***Embedding the Social Determinants of Health in Practice***

***Meeting of Wave I Communities***

*Minutes*

**Participants:** Embed team (Terry, Diana), Andrew Earnshaw and Lee MacKay (Kootenay Boundary) , Bonnie Bagdan and Janet Bryden, (Comox Valley] ; Fiona Duncan (Vancouver); Megan Hunter (Prince George); Liaisons Team Angela Thachuck, Marina McBride, Paula Carr

1. Meeting purpose:

* To introduce and implement a Community of Practice (CoP) framework, allowing space for dialogue between participants and setting the stage for future work.

2. Community of Practice plan and review of proposed plan to support Wave I communities -

* Andrew discussed the history around developing a CoP and integrating the Social Determinants of Health (SDH) in Primary Care Planning. SDH have been identified as significant factors impacting health in all communities. Managing aspects of the SDH within a busy physician practice can be challenging, so resources were provided to hire a consultant (Diana) to build a website that could provide concrete assistance in addressing the SDH in practice.

3. Current status and next steps -

* Terry reviewed the service plans of all Wave 1 and 1b communities and noted very similar themes in all the proposals. All were very thorough and addressed the SDH, often related to how these factors affect attachment. The common populations and themes identified were Aboriginal Health, moderate to mild mental health services, seniors and the frail, disease and complex care, maternity and youth supports.
* To address these issues, several participants pointed to the inclusion of Allied Health staff to help address barriers to care for the above-mentioned populations.
* Some communities indicated that they might not have an attachment gap per se, but *access* to physicians and things that impede people to follow through were concerning. Lack of effective transportation options and poverty were some highlighted common issues.
* Partnerships with FNHA and First Nations Bands were viewed as critical in this work but we want to be judicious on the demands we ask of the Aboriginal communities given the strains on their resources.

4. What participants want out of the Community of Practice (CoP)? “What does success look like for you?”

Diana reviewed her work creating Embedsdh.ca website and the benefits of a CoP. The website is close to completion.

The following questions were asked of the group*:*

 *What format works best for everyone and what is needed to make this CoP successful?*

* The group discussed having another platform for the meetings (GoTo Meeting as opposed to GoTo Webinar) for future meetings.
* One-to-one meetings/calls to divisions unable to attend the call were recommended to gather information on what they feel is needed.
* There was unanimous agreement that success would be achieved when physicians are supported in addressing the SDH in their practices.

5. Divisions Dialogue

Where are you in the process? Action:

* Using tools to assist in highlighting SDH (poverty screening and Adverse Childhood Experiences [ACEs]). Specifically, Lee referred to the Shared Care Project where educational rounds were carried out with a psychiatrist on how to implement universal ACEs screening
* Engaging physicians and helping them think differently about SDH.
* Support in integrating Allied Health into this work.

What are your next steps in pursuing health equity?

* Megan indicated that a big part of their PCN work focuses on provider renewal and resilience and patient centred care.

Has your relationship with HA changed your planning regarding SDOH and what are the opportunities for progress?

* Engaging Allied Health in this work has been an important issue for some divisions.
* Recruitment and retention of AH professionals is problematic, especially in remote areas.
* The FTE allocation for AH was considered inadequate for some, but fine for others.
* Themes to discuss in subsequent meetings: (with additional guests, as appropriate)
* **Relationship with HA** (including their involvement in PMH Committees) and partners around embedding SDH (This topic could be a standing item on the agenda). *See attached table*: EmbedSDH Resources to Support Planning Guide.
* **First Nations and indigenous provider engagement**
* **Patient attachment** and longitudinal relationships - How do the SDH impact these?
* **Transportation** (particularly rural areas)
* **Physician engagement and support**
* **Allied health professionals:** Building capacity (recruitment, retention).

6. Wrap-up/next steps

* Minutes and a recording of the webinar will be shared with the Wave 1 and 1b communities. (Terry and Jennifer). *Note:* Equiphealthcare.ca materials are linked to point 8 in the attached table.
* Andrew to reach out to Divisions who did not attend to inform them of the group and invite them into future planning.
* Terry and Diana to draft Terms of Reference for the CoP, for members to critique.
* Andrew to complete a 1-page communication on how to incorporate SDH into Wave 2 service planning.
* Meeting format: To improve access and navigation, GoToMeeting will be used for the next meeting.

(Terry and Jennifer)

* Meetings will run monthly for 6 months, then evaluate whether to continue and at which frequency.

**The next meeting will take place on Thursday, May 30 at 7:30-8:30 PDT.**