***EmbedSDH***

***Meeting of Wave I Communities***

*May 30, 2019, 7:30-8:30 a.m.*

 *Minutes*

**Participants:** Fiona Duncan, Georgia Bekiou, Janet Brydon, Olive Goodwin, Denise Ralph, Tracy St. Claire, Andrew Earnshaw, Mandeep Dhillon, Lee MacKay, Jen Ellis (guest), Diana Daghofer, Terry Brock.

**Chair:** Dr. Lee MacKay

1. New Member Introduction
* Olive noted that the meeting time conflicts with a standing meeting they have at 8:00 a.m. on Thursdays.
1. Terms of Reference (ToR)
* Members felt the ToR were complete and concise. No changes were suggested; however, any future suggestions can be sent to Terry for consideration.
1. Current Progress/Initiatives Roundtable:

**Andrew** (Kootenay-Boundary) – An expression of interest (EoI) has been sent to physician clinics, closing in mid-June. There have been some learnings by the group regarding the different classes of Social Workers which also leads into questions about appropriate qualifications (MSW vs BSW) they might have an early hire in Mid-June for a SW to provide leadership in hiring.

**Lee** – Carrying out a *Shared Care* project, to integrate SDH standardized screening and ACEs. Now having ACES done routinely in Primary Care screening clinics by maternity staff. Recently they did a training session on trauma-informed care. They will repeat this in the regional hospital in fall. They are working on getting ACES embedded in EMR’s at least for coding. **Action Item:** Lee will send tool book/work-kit to group.

**Olive** (Prince George) - They had an Innovation Fund focused on SDH last year. Mostly focused on ACES and the Poverty Intervention Tool, trying to give practitioners things that are manageable to do in practice. Have been showing the [Resilience](https://kpjrfilms.co/resilience/) video, to doctors during a Mental Health and Substance Use training session. Prince George is trying to get new indicators within the Health Data Coalition (HDC). There have been no new indicators for some time. Lee echoed this need, and is trying to get the (billing code) included in EMR. **Action Item:** Terry to clarify which code Lee referred to

**Tracy** (SOS)– They are starting to find traction within PCN in Penticton and Summerland, and have four communities to go. SOS is involved in Innovation Hubs, looking at merging a huge number of data bases. This seems to be a good opportunity to embed SDH tools and practices. They are also looking at the skill levels of Social Workers, to see how best to incorporate. They plan to resubmit this request. Note: Places to look for behavioural health support appear to be within MHSU and Aboriginal health.

**Angela** (Richmond) – They have not used the language of “SDH”, but have a substantial number of new allied health professionals, focused on poverty and social work. They have a growing partnership with community agencies, particularly on how to support child health and economic hazards. (Will update the group next time on this issue.) Collective interest goes well beyond their Division, to a growing partnership table.

**Fiona** (Vancouver) –The challenge in Vancouver, with 6 PCNs within city, is how to integrate resources/projects in a way that will be scalable, so all patients in Vancouver have access to the services. As they continue to negotiate with the Ministry and HA, they are grappling with how to shift from the concept of SDH work to the budgetary reality. They have opportunities around MHSU and the CYMH initiative, and they see their biggest opportunity around the FNA health network, and want to learn how to engage this strong network into the CoP.

**Janet** (Comox*)*– They are still in the early stages of the conversation, but have embedded SWs into their Service Plan ask. They have 10 physicians with open practices, so attachment isn’t a primary need. They have had a strong community push around ACES though their Early Years collaborative and have training teams that include family physicians. There is a real appetite in the community and need to determine how to embed the SDH work further into the community. [Resilience](https://kpjrfilms.co/resilience/) has been shown in the community, and they would like to show it to physicians. (They have purchased the movie.). They are looking for ideas on how to go about building SDH into practice.

1. Focus Presentation: Lessons learned from the Boundary Proof of Concept – Jennifer Ellis

Jennifer’s presented a brief overview of the Proof of Concept goals and results (slides attached). She noted the big difference nurses and SW have made. Anecdotally, it seems to have had a bigger impact on low SES patients, but they have not done a detailed analysis of the results by SES and age. Questions were raised about utilization of SW, their role, past and future models of hiring SW and how to provide clinical support in the PCN system. Although KB utilized a collaborative approach to hiring their SW, provincially, the Health Authorities will be operationally responsible for hiring the PCN staff. There is hope that other hiring models will be considered. The concepts of Learning Labs were articulated as a way to provide team supports. The concept of [Skunkworks”](https://en.wikipedia.org/wiki/Skunkworks_project) were discussed– nodes of innovation that are shielded from other structures, so they can make innovative and rapid changes in their work. The aim is to create this, within the HA hire system.

1. Wrap-up/Future Agenda;

Suggestions for the next agenda:

* How can emerging governance structures embed PCNs into existing Divisions?
* How can various staff can be integrated (e.g. community workers, mental health clinician) within HA union rules?

**Team issues to be addressed:**

* Date and length of next meeting (60 or 90 minutes) – Terry to send out Doodle poll
* How to integrate First Nations representatives – has been raised several times
* Archiving meeting minutes and resources on EmbedSDH.ca – Password-protected page needed? Who can program this?
* Chair for next meeting
* Focus discussion for next meeting