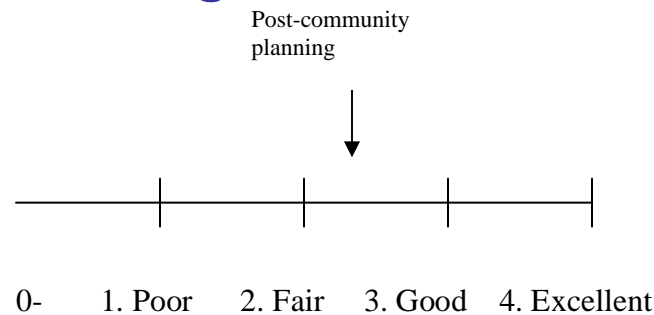
on nine factors: the decision-making ability of the partnership, synergy, leadership, administration and management, the sharing of non-financial resources, the sharing of financial resources, the benefits and drawbacks of participating in collaborative initiatives, satisfaction with participation, and efficiency (i.e., how well resources were used)

The level of service integration, ranked on a continuum from awareness to collaboration:

- **Awareness:** programs and services are aware of other programs and services, but they organize activities based on their own service mission
- **Communication:** programs and services actively share information and communicate
- **Cooperation:** programs and services modify their plans to avoid service duplication or to improve links among services
- **Collaboration:** programs and services jointly plan services

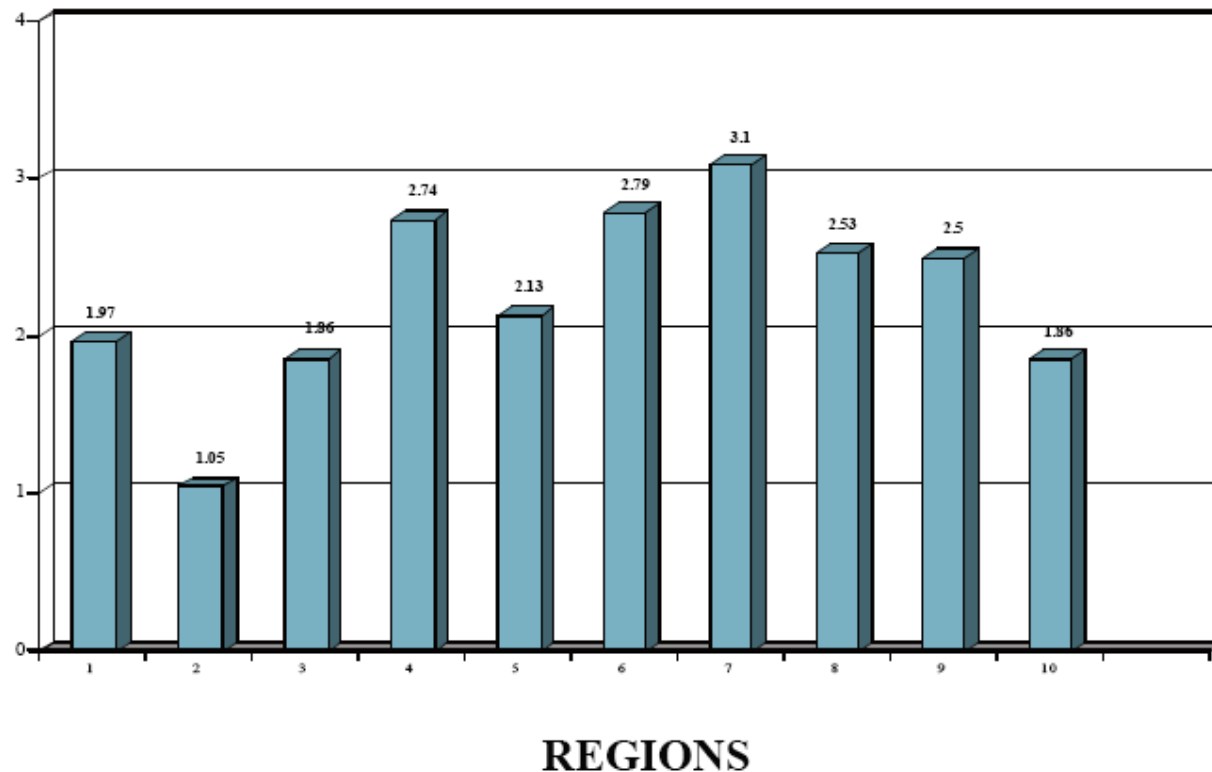
Evaluation Results: Collaboration

Collaboration scores varied across regions but, on average, most regions demonstrate a good level of collaboration (average score 2.3 out of 4):



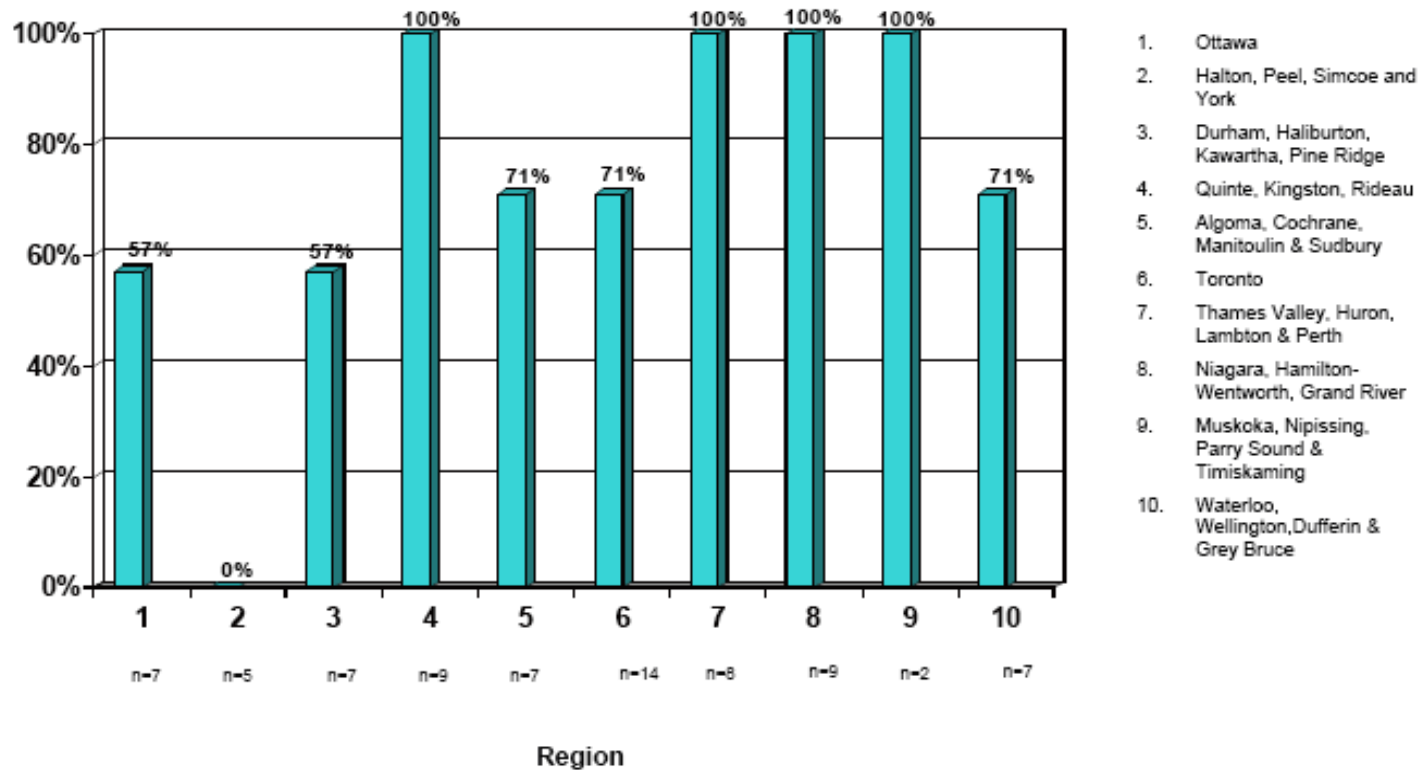
Evaluation Results: Collaboration

Satisfaction Levels of Partnership Collaboration by Region



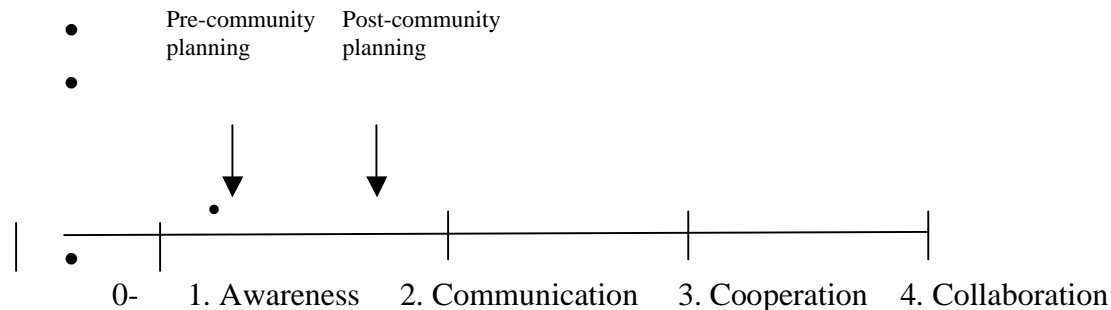
Benefits of Participating in Community Planning

Benefits: Percentage of Respondents in each Region Indicating the Benefits Exceeded Drawbacks of Participating in their Planning Group



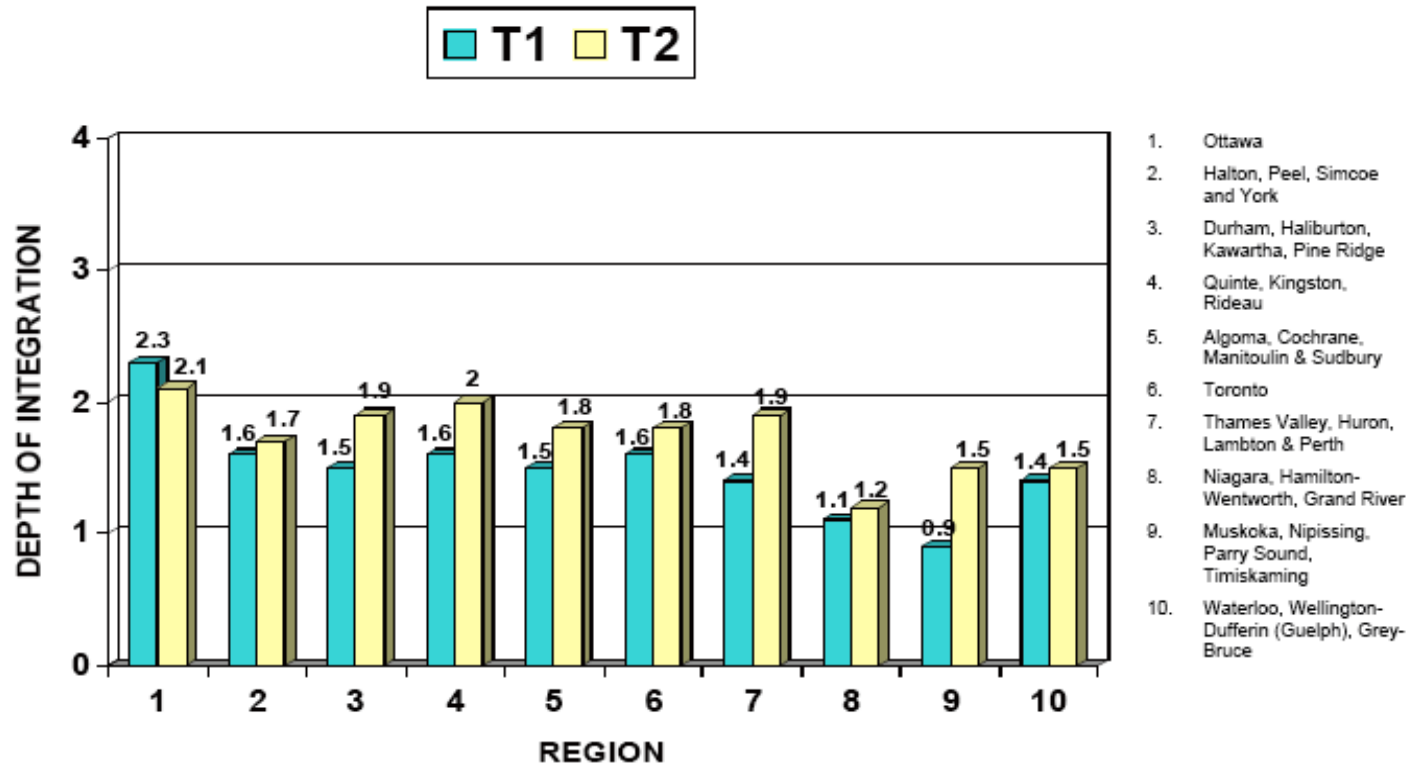
Evaluation Results: Integration

The level of integration among agencies improved after the community planning process (from 1.5 to 1.8 out of four) ... but most regions are still at the “awareness” level in the continuum of integrated services.



More time and effort will be required to develop truly integrated services.

Integration Results by Region



AIDS Bureau Support for Community Plans

In addition to providing funding and guidelines, the AIDS Bureau is developing initiatives to help regions implement their community plans:

Enhancing organizational capacity

- 1. Increasing base funding by over 10% in past three years**
- 2. IT enhancements - \$1.2M**
- 3. Increases in operational funding in underserved regions (\$1M for significant funding increases to 18 agencies)**

Enhancing service capacity/closing gaps

- 1. Funding for clinical outreach services in Durham, Guelph , Thunder Bay & Peel**
- 2. Funding for Gay Men's Strategy -- including prevention workers in Durham, Ottawa, Toronto (four organizations), Hamilton, London and Peel and awareness campaign**
- 3. Funding for OAHAS -- additional workers in Ottawa, Thunder Bay and Toronto**
- 4. Funding for ACCHO -- including prevention workers in London, Toronto (3 organizations), Ottawa, Hamilton, Niagara and Peel and an awareness campaign**
- 5. Funding for additional IDU outreach workers in Ottawa, Sudbury and Thunder Bay**
- 6. Supporting development of a women and HIV strategy**

More AIDS Bureau Support for Community Plans

Improving access to HIV testing

- 1.**Designating 24 new anonymous testing sites for a total of 50 AT sites
- 2.**Developing updated counselling and testing guidelines
- 3.**Providing point-of-care HIV test kits to anonymous test sites, public health sexual health clinics and community health centres that want to offer this type of testing (fall 2007)
- 4.**Providing training in anonymous testing, counselling and point-of-care testing and quality assurance in regions throughout the province
- 5.**Developing targeted campaigns to promote HIV testing to populations at risk
- 6.**Developing partner notification guidelines and guidelines for hepatitis C counselling and testing (2008)

Collaborating with other ministries to address complex needs

- 1.**Developing information for prisoners in correctional facilities
- 2.**Working with MOHLTC supportive housing program to improve access to supportive housing for people with HIV

Next Steps -- for the AIDS Bureau

- Present results of community planning to OACHA, ASO EDs, and HIV Clinic Coordinators
- Identify policy issues from community plans & monitor resource needs identified in reports
- Continue to work with other parts of government, other ministry programs and other levels of government to promote integrated services
- Identify next steps in the planning process
- Share report with ACAP, PHAC to support resource needs
- Review CP regions and align with LHIN boundaries. Share reports with appropriate LHINs.

Next Steps – Action to Consider

- **Need to get update on progress to date in implementing plans**
- **Conduct regional meetings (just primary stakeholders)**
 - Meeting with local ASO(s), HIV clinic, and key stakeholders
 - Discuss process to date
 - Challenges of maintaining momentum
 - What is next/required?

OR

- **Hold a meeting of Co-Champions**
 - Presentation on regional plans
 - Discuss process to date
 - Challenges of maintaining momentum
 - What is next/required?

For More Information:

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