

Primary Health Care
laboration Improve Access
Approche intégrée de soins de santé de première ligne
évaluation Revue de littérature
Partenariat local pour l'innovation
Reduce Unmet Needs Hospitalisations évitables
Contexte organisationnel
Improve Access Australie
Change and translation Primary Health Care
santé communautaires de première ligne
soins non comblés
Soins de santé de première ligne
Local Innovative Partnerships Organisational Context
Comprehensive Primary Health Care
Community-Based Primary Health Care
Interventions Literature Review

IMPACT

Innovative Models Promoting Access-to-Care Transformation

POP-UP REHEARSAL
February 14, 2018

WELCOME

Purposes

1. To discuss “why a pop-up?”
- 2. To discuss feedback and changes since the last pop-up**
3. To get to know each other!
4. To discuss and plan logistics for the day.
5. To discuss the next pop-up dates

IMPACT Overview

- Develop a network of partnerships.
- Identify organizational interventions.
- Implement an organizational intervention.
- Evaluate the effectiveness and efficiency of the intervention.

We are here!

Principles of the Pop-up

Working Together Differently

- Education and training for service providers around inclusion and diversity
- Connection is everyone's role (Warm handoffs)
- Robust internal communication
- Coordinated and collaborative – many professionals, many sectors
- Get to know each other – sharing what is currently done
- Use existing resources (i.e., space)
- Monitoring to continuously improve

Meet People Where They Are

- Building on strengths
- Services where people are (mobile) – hard to reach = hard to serve
- Services customized based on needs
- Childcare where parents access services
- Flexible
- Not stigmatizing
- No one is turned away
- Helping with transportation as needed

Relationships

- Engaging community residents, students, volunteers
- Connecting people to people
- Welcoming (receptionists, not rejectionists)
- Long-term goal of an ongoing relationship that supports health
- Communications and marketing (externally)

Principles of the Pop-up

- Stretching beyond current service boundaries
 - What do people need?
 - What *can* we do?
 - How can we meet their needs?

What we heard from the community

- “It’s about trust, empathy and compassion...I think so many of our care systems have lost that.”
- “People don’t feel accepted so they won’t go.”
- “Our clients get judged and punished by the health care system.”
- “Often people are greeted with ‘oh here fill this out’ or ‘sit there’, when what they need is someone to sit with them and talk with them. Asking what would be the best way to help them. So they don’t feel like they have wasted their time or that they are being a nuisance...”

The last Pop-up (August 2017)

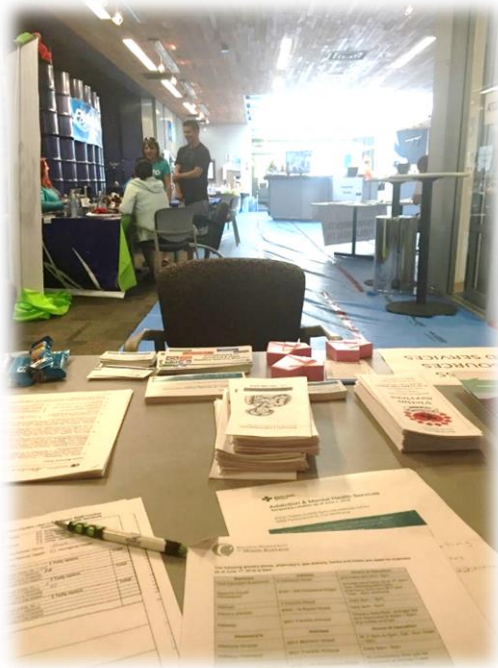
- ~20 service providers in attendance
- ~60 attendees
- ~205 discrete services provided to attendees
- ~21 discrete services provided to other service providers.
- This is some of what we've heard from you:
 - Try different locations;
 - More advertising; and
 - More attendees.

Let's get to know each other!

- Name
- Agency
- Service you will be providing
 - Emerging principle - What do people need? What *can* we do? Thinking outside of typical service boundaries.



Learning from Fort McMurray



Putting it into action

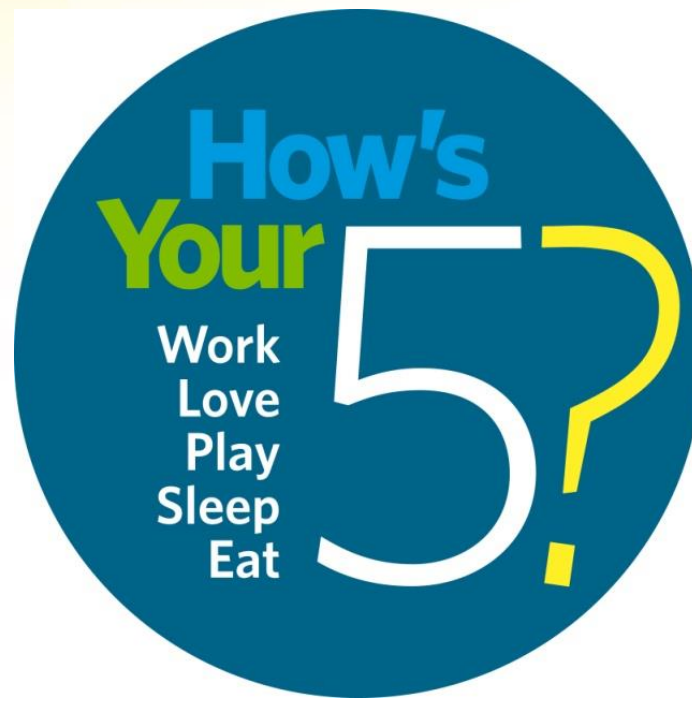


Suggestions

- Greet at the door and mingle (e.g., hand out water)
- Tables set up vertically at the edge of the room with coffee and tea in the centre
 - Keep the space open
- Art project in the middle of the room
- Wear identifying shirt/lanyard/colour
- Casual clothing
- Plain language signage
- Private space - safe but not conspicuous

How can we make the pop-up more *approachable* and *engaging* for attendees?





**Community Resilience
&
Mental Wellness**

How's Your 5? reinforces
individual and community resilience

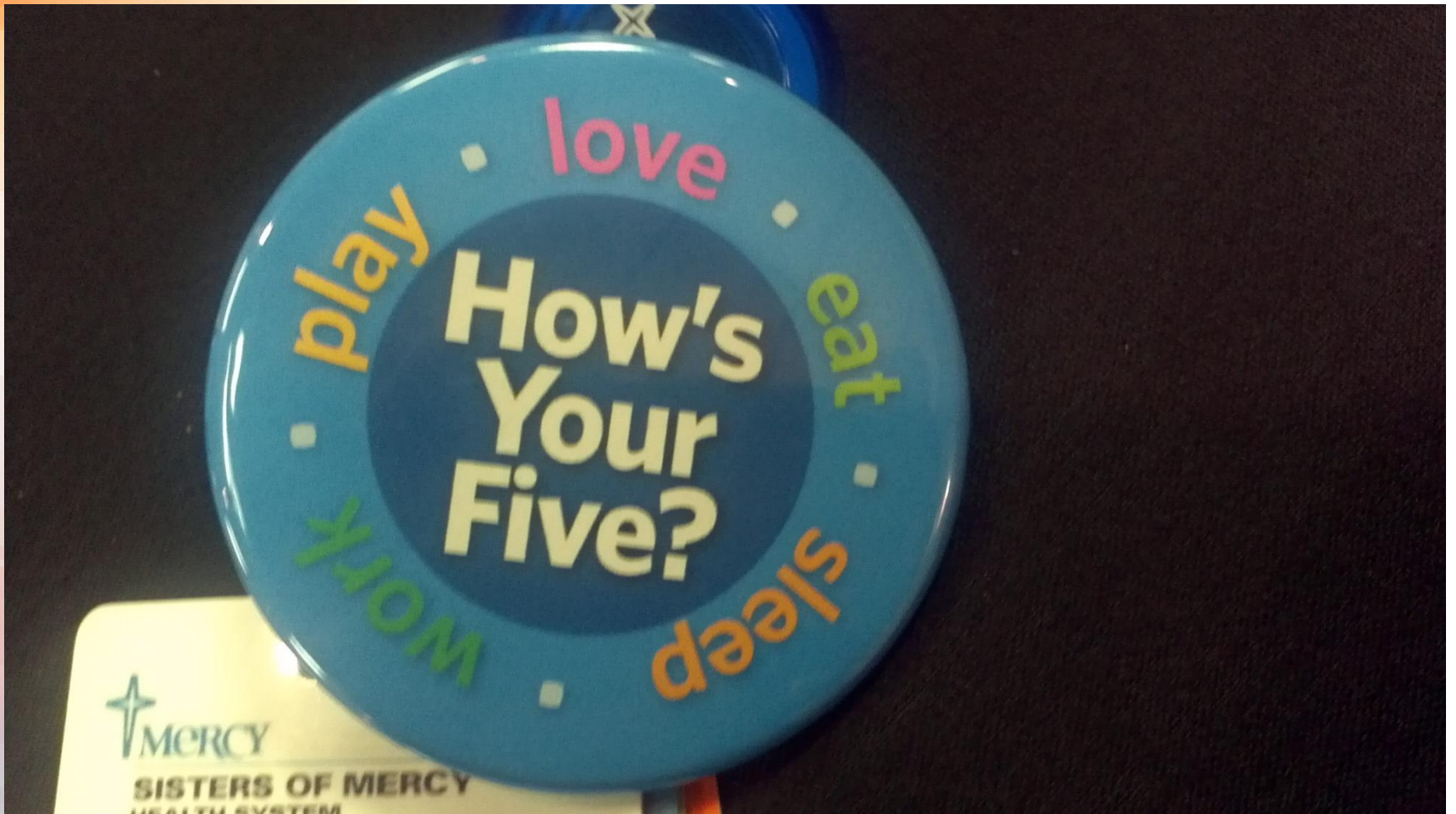
common language to support each
other and “check-in” with each other

five fundamental domains
of human experience

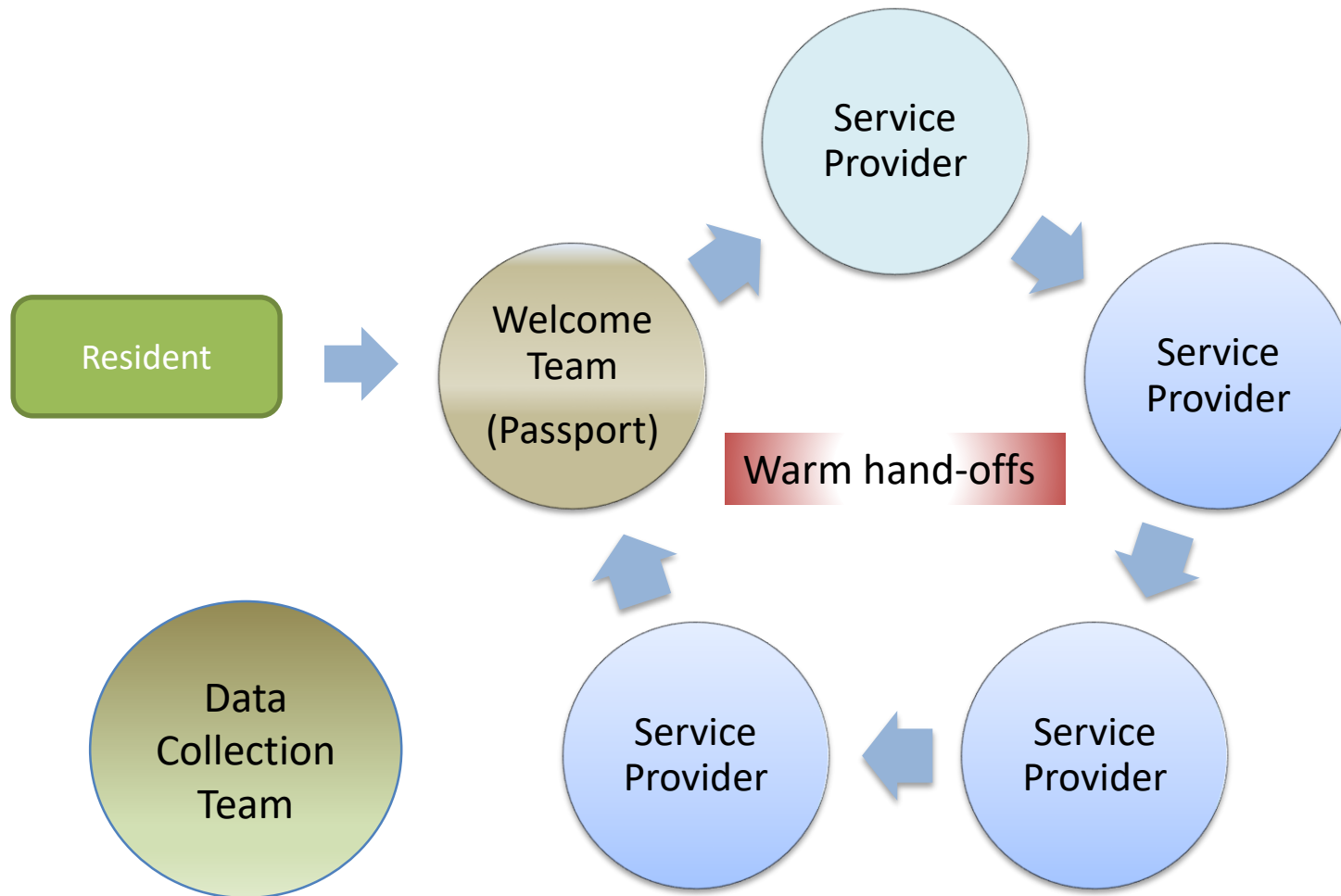


- Work (employment/school)
- Love (relationships/social support)
- Play (self-care/ joyful activities)
- Sleep (sleep habits)
- Eat (consumption – eating and drinking)





General Flow



Collective, experiential art project.

What brings me hope is

What brings me hope is

What brings me hope is

What brings me hope is

What brings me hope is

What we need from you for research purposes – data collection

- Debrief – 30 min after pop-up or when things slow down
- Tell us a meaningful story/insight/experience about something that happened at the pop-up today.
- Pop-up stats
 - How many people did you see?
 - How many types of services did you provide?
 - How many times did you provide each of these services?
 - How many connections did you make with service providers?
 - How many times did you provide services to service providers?
- Processes/Logistics
 - What worked?
 - What didn't?
 - What will you do differently next time?
 - What should we do differently next time?

Transportation options

- **Best Western Ride**
- We won't market this but will give the info to those who call asking for transportation help.



Wilson Middle School

- We provide:
 - Tables and chairs
 - Private spaces (shared)
 - Wi-Fi, but check connection!
 - Coffee/tea and light snacks
- You need to bring:
 - Any supplies to provide your service
 - Documentation materials (e.g., computer, intake forms, etc.)
 - Signage to advertise your service
 - Extension cords

Emergencies

- Medical
 - Speak to service provider/navigator/research team
 - Call 911!
- Behavioural
 - Speak to navigator/research team
 - Diversion Outreach Team (DOT)
 - Generally stops by the event.
 - (phone number)

Social Media

- Website
 - <https://www.impactresearchprogram.com/alberta>
 - Also lists confirmed service providers.
- Facebook and Twitter
 - Share the images and pre-written posts
- Tweet to @IMPACT_PHC

The next Pop-ups

- Coalition is in the planning stage!

Stretch Tour



Where would you like to be located?

Who should you be located next to?

Working with Diverse and Vulnerable Groups

- Diversity is defined as all the ways we are “unique”, despite our “similarities”

Layers of Diversity -The Iceberg Theory



Working with Diverse/Vulnerable Groups

All of us have invisible back packs. It is important to be mindful of what is in your backpack when providing care to diverse groups.



Working with Diverse and Vulnerable Groups

Provider and Client Challenges

Provider	Client
<ul style="list-style-type: none">• Communication• Lack of comfort/knowledge about diverse and vulnerable groups• Frustration• ?others	<ul style="list-style-type: none">• Communication• Lack of trust• Lack of comfort/knowledge about navigating health system• Frustration• ?others

Working with Diverse/Vulnerable Groups

Reflection time

Think of a time you worked with a client or family from a diverse/vulnerable background...

What were some of the challenges you or the client may have experienced? What did you do to overcome some of the challenges?

Working with Diverse/Vulnerable Groups

Remember:

- You are not expected to know everything about your clients. Diversity competency is not a recipe based approach. The key is to develop trust and genuine relationships.

Questions? Suggestions?
