

Community-Based Care

Community-based care was a topic for discussion in the Conversation on Health. The importance of addressing issues related to accessing and funding care at the community level, and service delivery in communities were highlighted in many discussions and submissions. Here is a selection of what British Columbians had to say on the subject of community-based care.

Accessibility of Care

Many participants suggest there is too much focus on acute care and too little on community-based care. Participants believe that community-based care would both be cost effective and provide quality care; however, it would need significant up-front funding in order to work properly. Many support the idea of community members having input in defining what a community has, what it has the potential to deliver and what is needed to improve access to services. Several respondents emphasize that centralizing services instead of supporting outreach programs does not solve access problems since this increases demands for transportation. Others suggest that sending people from northern communities to the south is sometimes appropriate, and that the Interior Health Authority bus is a good solution to transportation issues. Vulnerable populations are at greater risk when community services are cut back and many supported providing basic services to particular communities, like the Downtown Eastside, to decrease ambulance fees and other health costs.

Funding and Costs

Many participants are concerned that health authorities download costs to the community. Many emphasize that some communities do not have the numbers to qualify for government-funded programs or support outreach programs. Many recommend investing in communities to help set healthy goals and action plans. Some suggest that, although the health authorities are supposed to be informed by communities, the amount of consultation that actually happens varies significantly across the province because there is little funding available at the community level. Participants emphasize the importance of ensuring that community health and social service agencies have adequate resources to deliver on-the-ground support services.

Community-Based Service Delivery

Participants suggest that communities need to build greater capacity with a specific focus on community services. Many believe that communities must become involved in health service delivery. Many of the participants who took part in Aboriginal community engagements suggest that First Nation communities need to be empowered to take action, and figure out what they need to improve their health status. Recommendations to improve community-based service delivery include: supporting those who chose to return to smaller communities through access to housing, employment, consistent medical services and education; expanding community services to allow for earlier discharge from hospitals; and making community living and services available to those with disabilities. To provide the impetus for focused health promotion and prevention programs, participants also suggest providing communities with information that describes where they stand in relation to provincial statistics related to health status.

We should think about communities as well as individuals. It is what we do as a community that will make a difference as we move ahead. There is a tendency for us to think about individuals doing things. I think that community response is important

- Provincial Congress, Vancouver

Many participants discussed the development of community health centres or community clinics, collaboratively run by service providers. They recommend these health centres be accessible 24 hours a day, seven days a week, and that they be staffed by salaried, multi-disciplinary health teams appropriate to the needs of the community. Many believe community health centres decrease the demands on emergency services and could host a vast number of health professionals including: physicians, nurses, physiotherapists, outreach workers, community support workers, pharmacists, counsellors and nutritionists. Participants emphasize that community clinics are needed across the province, not just in major centres.

Conclusion

Many participants highlight the need for accessible, community health services based on community needs. The majority of participants involved in the discussion believe that investment in community care will result in decreased costs and demands in other parts of the health care system.

[With what] we've done with rural communities the last couple of years, I am absolutely convinced when you give people the opportunity to come together, the answer is there. The problem is they've not had the opportunity

- International Symposium, Vancouver

Community-Based Care

This chapter includes the following topics:

- [Access to Care at the Community Level](#)**
- [Funding of Care at the Community Level](#)**
- [Community-based Service Delivery](#)**

Related Electronic Written Submissions

[Submission to the BC Conversation on Health](#)

Submitted by the Victorian Order of Nurses Canada

[Report to the Conversation on Health](#)

Submitted by the BC Cancer Agency

[Proposed Final Submission to the Conversation on Health](#)

Submitted by the Advocates for Seniors Care - Vernon

Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: [Access](#); [Home Care and Support](#); [Health Care Models](#); [First Nations and Seniors](#).

Access to Care at the Community Level

Comments and Concerns

[Access for Marginalized Communities](#) [Accessibility of Community-Based Models](#)

- [Comments on access for marginalized or vulnerable communities:](#)
 - Urban Aboriginal people are in a different situation than someone who lives on an Aboriginal Reserve.
 - Looking at the Downtown East Side, which is the poorest postal code in Canada, the health needs there are startling. These people are largely ignored because

they live in a marginalized community, yet they know what they need to access health care. These residents live in single occupancy hotel rooms, shelters and under bridges so their needs are different than people who live in higher-income neighbourhoods.

- Vulnerable populations are at greater risk when community services are cut back.
- If we went to Alert Bay then we could learn something about how the Aboriginal and non-Aboriginal groups within that community work together.
- Some of the existing support systems, that place people back into their community after they have been in hospital, are very good and culturally sensitive.
- Access to basic health is limited by a lack of health professionals in small communities. This means that larger communities have better basic health care access than smaller communities.
- **Comments on the accessibility of community-based models of care:**
 - There can be negative consequences of changing from institutional care to community-based care when communities do not have the necessary resources.
 - There is now less community-level interaction, which has been partly created by walled communities.
 - There is no community support program in place for post-cancer treatment.
 - Both the public and health care providers lack knowledge in available services in communities.
 - Community-based services are easier to access.
 - Some community co-ops are in place and facilitate access.
 - Centralizing services instead of supporting outreach programs does not solve access problems. This is because centralization of services requires additional funding and resources to meet the increased demand for transportation.

Ideas and Suggestions

[Access for Marginalized Communities](#)

[Accessibility of Community-Based Models](#)

- Ideas about access for marginalized or vulnerable communities:
 - Remote communities or social service organisations within smaller communities should be able to hire a certified dental assistant to provide preventive services.
 - Providing basic services in the Downtown East Side would decrease ambulance fees and other health costs.
 - Communities have lost the feelings of ownership, empowerment and responsibility for the delivery of services. In Ontario this was resolved through the creation of District Health Councils, which engages seniors and community groups.
 - It is sometimes appropriate to send people from northern communities to the south and the Interior Health Authority bus is a great idea and the operators are excellent.
 - If you empower Aboriginal communities to take action, then they can figure out what they need to improve their health status.
 - Support sustainable interactive community and community outreach.
 - Community living and services should be available for people with disabilities such as Foetal Alcohol Syndrome.
- Ideas about accessibility and community-based models of care:
 - There has been talk, for ten years or more, about a community model of care being the easiest way to provide integrated community level care. People perceive that this type of care would be cost effective and provide quality care; however, it would need significant up-front funding in order to work properly.
 - There is a need for a community integration model or a community development model where community members give input into the services and programs developed.
 - In a community based primary healthcare network with community governance, members from the community should be involved with their needs assessment. Local community members would be the best ones to ascertain the different capacities and needs of their community.
 - Boosting the continuum of services available at the community level for seniors and aging has proven cost effective.

- Community health care should be local and accessible.
- We need to develop a community of practice in the form of a learning community that might be made up of a number of navigators, a number of occupational therapists or a number of clients who meet. This learning community would talk about what their experience was in their community, what they learned, what they struggled with and how they resolved their issues. This process could be carried out through teleconferences, web discussions and should be endorsed and funded by government.
- We need to do an asset assessment in order to define what a community has, what it has the potential to deliver and what people need to improve their access to health services.
- Provide follow-up with outreach clinics in the community.
- Bring health services to the outlying communities.
- Encourage young Aboriginal people to volunteer in their communities.

Funding of Care at the Community Level

Comments and Concerns

- Health Authorities are currently downloading costs to the community.
- Our community does not have the numbers to qualify for government funded programs and facilities.
- Community care groups do not have money for outreach.

Ideas and Suggestions

- Increase funding to community care. Put health care money into communities to help them set healthy goals and action plans to get to root issues. Provide funding to get communities talking proactively about responsibilities in health service delivery.
- Public and/or private funds are needed support community health programs.
- Ensure community health and community social service agencies are adequately resourced to deliver on-the-ground support services.
- Redirect funding from new technology to community support.

- The regional health authorities are supposed to be informed by community counselling, community participation, but the amount of consultation that actually happens varies significantly across health authorities and across regions or communities. You get some communities that are much more active and interested, and therefore are able to lobby for services. However, there is not a lot of money at the community level. There are lots of tools, and lots of resources out there, but there is nothing to mobilize the grassroots level.
- The health budget and community economic development budgets do not meet. Use the Union of British Columbia Municipalities as a body to coordinate and administer funding for communities.
- Focus on improving outcomes versus cutting costs - get better value from what we spend by assuring appropriate use and adherence. The right intervention for the right patient at the right time. Improve continuity of care - so when people leave the hospital they do not get lost to follow-up and appropriate guidelines to care are followed - includes transition from hospital to home, to chronic care facilities or to assisted living.
- To promote maximum choice and decision-making, encourage private investment in additional services, and ensure living costs are paid by the user. A system that distributes 'care credits' (or client vouchers) could evolve. Specifically, the client would direct their 'care credits' (i.e. designated/qualified funds) towards specified organizations ' depending on a wide variety of choices. For example, they could consider home support, adult day programs, or community living options.

Community Based Service Delivery

Comments and Concerns

- Communities are responsible for people with mental health issues and addictions.
- Community based support programs can be effective.
- Assertive community treatment such as in Ontario is effective for mental health issues.
- Community court takes a holistic approach to delivering justice and is a good innovation.
- We do not accurately look at evidence related to community health care.
- There is too much focus on acute care and too little focus on community-based care.

Ideas and Solutions

[Community Based Health Centres](#) [Partnerships and Linkages](#) [Capacity Building](#)

- Ideas about community health centres or clinics:
 - Develop community health centres or community clinics that are collaboratively run by service providers.
 - Community Health Centres should be accessible 24 hours a day, seven days a week.
 - Community Health Centres work to decrease the demands on emergency services (ambulances, emergency rooms etc.).
 - There is a need for more salaried, small clinics with a health team that is appropriate to the needs of the community.
 - Multidisciplinary integrated care services should be available that are based in the community. Focus on education and recruitment for staff for these programs.
 - Community Health Care Centres should be established and run by a local non-profit board made up of community members and health care professionals elected by the community in which they operate. The Centres should host a vast number of health related professionals including: physicians, nurses, physiotherapists, outreach workers, community support workers, pharmacists, counsellors and nutritionists. These professionals should be paid on a salary basis allowing for more time and care to be given to patients which will result in better care being delivered and thus will be cheaper to the system in the long run.
 - The Ministry of Health should standardize community health centre models and staffing.
 - Every community needs to have a primary health centre that would support prevention, diagnosis and treatment, staffed with nurse practitioners. These health centres should be housed with other services such as seniors housing.
 - There is a need for community-style facilities as an alternative to home care or institutional care.
 - Community clinics are needed across the province, not just in major centres.
 - The Mid-Main Community Clinic, the Reach Community Clinic, Tahsis Medical Clinic, and the Native Health Clinic all provide examples of effective community health centres with salaried doctors.

- Ideas about partnerships and linkages:
 - Use rural communities to test the healthy community strategy. The Province needs to partner with communities while supporting community driven strategies, act as the steward of all data and statistics and monitor performance.
 - Communities could form medical neighbourhoods that would work along the same principles as a Block Watch.
 - Links between paediatricians and community support workers are essential in detecting, managing and preventing chronic disease.
 - Students from leadership classes in schools should be used as a resource in communities. School systems can be integrated with community needs: high school kids volunteer to help disabled, to cut lawns, take out garbage. This is a win/win situation that develops compassion in youth and could help recruit them into the health care system.
 - Introduce care programs for chronic disease in home and community care. Develop systems for shared information between facilities and health care professionals and fund programs to meet these needs. Support innovation in acute care with appropriate services in the community. Continue to support individuals to care for family at home for end of life care. Expand funding for family members.
 - Link Health/Activity Programs related to chronic disease management with existing Community Centres.
 - Encourage greater ongoing constructive dialogue with all of the important stakeholders involved in the healthcare system, including patients.
 - Recognizing and incorporating innovation is the key to improving healthcare and to getting the best value for the dollars we spend. Recognizing and utilizing innovations and working with the stakeholders involved in the system will lead to greater cooperation and improve outcomes - the ultimate goal is to improve the health and well being of all British Columbians.
 - Innovations in Health Care Delivery and Health Services - recognize the role the private sector and citizens can play in helping deliver care. Coordinate and utilize the many participants in the health care continuum.
 - Use the resources the province has in the linked health care database (including PharmaNet) to improve utilization management and identify care gaps in managing the health of people in BC.

- Ideas about capacity building:
 - We have to focus on building the capacity in the community so that the community again starts to look after itself.
 - Communities need to have the capacity to support seniors. There is a need for local community services.
 - Communities must become involved in health service delivery, as it is not just the responsibility of Government.
 - People who chose to return to smaller communities need to be supported through access to housing, employment, consistent medical services and education.
 - More support is needed for community care facilitators to find solutions to community health issues, decreasing the amount of control held by government and health authorities.
 - There is a need to tap into resources available to help non-profit organizations.
 - Recognize positive community models and replicate/support them.
 - Promote whole community senior care and encourage school kids to interact with seniors.
 - Provide communities with information that describes where they stand in relation to provincial statistics related to health status to draw attention to issues and provide the impetus for focused health promotion or prevention programs.
 - Expand community services to allow for earlier discharge from hospitals.
 - Continue to support innovations through support for research in the life sciences. This includes basic research in mechanisms of disease pathogenesis and targets for prevention and treatment, development of new therapeutic modalities, new vaccines, new models for prevention, clinical trials and health outcomes and health economic research. We have great universities, top notch medical schools and schools of pharmacy. Look at the healthcare system as whole, not in individual silos within health care. Look at the impact on the economy as well.