INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	January 11, 2016
SUBJECT/REPORT NO:	Community Health Worker Model in Chronic Disease and Cancer Prevention BOH16001 (City Wide)
WARD(S) AFFECTED:	City Wide
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Council Direction:

In 2014, Council endorsed two Motions (attached as Appendix A) to address community health needs; Specifically, cancer and chronic disease prevention within priority populations; directing:

- That Public Health Services (PHS) develop a business case for the implementation of an expanded Community Health Educator/Navigator (CHEN) approach within the City of Hamilton (attached as Appendix B);
- Engagement of urban Aboriginal leaders; and
- That the Mayor request funding on behalf of the Board of Health and Council, from the Minister of Health, the Minister of Health and Long Term Care, and the Hamilton Niagara Haldimand Brant Local Health Integration Network to support the CHEN approach (attached as Appendix C).

Information:

The number of Hamilton residents living with chronic diseases such as cancer continues to increase. Early detection through cancer screening tests is one way to combat the increasing rates of cancer; yet, cancer screening participation is lower in many priority communities in Hamilton. This often results in diagnosis at later stages and therefore poorer prospects for survival[1]. The priority populations in Hamilton include lower socio-economic neighbourhoods, immigrants and Aboriginal people. A more comprehensive list of priority populations is provided in Table A below.

Table A

Priority Populations[2]			
Aboriginal Peoples	Rural/Remote/ Inner-Urban	Religious/Faith Communities	Linguistic Communities
Ethno-Racial	Age-related Groups	Sex/Gender	Sexual Orientation
Disability	Francophone	Homeless	Low Income

Priority populations may not understand messages developed for the general population due to barriers such as language and literacy; they may also experience more difficulty navigating the health care system. Providing messages, programs or services equally is not the same as providing them equitably. Equity means that all people, including those from priority populations, get exactly what they need despite the barriers they face (such as language, literacy). In PHS, for example, staff may make cancer screening brochures available to everyone. An equitable approach, however, would be to ensure the information is provided in a manner those in need can actually understand and use.

Equitable solutions to these barriers require creative and less generic, or one-size-fits-all, solutions. A list of examples of barriers and ideas for equitable solutions are provided in Appendix D.

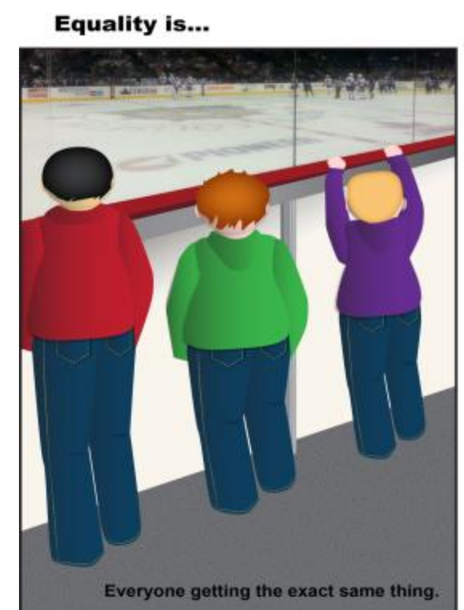

Image courtesy of Laura Cattari, Chair, Social Policy Reform Work Group for the Hamilton Roundtable for Poverty Reduction

In May 2014, Council accepted Information Report BOH14008: Cancer Prevention Strategies, which described a Community Health Worker (CHW) model, used by PHS, as being effective in improving chronic disease prevention and cancer screening rates in Hamilton's priority populations. At the time of the Board of Health (BOH) report, the term Community Health Educator/Navigator (CHEN) was used to describe this model. The CHEN term appeared to cause confusion as there were already a number of "navigators" working in the community and within PHS. Therefore, the CHW title was adopted by Hamilton PHS, as it is the globally accepted title embraced by the Community Health Network of Canada. Regardless of the title, in Hamilton PHS, this model involves Public Health Nurses (PHNs) mentoring and coaching the CHWs. The CHW approach has been effective world-wide in promoting health services to vulnerable populations.

The methods used by CHWs to reach priority populations have included "Chinese tea parties", walking groups, tailored health sessions, healthy food demonstrations and Healthy Opportunity Bags delivered door to door. The success of these methods lies primarily in the fact that PHS CHWs are from the same cultural group or from the same neighbourhood as the residents they work with. This common ground helps to foster trust and mutual understanding. Working with PHNs, the CHWs form a bridge to inform, connect and support people in meeting their health needs.

Providing Equitable Services Requires Investment

PHS has had funding for 1.2 FTE CHWs since 2006; however, this is no longer adequate to meet the growing numbers of newcomers, which is likely to further increase with the upcoming Ontario Syrian refugee response. In late 2015, early 2016, Ontario anticipates welcoming 10,000 Syrian refugees.[3] The CHW will be able to support the locally arriving refugees in communicating with health care and service providers, both in terms of language and of health literacy. Long-term, the CHW can support the settled refugees with information on healthy eating, physical activity, tobacco cessation and cancer screening.

In addition to the growing demand for services, the Public Health Agency of Canada's funding for the Creating Access to Screening and Training in the Living Environment (CASTLE) CHW initiative, another priority population outreach program, ended in 2014. The short term funding extension for this initiative from the Hamilton Community Foundation will end in March 2016. Consequently, there is a gap in funding, resources and sustainability for this approach.

PHS is responding to the two separate Motions directing staff to develop a business case on the CHW approach; request enhanced funding from the Ministry of Health, Ministry of Health and Long Term Care (MOHLTC) and the LHIN; and, explore further collaboration and partnerships to address health issues of Aboriginal people.

Progress on Approved Motions:

Business Case

The Business Case (attached as Appendix B), as per Council Direction (August 14th, 2014) was completed in November 2014 and updated December 2015. It validates the CHW approach as cost effective in working with vulnerable populations including the Aboriginal community, with an average return of investment of $3.74 for every $1 invested.[4-12]

The Cost of One 0.6 FTE Community Health Worker's Annual Salary vs. the Health Care Costs in First Year After Diagnosis of Colorectal, Lung, Breast, Cervix, Skin Cancers for One Person[12]

Annual salary of one 0.6 FTE PHS Community Health Worker	Health care costs averted for 1 person whose colon cancer was prevented	Health care costs averted for 1 person whose lung cancer was prevented	Health care costs averted for 1 person whose breast cancer was prevented	Health care costs averted for 1 person whose cervical cancer was prevented	Health care costs averted for 1 person whose skin cancer was prevented
$31,364	$35-$39,000	$30-$35,000	$25-$29,000	$18,080	$9,970
TOTAL SPENT	TOTAL SAVED				
$31,364 for 0.6 FTE CHW	$118,050-$131,050 in first year health care costs saved by preventing 1 case of each type of cancer				

Funding Update

As per Council Direction of August 15, 2014 and September 18, 2014, requests for funding the expansion of the CHW approach to health care, including care for the Aboriginal community, were sent to the Ministry of Health, the MOHLTC and the LHIN (attached as Appendix C). The attached Appendix E summarizes the financial investments to date, communications sent, and responses received.

No additional funding has been secured from the Ministry of Health, the MOHLTC or the LHIN. However, as mentioned, the Hamilton Community Foundation provided temporary funding for a 1.0 FTE until March 2016, for the CASTLE CHW in the Sherman and Crown Point neighbourhoods.

Correspondence received from the LHIN in response to funding requests is attached as Appendix F. Although the LHIN was not able to provide the requested funding for the PHS CHW model, they provided a detailed description of how they were investing in the CHW type role. In their response, the LHIN cited three existing Aboriginal Patient Navigators (APNs) working in Hamilton, Brant and Niagara, as well as an additional two Aboriginal Child and Youth Navigator positions funded by the LHIN just prior to their response to the

Hamilton PHS request. This LHIN funding for the APNs confirmed the LHIN's belief in the value of the CHW type of role in our community.

A 2015 budget enhancement request for an additional 2.8 FTE CHWs submitted through the City budget process was not approved. At that time, PHS staff were directed to report back to the Board of Health on this health promotion approach.

<u>Collaboration with Aboriginal Leaders</u>

PHS staff engaged with local urban Aboriginal leaders to explore opportunities to address relevant health issues through culturally sensitive solutions, as per Council Direction (September 18th, 2014). The following are some examples of PHS collaboration with Aboriginal partners:

- PHS has had an extensive partnership with the Aboriginal community through its work with De dwa dah dehs nye>s Aboriginal Health Centre (DAHC). PHS and DAHC have worked together on a number of initiatives such as the Breast Health Train-the-Trainer project whereby members of the Aboriginal community were trained to promote mammography, and CASTLE Project, which also included promotion of screening for colorectal and cervical cancers, as well as mammography, in the Aboriginal community.
- PHS has continued to engage DAHC and other Aboriginal partners to address cancer screening and chronic disease prevention issues. Specifically, PHS has been instrumental in supporting the Canadian Cancer Society (CCS) Screening Saves Lives (SSL) initiative to promote integrated screening for the urban Aboriginal population living in the city core. Subsequently, PHS is an active member on the CCS SSL Steering Committee, which engages many other Aboriginal partners.
- In addition, DAHC recently engaged PHS to further collaborate on future initiatives. PHS is providing a letter of support, for their capital campaign, which proposes PHS and DAHC work together on various chronic disease, as well as sexual health and harm reduction, dental and mental health and outreach prevention projects. Subsequent meetings are being held in January, 2016 to further explore collaboration opportunities.
- As outlined in the LHIN correspondence (Appendix F), the two Aboriginal Patient Navigators (APNs) newly funded by the LHIN provide services to children and youth regarding accessing specialized mental health and addictions services in Hamilton, Niagara, Brant and Six Nations of the Grand River. In addition, the three existing APNs who work in Hamilton, Brantford and Niagara, provide health care system navigation and culturally appropriate health care services. Hamilton has only one APN working to assist patients in navigating the health system after hospitalization or incarceration. There is also one APN working with patients from the Juravinski Cancer Centre; Hamilton PHS works with this APN on the Steering Committee of the Aboriginal Screening Saves Lives Program.

<u>Providing Equitable Services Requires Partnerships and Collaboration</u>

PHS staff explored ways to collaborate more effectively with health care partners for a number of years. As no new funding has been secured, we have increased our efforts to explore newer innovative approaches in two key areas: health system integration and links with community initiatives.

Health System Integration

Through our existing networks, and through our new co-location with McMaster Family Practice, we are exploring further ways of working with health service providers and community partners to reduce barriers for priority populations and deliver more integrated community health services such as:

- Working with the McMaster Family Health Team (FHT) to look at service gaps and discuss collaboration ideas. To date, three meetings and numerous informal discussions between the Chronic Disease Prevention team and McMaster FHT have been held to better understand each other's services, identify service gaps and discuss potential collaboration ideas. Topics of the discussions have included potential support for McMaster initiatives such as Health Tapestry and Community Health Assessment Program (CHAP), and the system navigator role.
- Expansion of Hamilton Public Health Services' Quit Smoking Clinic a half day per week within the David Braley Health Sciences Centre.
- Trained Maternity Centre staff to systemize best practices in tobacco cessation for priority populations (pregnant clients).
- Working with the McMaster FHT and Maternity Centre to support implementation of a provincial tobacco cessation program (STOP for Family Health Teams) for all rostered patients.
- In May 2015, the downtown Sexual Health Clinic was moved to the new David Braley Health Science Centre. Since the move, the clinic has seen a significant increase in attendance.

Links with Community Initiatives

PHS will continue to work with community initiatives such as:

- Using the PHS CHW model to bring increasing numbers of clients for screening to the Hamilton Regional Cancer Centre's Screen for Life Mobile Cancer Screening Coach.
- Providing support to the Neighbourhood Action Strategy, with PHN's working with neighbourhood hubs such as Sherman and Crown Point, to build community capacity.
- Exploring train-the-trainer initiatives whereby the knowledge and experience of the PHS CHWs can be shared to train volunteers or staff working in a similar model within other organizations.
- Contributing to the development of other projects that utilize CHW's, for example the New Horizons grant for isolated seniors and Hamilton's Plan for An Age Friendly City.

Providing Equitable Services Requires a Plan for the Future

The CHW model enables PHS to reach people experiencing barriers to services. The model can be used for many different health issues other than chronic disease prevention and cancer screening. It is effective, saving our health care system money[11] and moreover, it potentially prevents the heartache that comes with a diagnosis of cancer or another debilitating chronic disease, for ourselves, our family members, friends and co-workers.

Continuing to build stronger partnerships with primary care, our Regional Cancer Centre and not for profit agencies, will further our goal of decreasing chronic disease rates in our community. Investment in this model will help us reach our ultimate goal of a healthy community.

Appendices / Scheduled Attached

Appendix A to Report BOH16001	Motions: Board of Health dates August 14, 2014 and September 18, 2014
Appendix B to Report BOH16001	Business Case re Community Health Worker (CHW) Role
Appendix C to Report BOH16001	Mayor's Requests for Funding on Behalf of Public Health Services (PHS)
Appendix D to Report BOH16001	Equitable Solutions Examples
Appendix E to Report BOH16001	Final Investments & Funding Requests Summary
Appendix F to Report BOH16001	LHIN Response to Funding Requests

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CITY OF HAMILTON

MOTION

Board of Health Date: August 14, 2014

MOVED BY COUNCILLOR B. MCHATTIE...

SECONDED BY COUNCILLOR..

A Request for Ongoing Funding for the Expanded Community Health Educator/Navigator Approach to Health Care

WHEREAS, two in five Canadians will develop cancer in their lifetime and one in four will die of the disease;

AND WHEREAS, Public Health Services (PHS) is mandated to address lung, breast, cervix, colorectal and skin cancers through promotion of healthy eating, physical activity, and tobacco free living, protection again ultraviolet radiation exposure and other protective behaviours;

AND WHEREAS, having regular cancer screening tests for breast, cervix and colorectal cancer saves lives;

AND WHEREAS, some populations in the City of Hamilton (COH) face barriers to accessing cancer screening, including language, disability, low income, resulting in later stage diagnosis, limited treatment options and poor prognosis;

AND WHEREAS, the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) has identified assistance with health system navigation as a priority, especially for people facing such barriers;

AND WHEREAS, the HNHB LHIN has shown its commitment to collaborate with the COH by funding a Community of Practice for Navigation in 2014;

AND WHEREAS, PHS has developed a successful Community Health Educator/Navigator (CHEN) approach to help address barriers and empower people to obtain health services such as cancer screening tests;

THEREFORE BE IT RESOLVED:

(a) That staff from Public Health Services be directed to develop a business case to present the benefits, operational logistics, financial implications, staffing requirements, and return on investment of implementing an expanded Community Health Educator/Navigator approach within the City of Hamilton; and,

(b) That the Mayor, on behalf of the Board of Health and Council, request ongoing funding for the expanded Community Health Educator/Navigator approach from the Honourable Rona Ambrose, Minister of Health, the Minister of Health and Long Term Care and the Hamilton Niagara Haldimand Brant Local Health Integration Network.

CITY OF HAMILTON

MOTION

Board of Health Date: September 18, 2014

MOVED BY COUNCILLOR B. MCHATTIE..

SECONDED BY COUNCILLOR..

Response to Aboriginal Health Issues in the City of Hamilton

WHEREAS, Aboriginal people living in Hamilton experience higher rates of poverty and disproportionate rates of chronic disease and associated risk factors than the general population. Poverty rates are associated with the challenges linked to the determinates of health including access to health care, housing and food security (Social Planning and Research Council (SPRC), Our Health Counts, 2011); and

WHEREAS, Public Health Services (PHS) is mandated to reduce the burden of preventable chronic diseases; and

WHEREAS, PHS has worked with our Aboriginal communities regarding cancer prevention and screening since 2007; and

WHEREAS, PHS has recently had a successful partnership with over ten Aboriginal service providers/agencies to engage Aboriginal communities, promote cancer screening, and help mentor the CASTLE Project Community Health Educator/Navigator (CHEN) to address low cancer screening rates from April 2013- April 2014; and

WHEREAS, PHS Chronic Disease Prevention Program staff are planning to re-convene with the CASTLE Aboriginal Partners in the fall of 2014 to plan how to continue to address health disparities regarding cancer rates and health access; and

WHEREAS, the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) is mandated to work with Aboriginal communities for improved health and wellness:

> *"Local Health Integration Networks are mandated to work with Aboriginal communities for improved health and wellness. The HNHB LHIN has a responsibility to learn about and respect Aboriginal communities' approach to health and wellness and how this approach guides the identification of health needs and solutions"*
>
> *http://www.hnhblhin.on.ca/Page.aspx?id=6712&ekmensel=e2f22c9a_72_336_6712_6*

Therefore be it resolved:

(a) That staff from PHS engage with urban Aboriginal leaders to explore opportunities to address relevant health issues through culturally sensitive solutions; and

(b) That the Mayor, on behalf of the Board of Health and Council, request support from the LHIN to continue/renew funding for an Aboriginal Community Health Educator/Navigator focused on Chronic Disease Prevention.

<u>BUSINESS CASE:</u>

Expansion of the Community Health Worker Role within the City of Hamilton Public Health Services

November 5th, 2014
(*Revised December 7, 2015*)

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1. Executive Summary

Expansion of the Community Health Worker (CHW) model would improve health outcomes for priority populations in Hamilton.

Many residents in Hamilton experience difficulties in obtaining health information or obtaining health services such as cancer screening tests and as a result experience greater suffering from diseases and even earlier death (Buist, Code Red - Cancer: The Enemy Within, 2013; Mayo, Klassen, & Bahkt, 2012).

The CHW is a proven approach where a community resident acts as a bridge to connect individuals to services they would otherwise likely not access on their own. The CHW model aligns with the city of Hamilton's strategic plan by:

- Contributing to "Prosperous and Heathy Communities"
- Providing "Valued and Sustainable Services"
- Supporting the Neighbourhood Action Strategy

Two initiatives within the Healthy Living Division of Public Health Services have had successful outcomes with the CHW approach: The Women's Health Educator (WHE) Program and Creating Access to Screening and Training in the Living Environment (CASTLE) Project. Both initiatives have increased cancer screening and access to health care services within priority populations in Hamilton.

From 2010-2015, City of Hamilton's permanent CHW staffing of 1.2 FTE has provided direct service/education to 8643 individuals mainly from the Chinese and South Asian communities. Population trending statistics show that in addition to the Chinese, South Asian and Black populations, the Arab/West Asian (also known as Middle East) group are the fastest growing and are expected to triple in size by 2031 (Mayo, 2011). As Hamilton is expecting an influx of refugees from Syria in late 2015/early 2016, the limited CHW FTE highlights an important gap in supply vs demand (i.e. CHW FTE vs community need/demand).

Research has shown that using the CHW approach is cost effective, with a return on investment ranging from $2.39 to $6.69 for every $1 invested. A sustainable solution must be found in order to ensure that services are maintained for the most vulnerable populations. Five options for staffing are presented in this business case, with Option 1 being recommended. Table A illustrates the FTE increase requested for each option, the related annual salary increase, return on investment (ROI) increase, and the first year post cancer diagnosis health care cost savings which each option could result in.

Table A

Option	**FTE Increase**	**Annual Salary Increase**	**Additional ROI above current staffing level**	**Investment compared to first year post diagnosis health care cost savings**
1	2.8	$143,032	$341,846-$956.884	Equivalent to 7 cervical cancers
2	2.0	$101,880	$243,493-$681,577	Equivalent to 2 colon cancers
3	1.2	$62,728	$149,919-$419,650	Equivalent to 2 breast cancers
4	0.8	$ 40,752	$97,397 - 272,630	Equivalent to 1 colon cancer
5 (Status Quo)	0	0	0	0 additional cost savings as no increase in FTE

The CHW model reaches Hamilton's priority populations with life-saving health information, increases community access to health services and, impacts the long term health status of those who face significant barriers to health.

The Problem Statement

Many Hamilton residents experience difficulties in accessing health information and services, and as a result experience greater suffering from chronic diseases and even earlier death (Buist, Code Red - Cancer: The Enemy Within, 2013; Mayo, Klassen, & Bahkt, 2012). Cancer is one such disease and a leading cause of death in Canada (Buist, Code Red - Cancer: The Enemy Within, 2013). Within our City, some populations access cancer screening and treatment less than others. As a result, cancer prevalence is higher and outcomes are poorer in these populations (Buist, Code Red - Cancer: The Enemy Within, 2013). Cancer screening tests can save lives yet screening rates are nearly three times lower in the poorest neighbourhoods as compared to the wealthiest neighbourhoods in Hamilton. A cancer diagnosis has an even greater impact on these groups who are already disadvantaged and may have fewer resources available to help them cope.

These residents are known as priority populations and most often represent immigrants, Aboriginal peoples, those with language or literacy issues, people with disabilities, and older people. The common denominator is those living with low incomes.

Hamilton Public Health Services has developed a successful approach to help our community address health disparities and empower people to obtain health services such as cancer screening tests. This approach utilizes people representative of the priority population who are trained and mentored by Public Health Nurses and are known as Community Health Workers (CHWs). However, Public Health Services employs only two part-time CHWs; another CHW is funded externally until the spring of 2016.

There is a tremendous need and an effective solution (CHW Model) but there is a significant problem.

- The present funding for the 1.2 FTE CHWs in WHE Program is not sufficient to adequately serve the needs of our growing immigrant communities. Without enhancing the current FTEs for these 2 CHWs to 1.6 FTE, we will not be able to offer services in the same capacity for the continued increase in South Asian and Chinese populations in Hamilton (Statistics Canada, 2011).
- The current CHW working in the CASTLE project is funded through a Hamilton Community Foundation grant. This funding ends in March 2016. Without sustained funding of a 0.8 FTE to continue serving the Crown Point and Sherman neighbourhoods, the community trust, engagement and partnerships will be lost.
- Although one Aboriginal Patient Navigator is funded by the LHIN in Hamilton, our Aboriginal partners support the Aboriginal CHW proposed by HPHS. It is well documented that Aboriginal people living in Hamilton experience higher rates of poverty and disproportionate rates of chronic disease and associated risk factors than the general population (Smylie, 2011). Hiring an Aboriginal CHW would allow us to partner more effectively in prevention of chronic diseases of crucial concern for urban Aboriginals.
- Hiring a CHW for another priority population will help address our community's growing aging/disabled or other ethnic demographic health needs. For instance,

an Arabic CHW would be very beneficial given that Arabs are among the top visible minorities in Hamilton (ranked 6th) and an imminent priority in relation to the Syrian Refugee newcomers to Hamilton (Statistics Canada, 2013).

In summary, without financial enhancements, there are insufficient funds for the effective CHW model to address the full and emerging needs of our community. Without sustainable funding, the opportunity to change the trajectory of the growing chronic disease rates in these priority populations will be negatively impacted.

2. Analysis of Situation

The concept of a CHW has been implemented worldwide where disparities and barriers exist related to health education and access to services. CHWs act as connectors to: help individuals navigate services; provide information in relevant/tailored language; and address barriers for the individual to increase the likelihood of receiving needed services (Lehman, 2007; Brownstein, 2010; American Public Health Association, 2009). A CHW comes from the community they serve to provide health information in ways that are meaningful and encourage people to take steps to improve their health. The CHW helps people work through their fears and relevant personal barriers to seek health services in a positive approach building on the resiliency of people.

The City of Hamilton CHW model supports the Ontario Public Health Standards for Chronic Disease Prevention, and has the potential to be applied to the standards for Infectious Diseases Prevention and Control and Vaccine Preventable Diseases. CHWs support the City of Hamilton Strategic Plan 2012-2015 Priority 1.5 and Priority 2.1 as well as Hamilton's Neighbourhood Action Strategy.

In Hamilton Public Health Services, the Healthy Living Division has two programs which are successfully utilizing the CHW approach: The Women's Health Educator (WHE) Program and the Creating Access to Screening and Training in the Living Environment (CASTLE) Project.

From 2010-2015, City of Hamilton's permanent CHW staffing of 1.2 FTE has provided direct service/education to 8643 individuals mainly from the Chinese and South Asian communities. Population trending statistics show that in addition to the Chinese, South Asian and Black populations, the Arab/West Asian (also known as Middle East) group are the fastest growing and are expected to triple in size by 2031 (Mayo, 2011). As Hamilton is expecting an influx of refugees from Syria in late 2015/early 2016, the limited CHW FTE highlights an important gap in supply vs demand (i.e. CHW FTE vs community need/demand).

The City of Hamilton, CHW model has demonstrated that a peer who is trusted can have a positive impact on the health of immigrants and other under-served communities. These communities would not have been reached by traditional universal population-based health strategies.

3. Cost Benefit Analysis

By the very nature of CHW approach with communities, interventions and resulting improved health outcomes, researchers suggest that CHWs are cost effective (Dower, 2006; Centre for Public Policy and Administration University of Utah, 2012). In existing research, potential cost effective CHW interventions/outcomes include:

- increasing access for early detection of cancer,
- improving access and appropriate health care utilization,
- promoting healthy behaviours,
- managing diseases (asthma, diabetes),
- reducing ER visits/hospitalizations,

(Balcazar, 2011; Centre for Public Policy and Administration University of Utah, 2012;Dower, 2006; Institute for Clinical and Economic Review, 2013).

For the purposes of this business case, cost-benefit will be discussed in terms of *Return on Investment* (ROI) for the CHW model and the *Cost Burden of Cancer* diagnosis. These calculations are inferred from relevant research.

Return on Investment [ROI = (health care savings / cost of intervention) X 100]

- ROI research has shown that CHWs are cost effective for chronic disease prevention interventions with ROI ranging from $2.39 to $6.69 (Appendix A).
- The ROI for CHWs aligns with research by the Ontario Chronic Disease Prevention Alliance that for every $1.00 spent on effective community based disease prevention and health promotion programs; the ROI is $5.00 (OCDPA, 2012).
- A Public Health Agency of Canada review of economic evaluations for preventative health interventions found that public health interventions that are found to be effective in health outcomes are most often also cost-effective (PHAC, 2010).

Cost Burden of Cancer (for treatment)

- colon cancer = $35,000 - $39,000 per person
- lung cancer = $30,000 - $35,000 per person
- breast cancer = $25,000 - $29,000 per person
- cervix cancer = $16,243 - $19,916 per person
- skin cancer = $9,970 per person

The cost burden of cancer calculations are from Hamilton Niagara Haldimand Brant Local Health Integration System data. Calculations are only for treatment after first year of a diagnosis and do not consider out of pocket expenses (de Oliveira, 2013).

4. Options

Summary of Options

	FTE adjustment	Cost/Year for FTE adjustment	ROI First Year ($)	ROI ↑ First Year (in terms of treatment)	Priority Communities addressed
Option 1 **Recommended Option**	↑2.8	↑$143,032	$341,846 - $956,884	7 cervix cancers, or 3 colon cancers, or 5 breast cancers	South Asian & Chinese Low-income Aboriginal 1 additional priority group (eg. Arab/ West Asian)
Option 2	↑2.0	↑$101,880	$243,493 - $681,577	5 cervix cancers, or 2 colon cancers, or 3 breast cancers	South Asian & Chinese Low-income Aboriginal
Option 3	↑1.2	↑$62,728	$149,919 - $419,650	3 cervix cancers, or 1 colon cancer, or 2 breast cancers	South Asian & Chinese Low-income
Option 4	↑0.8	↑$40,752	$97,397 - $272,630	2 cervix cancers, or 1 colon cancer	1 additional priority group (eg. Arab/ West Asian)
Option 5 **Current Status**	**No increase** 1.2 current staffing level	**No increase** $62,728 current budget	**No increase** $149,919 - $419,650 current first year ROI	**No increase Current ROI** 3 cervix cancers, or 1 colon cancer, or 2 breast cancers	South Asian & Chinese communities; insufficient resources to meet growing service needs

Option 1: Increase 2.8 CHW FTE at a cost of $ 143,032/year

- Increase 0.4 FTE CHW in South Asian and Chinese communities
- Hire 0.8 FTE CHW in low income communities (present CASTLE CHW)
- Hire 0.8 FTE CHW for Aboriginal communities
- Hire 0.8 FTE CHW for one other priority group (eg. Arab/West Asian)

Advantages**:**

Based on qualitative data from Hamilton Public Health Services CHW work, Option 1 will:

- Address barriers and improve access to services, resulting in healthier communities.
- Provide optimal service to support and empower immigrant, low income and Aboriginal communities.

- Reduce health disparities and have a direct impact on the quality of life for an additional priority group.

Based on ROI research (See Appendix A), 2.8 CHW FTE = cost of $143,032/year, which translates into an additional (above current staffing) estimated ROI of $341,846 to $956,884 and potentially saves the first year of treatment cost of:

- 7 cervix cancers, or
- 3 colon cancers, or
- 5 breast cancers

Option 2: Increase 2.0 CHW FTE at a cost of $ 101,880

- Increase 0.4 FTE CHW in South Asian and Chinese communities
- Hire 0.8 FTE CHW in low income communities
- Hire 0.8 FTE CHW for Aboriginal communities

Advantages**:** As above

Based on ROI research, 2.0 CHW FTE = cost of $101,880, which translates into an additional (above current staffing), estimated ROI of $ 243,493 to $681,577 and potentially saves the first year of treatment cost of:

- 5 cervix cancers, or
- 2 colon cancers, or
- 3 breast cancers

Disadvantages**:** The needs of other priority groups would not be addressed

Option 3: Increase 1.2 CHW FTE at a cost of $62,728

- Increase 0.4 FTE CHW in South Asian and Chinese communities
- Hire 0.8 FTE CHW in low income communities

Advantages: As above

Based on ROI research, 1.2 CHW FTE = cost of $62,728, which translates into an additional (above current staffing), estimated ROI of $149,919 to $419,650 and potentially saves the first year of treatment cost of:

- 3 cervix cancers, or
- 1 colon cancer, or
- 2 breast cancers

Disadvantages: By not hiring an Aboriginal CHW, Aboriginal health disparities and partnerships with the Aboriginal service providers would be negatively affected. In addition, the needs of another priority group would not be addressed through the additional CHEN.

Option 4: increase 0.8 CHW FTE at a cost of $40,752/year

- Increase 0.8 FTE CHW in one other priority group (eg. Arab/West Asia)

Advantages: As above

Based on ROI research, 0.8 CHW FTE = cost of $40, 752, which translates into an additional (above current staffing), estimated ROI of $97,397 to $272,630 and potentially saves the first year of treatment cost of:

- 2 cervix cancers, or
- 1 colon cancer

Disadvantages: By not hiring a CHW from Arabic/West Asian community, needs of this priority group would not be addressed.

Option 5: status quo of 1.2 FTE CHWs for Women's Health Educator Program
Present costs for salary stays the same at $62,728.
Advantages: serve South Asian and Chinese communities with health education and linkages within part time schedule.

Based on ROI research, 1.2 CHW FTE = cost of $62,728 which translates into the estimated ROI for current staffing levels of $149,919 to $419,650.

Disadvantages: Inability of the current 1.2 FTE CHWs to meet service level needs of growing priority populations: people living with low incomes, physical and mental disabilities, and immigrants. There would also be missed opportunities for greater collaboration with community partners, including McMaster Family Medicine and our Aboriginal partners. An emerging community need will be overlooked to fully help Hamilton's Syrian Refugee newcomers access services to enable a positive settlement process.

5. Recommended Solution

Option 1- increase 2.8 FTE CHEN

- Increase 0.4 FTE CHW in South Asian and Chinese communities
- Hire 0.8 FTE CHW in low income communities
- Hire 0.8 FTE CHW for Aboriginal communities
- Hire 0.8 FTE CHW for one extra priority group (eg. Arab/West Asian)

Option 1 will reach Hamilton's priority populations with life-saving health information, increase community access to Hamilton Public Health Services and other health services and, impact the long term health status of those who face significant barriers to health, including the new community members arriving imminently from Syria. Investing an additional $**143,032** into the CHW model is a cost effective decision.

If 2.8 CHWs potentially help prevent 7 cervix cancers or 3 colon cancers or 5 breast cancers, the cost savings for just the first year of cancer diagnosis would validate the additional costs for the CHWs.

6. Appendix A

A) Healthy Living/Chronic Disease Prevention	CHW Cost effectiveness
A 10% increase in the number of physically active Canadians has the potential to reduce direct health care expenditures by $150 million a year (Katzmaryzk, 2000). "Approximately 20% of total health care spending in Canada can be attributed to income disparities alone (Health Disparities Task Group, 2005 as cited in Public Health Agency of Canada, 2010).	By their very nature CHWs are cost effective in that they work at an individual and also a broader neighbourhood population level to maximize outreach to underserved groups to improve their health in meaningful ways. For example, there are a significant number of women who now attend recreational programs and YWCA Woman Alive Programs as a result of the CHW role. These lifestyle changes have a potential impact on decreasing health care costs by decreasing risk for chronic diseases and maximizing health in participants.
B) Return on Investment ROI= (health care savings/cost of intervention) X 100	**CHW Cost effectiveness**
A $1 investment in effective community-based disease prevention and health promotion programs saves $5 in health care costs (Ontario Chronic Disease Prevention Alliance [OCDPA], 2012). ROI research from US has shown CHWs are cost effective with ROI ranging from $2.39-6.69 (Canadian) (Culica, 2008;Fedder, 2003; Felix, 2011; Findley, 2014; Johnson, 2012; Matos, 2013; Rush, 2012; Whitley, 2006).	CHWs have the potential for $2.39 – 6.69 return for Canadian $1.00 invested. Investing in 0.8 FTE CHW ($41,152) could potentially result in $98,353 – $275,306saving in health care costs. For example, in one study the return on investment was $2.28(US) per $1 spent for a total savings of $95,941 per year annually for CHW interventions to improve health care access/utilization and decrease ER visits for underserved men (Whitley, 2006).

C) Cost of Cancer	CHEN Cost effectiveness
Preventing cervix cancer is a cost savings of $16,243 to $19,916 per person for the first year of a diagnosis (de Oliveira, 2013). Preventing colon cancer is cost savings of $35,000-$39,000 for first year of diagnosis (de Oliveira, 2013). Early detection of breast cancer is a cost savings of $25,000-29,000 for the first year of a diagnosis (de Oliveira, 2013). *(These calculations are only for the first year and do not consider out of pocket expenses)*	Investing in 0.8 FTE CHW for $41,152 potentially saves the cost of: - 2 women diagnosed with cervix cancer; - 1 person diagnosed with colon cancer; or, - 1woman diagnosed with breast cancer (inferred from research)

D) Years gained adjusted for Quality of Life	CHW Cost effectiveness
Interventions have been shown to be cost effective in years gained adjusted for quality of life such as cancer screening, immunization, and smoking cessation counselling. Health care services are considered “cost effective” at costs less than $50,000(US) per Quality Adjusted Life Years (National Commission on Prevention Priorities, 2007). Breast screening has a savings $15,000-$50,000 per QALY (US for women over 40); Cervical screening has a saving of US $15,000-$50,000 per QALY (National Commission on Prevention Priorities, 2007). Preventing colon cancer is cost savings of $12,000(Canadian dollars) per QALY (Ontario Chronic Disease Prevention Alliance, 2012).	CHWs offer several of the interventions that are considered cost effective in terms of Quality Adjusted Life Years. The costs of an addition 2.8 FTE CHWs is justifiable in terms of the years gained for Quality Adjusted Life Years for priority populations. A community health worker program targeting Vietnamese immigrant women for pap screening uptake resulted in a $30,015 (US) per QALY (Scoggin, 2010). If all Ontarians had the same health as Ontarians with higher income, an estimated 318,000 fewer people would be in fair or poor health, an estimated 231,000 fewer people would be disabled, and there would be an estimated 3,373 fewer deaths each year among Ontarians living in metropolitan areas (Ontario Chronic Disease Prevention Alliance, 2012).

Physical activity interventions (mass media, individual messaging and facilitating access) resulted in $14,000-$69,000 US per QALY) compared to no intervention (Public Health Agency of Canada, 2010; Roux, 2008).	It can be surmised from research that CHWs working with low income priority populations would contribute to improving health outcomes and quality of life.
E) Health Care Access and Utilization in Hamilton	**CHW Cost effectiveness**
"High rates of emergency room use can often be a marker of other social and economic problems — high poverty, low income, low rates of post-secondary education, high rates of single-mom families, lack of access to family physicians and language barriers…. According to the HNHB LHIN's financial calculations, the cost of the 40,000 ER visits by the top 1 per cent(high ER users) amounted to $10.5 million in 2011" (Buist, Examining chronic hospital users, 2013)	In terms of navigation, the CHWs have increased efficiencies in helping people utilize health care services appropriately and build skills to learn how to do this in the future. This is a huge cost saving in terms of inappropriate use of health care, for example ER visits, no shows for appointments. One study of 117 African US low income clients with diabetes showed that CHWs improved patients health care utilization and reduced diabetes costs ER decreased by 38% and hospitalizations decreased by 30%. This equates to a potential of $80,000 - $90,000 (US) saving per CHW for 30 patients or $2200 per patient (Fedder, 2003).

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OFFICE OF THE MAYOR
CITY OF HAMILTON

October 23, 2014

The Honourable Rona Ambrose, Minister of Health
Room 163 East Block
Ottawa, ON K1A 0A6

Dear Ms Ambrose:

RE: Request for ongoing funding for the Expanded Community Health Educator/Navigator (CHEN) approach to health care for vulnerable groups, including the Aboriginal community, in the City of Hamilton

The goal of Ontario's Action Plan for Health Care is to keep Ontarian's healthy through stronger linkage and faster access to health care, and providing the "right care, in the right time, and the right place". Over the past eleven years, Hamilton Public Health Services (PHS) has worked to address this goal in part by developing the Community Health Educator/Navigator (CHEN) model that incorporates the 'right messaging' (prevention, risk reduction, screening) to the 'right people' (vulnerable populations in Hamilton), at the 'right time (when the individual is ready), and the "right way" (with patience, through trust, and in a meaningful way). This model can be applied to many issues of public health importance, including cancer screening, tobacco cessation, healthy eating, physical activity, infectious disease and immunization.

Hamilton PHS is recognized nationally and internationally as a leader in implementing the CHEN model, and presented the model at the International Cancer Congress in Peru in 2013. This model is unique in that it engages members of vulnerable populations as CHENs, who are then mentored by Public Health Nurses. CHENs are connectors that vulnerable populations trust. They connect and coordinate individuals and families with services, provide information in lay language, and problem solve through multiple barriers alongside vulnerable community members. The model helps vulnerable populations to get the right care, in the right time, in the right place. The success of this model is partly reflected in the steadily increasing demand to implement it in other areas of PHS. Hamilton PHS needs an enhancement in funding to meet community demands and in turn address the goals of the Ontario Health Care Action Plan.

Research shows that this model is cost effective: for every $1 spent on the CHEN model, there is a demonstrated return on investment of between $2.39 and $6.39 (CAD) in areas such as maternal health, chronic disease, immunization and health care cost

containment. This model will help keep Ontarians healthy through early detection of cancers, decreasing risk factors for chronic disease such as smoking and inactivity, ensuring access to medical care, and linking people to needed social supports and services. The cost of hiring one 0.8 FTE CHEN into Hamilton PHS equals the amount saved by preventing one single case of colorectal cancer in the first year after diagnosis ($35-$39,000). The investment in relation to the big picture is nominal, but the impact is significant to the health of our vulnerable populations.

Currently HPHS has 1.2 FTEs working as CHENs; temporary funding has been obtained from the Hamilton Community Foundation for a third CHEN until May, 2015. In order to significantly address the needs of our vulnerable populations in the city of Hamilton, we require an additional 2.8 FTE in CHEN positions. The annual employee related costs for this expansion would be $129,692.

In May, 2014, Hamilton PHS staff presented a report on their work on cancer strategies (with a focus on the CHEN approach, BOH 14008 enclosed) in conjunction with a major partner, the Juravinski Hospital and Cancer Centre. The result of this collaborative effort was the approval of two separate motions by Hamilton City Council at its meetings of July 11 and September 24, 2014:

July 11:

- "That staff from Public Health Services be directed to develop a business case to present the benefits, operational logistics, financial implications, staffing requirements, and return on investment of implementing an expanded Community Health Educator/Navigator approach within the City of Hamilton; and,
- That the Mayor, on behalf of the Board of Health and Council, request ongoing funding for the expanded Community Health Educator/Navigator approach from the Honourable Rona Ambrose, Minister of Health, the Minister of Health and Long Term Care and the Hamilton Niagara Haldimand Brant Local Health Integration Network."

September 24:

- "That staff from PHS engage with urban Aboriginal leaders to explore opportunities to address relevant health issues through culturally sensitive solutions; and
- That the Mayor, on behalf of the Board of Health and Council, request support from the LHIN to continue/renew funding for an Aboriginal Community Health Educator/Navigator focused on Chronic Disease Prevention."

Council approval of these motions is evidence of the City of Hamilton's alignment with the goal of Ontario's Health Care Action Plan. Our Council supports PHS staff in continuing to address health disparities and gaps in our community, in the most cost effective way possible. Research reveals that our community has more work to do in this area. A recent study done by Dr. Michelle Firestone of St. Michael's hospital showed Hamilton's

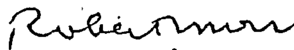
aboriginal population had greater levels of poverty and chronic disease than the rest of the community. Hamilton PHS staff have strong relationships with the Aboriginal community. PHS staff are continuing to engage the Aboriginal community partners in discussion regarding how to further address health disparities in their community through use of the CHEN model, as external funding for an Aboriginal CHEN ended in March, 2014.

The Board of Health for the City of Hamilton recognizes that there is vast disparity among populations related to health outcomes, morbidity and mortality, and that the CHEN approach is a means of improving health care utilization, improving health care system integration, and ultimately, addressing the goal of Ontario's Health Care Action Plan. We are respectfully requesting that the Ministry of Health and Long Term Care provide annual funding enhancement in the annual amount of $129,692 to Hamilton PHS through the Public Health (Public Policies and Programs), Health Promotion (Health Promotion Implementation) or Health System Strategy and Policy (System Policy and Strategy) branches. This recommendation has been endorsed by the City of Hamilton's Medical Officer of Health Dr. Elizabeth Richardson towards achieving these goals.

On behalf of the Board of Health for the City of Hamilton, we look forward to your response on this important request.

Thank you for your commitment to the health of our community.

Sincerely,



Robert Morrow
Deputy Mayor
City of Hamilton

Encl:
BOH 14008 Cancer Prevention Strategies
BOH 14008 Appendix A Cancer Infograph
BOH 14008 Appendix B Ontario Cancer Screening Programs
BOH 14008 Appendix C Risk Factors

cc Hon. Eric Hoskins, Minister of Health and Long Term Care
cc Dr. David Mowat, Interim Chief Medical Officer of Health
cc Brent Feeney, Manager Funding and Accountability Unit MOHLTC
cc Laura Pisko, Director Health Promotion Implementation Branch MOHLTC
cc Nina Arron, Director Public Health Policy and Programs Branch MOHLTC
cc Joanne Plaxton, Director System Policy and Strategy Branch MOHLTC

cc Liz Walker, Director Planning and Liaison Branch MOHLTC
cc Hon. David Zimmer, Minister of Aboriginal Affairs
cc Corwin Troje, Acting Director Aboriginal and Ministry Relationships Branch-Social and Education; Manager of Consultation Unit, Ministry of Aboriginal Affairs
cc Donna Cripps, CEO Hamilton Niagara Haldimand Brant Local Health Integration Network
cc Dr. Ralph Meyer, CEO Juravinski Hospital and Cancer Centre

OFFICE OF THE MAYOR
CITY OF HAMILTON

October 23, 2014

The Honourable Dr. Eric Hoskins
Minister of Health and Long Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
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Research shows that this model is cost effective: for every $1 spent on the CHEN model, there is a demonstrated return on investment of between $2.39 and $6.39 (CAD) in areas such as maternal health, chronic disease, immunization and health care cost containment. This model will help keep Ontarians healthy through early detection of cancers, decreasing risk factors for chronic disease such as smoking and inactivity, ensuring access to medical care, and linking people to needed social supports and services. The cost of hiring one 0.8 FTE CHEN into Hamilton PHS equals the amount saved by preventing one single case of colorectal cancer in the first year after diagnosis ($35-$39,000). The investment in relation to the big picture is nominal, but the impact is significant to the health of our vulnerable populations.

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On behalf of the Board of Health for the City of Hamilton, we look forward to your response on this important request.

Thank you for your commitment to the health of our community.

Sincerely,

Robert Morrow
Deputy Mayor
City of Hamilton

Encl:
BOH 14008 Cancer Prevention Strategies
BOH 14008 Appendix A Cancer Infograph
BOH 14008 Appendix B Ontario Cancer Screening Programs
BOH 14008 Appendix C Risk Factors

cc Ms. Donna Cripps, CEO Hamilton Niagara Haldimand Brant Local Health Integration Network
cc Dr. David Mowat, Interim Chief Medical Officer of Health
cc Brent Feeney, Manager Funding and Accountability Unit MOHLTC
cc Laura Pisko, Director Health Promotion Implementation Branch MOHLTC
cc Nina Arron, Director Public Health Policy and Programs Branch MOHLTC

cc Joanne Plaxton, Director System Policy and Strategy Branch MOHLTC
cc Liz Walker, Director Planning and Liaison Branch MOHLTC
cc Hon. David Zimmer, Minister of Aboriginal Affairs
cc Corwin Troje, Acting Director Aboriginal and Ministry Relationships Branch-Social and Education; Manager of Consultation Unit; Ministry of Aboriginal Affairs
cc Dr. Ralph Meyer, CEO Juravinski Hospital and Cancer Centre

OFFICE OF THE MAYOR
CITY OF HAMILTON

October 23, 2014

Donna Cripps, CEO
Hamilton, Niagara, Haldimand, Brant
Local Health Integration Network
264 Main St. E.
Grimsby, ON L3M 1P8

Dear Ms Cripps:

RE: Request for ongoing funding for the Expanded Community Health Educator/Navigator (CHEN) approach to health care for vulnerable groups, including the Aboriginal community, in the City of Hamilton

The goal of the Local Health Integration Network (LHIN) Strategic Health System Plan (SHSP) 2012-2017 is to "achieve a local health system where individuals will experience care that is of the highest quality, cost-effective and results in better outcomes for the population".Over the past eleven years, Hamilton Public Health Services (PHS) has worked to address this goal in part by developing the cost-effective Community Health Educator/Navigator (CHEN) model that addresses health disparities and empowers vulnerable people to obtain needed health services. This model can be applied to many issues of public health importance, including cancer screening, tobacco cessation, healthy eating, physical activity, infectious disease and immunization.

Hamilton PHS is recognized nationally and internationally as a leader in implementing the CHEN model, and presented the model at the International Cancer Congress in Peru in 2013. This model is unique in that it engages members of vulnerable populations as CHENs, who are then mentored by Public Health Nurses. CHENs are connectors that vulnerable populations trust. They connect and coordinate individuals and families with services, provide information in lay language, and problem solve through multiple barriers alongside vulnerable community members. The model helps vulnerable populations to get the right care, in the right time, in the right place. The success of this model is partly reflected in the steadily increasing demand to implement it in other areas of PHS. Hamilton PHS needs an enhancement in funding to meet community demands and in turn address the goals of the LHIN's SHSP.

Research shows that this model is cost effective: for every $1 spent on the CHEN

model, there is a demonstrated return on investment of between $2.39 and $6.39 (CAD) in areas such as maternal health, chronic disease, immunization and health care cost containment. This model will help keep Ontarians healthy through early detection of cancers, decreasing risk factors for chronic disease such as smoking and inactivity, ensuring access to medical care, and linking people to needed social supports and services. The cost of hiring one 0.8 FTE CHEN into Hamilton PHS equals the amount saved by preventing one single case of colorectal cancer in the first year after diagnosis ($35-$39,000). The investment in relation to the big picture is nominal, but the impact is significant to the health of our vulnerable populations.

Currently HPHS has 1.2 FTEs working as CHENs; temporary funding has been obtained from the Hamilton Community Foundation for a third CHEN until May, 2015. In order to significantly address the needs of our vulnerable populations in the city of Hamilton, we require an additional 2.8 FTE in CHEN positions. The annual employee related costs for this expansion would be $129,692.

In May, 2014, Hamilton PHS staff presented a report on their work on cancer strategies (with a focus on the CHEN approach, BOH 14008 enclosed) in conjunction with a major partner, the Juravinski Hospital and Cancer Centre. The result of this collaborative effort was the approval of two separate motions by Hamilton City Council at its meetings of July 11 and September 24, 2014:

July 11:

- "That staff from Public Health Services be directed to develop a business case to present the benefits, operational logistics, financial implications, staffing requirements, and return on investment of implementing an expanded Community Health Educator/Navigator approach within the City of Hamilton; and,
- That the Mayor, on behalf of the Board of Health and Council, request ongoing funding for the expanded Community Health Educator/Navigator approach from the Honourable Rona Ambrose, Minister of Health, the Minister of Health and Long Term Care and the Hamilton Niagara Haldimand Brant Local Health Integration Network."

September 24:

- "That staff from PHS engage with urban Aboriginal leaders to explore opportunities to address relevant health issues through culturally sensitive solutions; and
- That the Mayor, on behalf of the Board of Health and Council, request support from the LHIN to continue/renew funding for an Aboriginal Community Health Educator/Navigator focused on Chronic Disease Prevention."

Council approval of these motions is evidence of the City of Hamilton's alignment with the goal of the SHSP. Our Council supports PHS staff in continuing to address health disparities and gaps in our community, in the most cost effective way possible. Research reveals that our community has more work to do in this area. A recent study done by Dr. Michelle Firestone of St. Michael's hospital showed Hamilton's Aboriginal population had greater levels of poverty and chronic disease than the rest of the community. Hamilton

PHS staff have strong relationships with the Aboriginal community. PHS staff are continuing to engage the Aboriginal community partners in discussion regarding how to further address health disparities in their community through use of the CHEN model, as external funding for an Aboriginal CHEN ended in March, 2014.

The Board of Health for the City of Hamilton recognizes that there is vast disparity among populations related to health outcomes, morbidity and mortality, and that the CHEN approach is a means of improving health care utilization, improving health care system integration, and ultimately, addressing the goal of Ontario's Health Care Action Plan. We respectfully request that the Hamilton Niagara Haldimand Brant Local Health Integration Network provide annual funding enhancement in the annual amount of $129, 692 to Hamilton PHS. This recommendation has been endorsed by the City of Hamilton's Medical Officer of Health Dr. Elizabeth Richardson towards achieving these goals.

On behalf of the Board of Health for the City of Hamilton, we look forward to your response on this important request.

Thank you for your commitment to the health of our community.

Sincerely,

Robert Morrow
Deputy Mayor
City of Hamilton

Encl:
BOH 14008 Cancer Prevention Strategies
BOH 14008 Appendix A Cancer Infograph
BOH 14008 Appendix B Ontario Cancer Screening Programs
BOH 14008 Appendix C Risk Factors

cc The Honourable Eric Hoskins, Minister Health and Long Term Care
cc Dr. David Mowat, Interim Chief Medical Officer of Health
cc Brent Feeney, Manager Funding and Accountability Unit MOHLTC
cc Laura Pisko, Director Health Promotion Implementation Branch MOHLTC
cc Nina Arron, Director Public Health Policy and Programs Branch MOHLTC
cc Joanne Plaxton, Director System Policy and Strategy Branch MOHLTC
cc Liz Walker, Director Planning and Liaison Branch MOHLTC
cc Hon. David Zimmer, Minister of Aboriginal Affairs
cc Corwin Troje, Acting Director Aboriginal and Ministry Relationships Branch-Social and Education; Manager of Consultation Unit, Ministry of Aboriginal Affairs
cc Dr. Ralph Meyer, CEO Juravinski Hospital and Cancer Centre

OFFICE OF THE MAYOR
CITY OF HAMILTON

August 15, 2014

File #C14-015

The Honourable Rona Ambrose
Minister of Health
House of Commons
Ottawa, Ontario K1A 0A6

The Honourable Dr. E. Hoskins
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Hamilton Niagara Haldimand Brant
Local Integration Health Network
264 Main Street East
Grimsby, Ontario L3M 1P8

Dear Madam Minister, Mr. Minister and Hamilton Niagara Haldimand Brant LIHN:

The Council of the City of Hamilton, at its meeting held on August 15, 2014, approved Item 6 of the Board of Health Report 14-007 which reads as follows:

6. A Request for Ongoing Funding for the Expanded Community Health Educator/Navigator Approach to Health Care (Item 9.1)

WHEREAS, two in five Canadians will develop cancer in their lifetime and one in four will die of the disease;

AND WHEREAS, Public Health Services (PHS) is mandated to address lung, breast, cervix, colorectal and skin cancers through promotion of healthy eating,

physical activity, and tobacco free living, protection again ultraviolet radiation exposure and other protective behaviours;

AND WHEREAS, having regular cancer screening tests for breast, cervix and colorectal cancer saves lives;

AND WHEREAS, some populations in the City of Hamilton (COH) face barriers to accessing cancer screening, including language, disability, low income, resulting in later stage diagnosis, limited treatment options and poor prognosis;

AND WHEREAS, the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) has identified assistance with health system navigation as a priority, especially for people facing such barriers;

AND WHEREAS, the HNHB LHIN has shown its commitment to collaborate with the COH by funding a Community of Practice for Navigation in 2014;

AND WHEREAS, PHS has developed a successful Community Health Educator/Navigator (CHEN) approach to help address barriers and empower people to obtain health services such as cancer screening tests;

THEREFORE BE IT RESOLVED:

(a) That staff from Public Health Services be directed to develop a business case to present the benefits, operational logistics, financial implications, staffing requirements, and return on investment of implementing an expanded Community Health Educator/Navigator approach within the City of Hamilton; and

(b) That the Mayor, on behalf of the Board of Health and Council, request ongoing funding for the expanded Community Health Educator/Navigator approach from the Honourable Rona Ambrose, Minister of Health, the Minister of Health and Long Term Care and the Hamilton Niagara Haldimand Brant Local Health Integration Network

Thank you for your consideration of Council's request. We would ask that you reference File #C-14-015 when responding to this correspondence.

Yours truly,

R. Bratina
Mayor

Equitable Solutions Examples

A summary of the types of needs these groups have, and some of the client centred creative approaches that CHWs have provided

Priority Population Needs	The "Equitable" Solution
Do not know why they should get screening or where to go	Provide the answers *in a way that they can understand*
Cannot read the written information provided	Provide the materials *in their language*
Cannot read at all	Explain the written words *in their language, or use pictures*
Do not have a doctor	Assist them in finding *an appropriate* doctor
Cannot afford transportation to get to services	Provide them with *bus tickets, taxi scripts or a ride*
Do not know how to use a bus, call a taxi or arrange a ride	*Go with them* on the bus, *show them* how to call a taxi or arrange a ride
Do not know the questions to ask when they get to their screening appointment	Provide them *a list of possible questions*
Cannot speak the language of the health care provider	Provide *an interpreter* or *help them find* a health care provider who does speak their language
Need special considerations related to faith and/or culture	Ensure health care providers are *culturally sensitive* and will take the time to figure out, and ensure values, cultural norms and faith values are respected
Do not know their way around our health care system	*Navigate the system with them* and in doing so*, build their skills to navigate it themselves*

Financial Investments and Funding Requests in the Hamilton Public Health Services Community Health Worker Model

When	Who	What	Result
2006	City of Hamilton	Hired 2 part-time Community Health Workers	Currently 1.2 FTE employees
September 2012- June 2014	Public Health Agency of Canada to Hamilton PHS and McMaster University	~$1 million in funds to implement the CASTLE project: Creating Access to Screening and Training in the Living Environment. Target population for the project: residents of low income neighbourhoods across 6 communities in the Hamilton Niagara Haldimand Brant Local Health Integration Network	Funded. Successful engagement of priority populations. 40,000 people reached
March 2014	CASTLE partner Niagara Health Unit	Hired CASTLE CHWs	Continued work to engage priority populations
March 2014	CASTLE partner Brant County District Health Unit	Hired CASTLE CHWs	Continued work to engage priority populations
August 2014	Mayor Bob Bratina to Ministry of Health (MoH), Ministry of Health and Long Term Care (MOHLTC) and HNHB LHIN	Requested ongoing funding for 2.8 FTE additional CHWs to expand to other PHS issues with priority populations (Appendix D)	No response from MoH or MOHLTC. LHIN denied request (Appendix F) as they fund 3 Aboriginal Patient Navigators in Hamilton, Brant and Niagara. They had also funded 2 additional Aboriginal Child and Youth Navigators just prior to responding to our request.
October 2014	Deputy Mayor Bob Morrow to MoH,	Requested ongoing funding for 2.8 FTE additional CHWs to expand to	No response from MoH or MOHLTC

When	Who	What	Result
	MOHLTC and HNHB LHIN	other PHS issues with priority populations; including Aboriginal community (Appendix D)	LHIN denied request (Appendix F). See above reason
December 2014- March 2016	PHS staff to Hamilton Community Foundation	Applied for funds for 1.0 FTE CASTLE CHW in S. Sherman and Crown Point neighbourhoods	Temporary funding approved
February 2015	PHS staff to GIC	Budget enhancement request for 2.8 FTE CHWs	Not Approved

Hamilton Niagara Haldimand Brant **LHIN**
RLISS de Hamilton Niagara Haldimand Brant

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Grimsby, ON L3M 1P8
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December 23, 2014

Mayor Fred Eisenberger
Office of the Mayor
City of Hamilton
71 Main Street West, 2nd Floor
Hamilton ON L8P 4Y5

Dear Mayor Eisenberger:

Re: Request for ongoing funding for the Expanded Community Health Educator/Navigator (CHEN) approach to health care for vulnerable groups, including the Aboriginal community in the City of Hamilton

On December 4, 2014, we received the attached letter dated October 23, 2014, from the then Deputy Mayor Robert Morrow requesting that the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) approve $129,692 base funding to support an expanded Community Health Educator/Navigator (CHEN) approach within the City of Hamilton. The HNHB LHIN has noted that similar letters were sent to the Honourable Dr. Eric Hoskins, Ontario Minister of Health and Long-Term Care (ministry) and the Honourable Rona Ambrose, Federal Minister of Health.

Your letter refers to two separate motions approved by Hamilton City Council in July and September, 2014. The HNHB LHIN responded to the July 2014 motion in a letter addressed to the office of the Mayor that was dated October 6, 2014. For your convenience, a copy of that letter is attached.

The September 2014 motion, passed by Hamilton City Council, requested LHIN support for an Aboriginal Community Health Navigator. The HNHB LHIN engages with Aboriginal health and social service providers from across our region, including urban Hamilton, through the Aboriginal Health Network (AHN). The AHN provides a forum for understanding the health needs and issues of many diverse Aboriginal communities and the HNHB LHIN supports its strategic priorities.

Recently, the HNHB LHIN approved an expansion of the Aboriginal Patient Navigator (APN) program, as part of the 2014-15 Community Investment, to include two Aboriginal Child and Youth Navigators. These navigators will improve access to specialized mental health and addictions services for youth in Hamilton, Brant and Six Nations of the Grand River. This builds on the three existing dedicated APNs in Hamilton, Brantford and Niagara, who also work with Aboriginal and mainstream health and social service organizations, the HNHB Community Care Access Centre (CCAC) and hospitals across the LHIN to help Aboriginal clients, caregivers and their families navigate the health care system and ensure access to and provision of culturally appropriate health care services.

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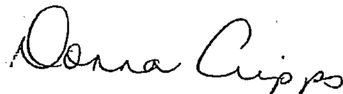
The HNHB LHIN funds three organizations which are members of the Association of Ontario Health Centres (AOHC) in the Hamilton region; the North Hamilton Community Health Centre (CHC), Hamilton Urban Core CHC, and Centre de santé communautaire CHC. Each of these organizations provides comprehensive health services to meet the specific needs of their communities according to principles of health equity and the social determinants of health. Many clients who access services at these three locations could be considered a member of a "vulnerable" population.

Another prominent example of the HNHB LHIN working with community partners and health service providers to improve coordination and navigation of the health system for our entire population is Health Links. This provincial initiative is currently being implemented across the HNHB LHIN and has the primary objective of improving the coordination of care for individuals with high care needs. In October 2014, the ministry approved the HNHB LHIN's request for one-time funding of $5.8M to facilitate the implementation of the eight Health Links business plans. Each of the 11 Health Links will include dedicated care coordinators to support frequent users of our health system.

As noted above, the HNHB LHIN currently funds and/or coordinates a variety of programs and services in Hamilton that function to increase equitable access and navigability of our health system. As such, the HNHB LHIN is not able to support your request of $129,692 for the CHEN program. However, recognizing our shared goal of achieving better health outcomes for the populations we serve, the HNHB LHIN is committed to continue to work with the City of Hamilton to improve coordination of existing services.

If you have any questions, or would like to discuss this issue further, please contact me at 905-945-4930 ext. 4210 or by email at, donna.cripps@lhins.on.ca.

Sincerely,



Donna Cripps
Chief Executive Officer

c: Hon. Rona Ambrose, Minister of Health, House of Commons
Hon. Eric Hoskins, Minister of Health, ministry
Dr. David Mowatt, Interim Chief Medical Officer of Health
Brent Feeney, Manager, Funding and Accountability Unit, ministry
Laura Pisko, Director, Health Promotion, Implementation Branch, ministry
Nina Arron, Director, Public Health Policy and Programs Branch, ministry
Joanne Plaxton, Director, System Policy and Strategy Branch, ministry
Liz Walker, Director, Planning and Liaison Branch, ministry
Hon. David Zimmer, Minister of Aboriginal Affairs
Dr. Ralph Meyer, Chief Executive Officer, Juravinski Hospital and Cancer Centre
Michael Shea, Board Chair, HNHB LHIN
Derek Bodden, Director, Finance, HNHB LHIN
Rosalind Tarrant, Director, Access to Care, HNHB LHIN

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October 6, 2014

Mayor Bob Bratina
Office of the Mayor
City of Hamilton
71 Main Street West, 2nd Floor
Hamilton ON L8P 4Y5

Dear Mayor Bratina:

Re: Request for Ongoing Funding for the Expanded Community Health Educator/Navigator Approach to Health Care (File #C-14-015)

Thank you for your letter dated August 15, 2014 informing the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) that the Council of the City of Hamilton approved a recommendation to request funding from the LHIN to support an expanded Community Health Educator/Navigator approach within the City of Hamilton. This request which was originally tabled by the Board of Health has also been addressed to the Honourable Dr. Eric Hoskins, Ontario Minister of Health and Long-Term Care and the Honourable Rona Ambrose, Federal Minister of Health.

In 2013-14, the City of Hamilton received $32,800 in one-time funding from the HNHB LHIN to establish a Community of Practice for Navigation for clients who need to be connected to health, social and community service providers. The LHIN received and reviewed the year-end report submitted by Hamilton Public Health Services (HPHS) and was pleased that HPHS is committed to sustaining and providing ongoing leadership for this initiative. The LHIN was also pleased to note that many of the partner organizations involved in this initiative currently receive funding from the LHIN.

In planning health care services, it is essential to understand the health care needs of the population, what services are required to meet those needs, and the availability of existing services including the current capacity and projected demand. One of the key themes that emerged during the LHIN's 2013 Community Investment engagement sessions was navigation of the health system, which reported to be a challenge for clients, patients, and professionals.

.../2

As part of the 2013 Community Investment, the LHIN approved funding to support a variety of new navigation roles for specific populations. A total of $405,504 was allocated in 2013-14 and $724,292 in base funding will be provided in 2014-15 for these initiatives. This approval included new funding for De dwa dah dehs nye>s Aboriginal Health Centre to support three new Aboriginal Patient Navigator positions that assist local Aboriginal communities in accessing health and social services. This program complements the existing Aboriginal Patient Navigator position at the Juravinski Cancer Centre, who provides support to those with Aboriginal-specific needs in the hospital, such as helping patients and families find community services or access traditional healing.

The HNHB LHIN continues to work with community partners and health service providers across the LHIN to improve coordination and navigation of the health system. One prominent example of an initiative to improve the coordination of care for seniors and others with complex conditions is Health Links, which is currently being implemented across Hamilton and our region.

To advance cancer screening, the LHIN also works closely with the Regional Cancer Program at the Juravinski Cancer Centre. Cancer Care Ontario (CCO) funds a variety of physician lead positions, two of which have a focus on cancer screening. The CCO Physician Lead who has responsibility for cancer screening participates on the LHIN's Primary Care Network. This ensures that all the LHIN health link physician leads are able to participate in identifying strategies to improve uptake of cancer screening. The Aboriginal Physician Lead has a focus on cancer screening and the patient and family experience for First Nation Populations.

If you have any questions or would like to discuss this issue further, please contact me at 905-945-4930 ext. 4210 or by email at donna.cripps@lhins.on.ca.

Sincerely,

Donna Cripps
Chief Executive Officer

c: Hon. Rona Ambrose, Minister of Health, House of Commons
Hon. Eric Hoskins, Minister of Health, Ministry of Health and Long-Term Care
Councillor Brian McHattie, City of Hamilton
Councillor Sam Merulla, City of Hamilton
Michael Shea, Chair, HNHB LHIN
Derek Bodden, Director, Finance, HNHB LHIN
Rosalind Tarrant, Director, Access to Care, HNHB LHIN