Annual Royal College Lecture

2021 Professor-in-Residence

Jeffrey Turnbull, CM, MD, FRCPC
Medical Director, Ottawa Inner City Health

June 16, 2021
Ottawa is built on un-ceded Algonquin Anishinabe territory. The peoples of the Algonquin Anishinabe Nation have lived on this territory for millennia. Their culture and presence have nurtured and continue to nurture this land. The City of Ottawa honours the peoples and land of the Algonquin Anishinabe Nation. The City of Ottawa honours all First Nations, Inuit and Métis peoples and their valuable past and present contributions to this land.

Ottawa est bâtie sur un territoire non cédé de la Nation algonquienne Anishinabe. Les peuples de la Nation algonquienne Anishinabe vivent sur ce territoire depuis des millénaires. Leur culture et leur présence l’ont enrichi et l’enrichissent toujours. La Ville d’Ottawa rend hommage aux peuples et au territoire de la Nation algonquienne Anishinabe. La Ville d’Ottawa rend hommage à toutes les Premières Nations, à tous les Inuits et à tous les Métis, de même qu’aux précieuses contributions passées et présentes à cette terre.
### Royal College Research Forum

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<th>During the Event</th>
<th>After the Event</th>
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For technical support, email: researchunit@royalcollege.ca
Switching to Phone Audio

Experiencing issues with your computer audio? Here is how to connect via your phone:

1) Click ...
2) Select “Audio connection”
3) Choose “Call me” or “Call in” option
Submitting questions

To submit:

1) Open the Chat feature by clicking

2) Within the Chat panel, within the Send to or To drop-down list, please select “All Participants” (otherwise questions may go undetected)

3) Enter your question, then press Enter
2021 Professor-in-Residence

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Medical Director, Ottawa Inner City Health
Health Equity in 2021: Social Accountability through the lens of the most disadvantaged communities

RCPSC
Professor-in Residence Lecture
June 16, 2021

Jeff Turnbull MD, FRCPC
Medical Director
Ottawa Inner City Health
The Challenge for Healthcare providers and institutions:

1. Health inequity in Canada is profound. The Healthcare System may serve to make this worse.
2. For disadvantaged communities our Health Care System is unacceptable.
3. New models of care are needed.

This requires a fundamental reconsideration of Health and Health Care for all.
Social Accountability

Case study:

“..whatever you did for one of the least of these brothers and sisters of mine, you did for me.”

Matthew 25:40
Health Equity

Health equity allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are.
Health Equity and the Impact on Health

Life expectancy in Canada 2021

82.96 years
Life Expectancy Chart (Years)

<table>
<thead>
<tr>
<th>Group</th>
<th>Life Expectancy</th>
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<tbody>
<tr>
<td>Canada</td>
<td>82.96 yrs</td>
</tr>
<tr>
<td>High Deprevation</td>
<td>77.06 yrs -5.9 yrs</td>
</tr>
<tr>
<td>Metis</td>
<td>76.06 yrs -6.9 yrs</td>
</tr>
<tr>
<td>FN</td>
<td>71.76 yrs -11.2 yrs</td>
</tr>
<tr>
<td>Inuit</td>
<td>70.96 yrs -12 yrs</td>
</tr>
<tr>
<td>Homeless</td>
<td>62.96 yrs -21 yrs</td>
</tr>
</tbody>
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Priority Populations &
The Impact of Inequality

- Addiction
- Obesity
- Trauma
- Mental Health
- Suicide
- Diabetes
- Asthma

1.5-4 times higher

Disadvantaged communities
Who are Canada’s Most Disadvantaged Populations?

- Overlapping and compounding risks, unified by poverty
- Failed by a health care system that is not: available, accessible, acceptable or accountable
Communities with Differential Impact

• Gender and sexual orientation
• Ethno-cultural differences including linguistic/refugee health
• Indigenous peoples
• Frail elderly
• Rural & remote residents
• Single-parent families
• Physically disabled
• Mentally ill/drug and alcohol addiction
• Recent immigrants
• The young and the elderly
• Poverty including the homeless
Making the Case Health Equity and Social Accountability

“...any man's death diminishes me, because I am involved in mankind.”

John Donne

Making the case for equitable health care:
- Charity/quality/social accountability
- Human rights
- Can’t afford not to
The Challenge of Those Living in Poverty & With Mental Illness

The right care, at the right place, at the right time
We are in the midst of a paradigm change in Health and Health care, what does this mean for disadvantaged communities?

- Illness
- Acute care/hospital based
- Provider/specialty specific modes of care
- Internally accountable

- Health
- Chronic Illness/integrated systems of care
- Comprehensive team-based programs of care
- Accountable to communities/populations
New Models of Care: New Roles and Competencies for Providers

EFPO - CANMEDS

Collaboration

Trust

Engagement

Advocacy

GOVERNANCE/ACCOUNTABILITY
Patient/Community Centered Care & New Models of Care

• Define the circumstances of the individual or the nature of the community involved
• What does good health and health care look like to that person or community?
• Consider personal or systems based barriers to health and health care
• Engage individuals and communities in effective solutions
• Care on their terms (right care, right time, right place)
• Build trusting relationships
• Mitigate underlying social factors through partnerships and advocacy
• Define and measure success on their terms
Innovations in Care: New service models for those experiencing homelessness
## Ottawa Inner City Health 2001-2021

<table>
<thead>
<tr>
<th>Shelter Based Program</th>
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<tr>
<td>TED</td>
<td>49 beds + 8 OBS</td>
</tr>
<tr>
<td>Third Floor</td>
<td>55 beds</td>
</tr>
<tr>
<td>Special Care for Men</td>
<td>30 beds</td>
</tr>
<tr>
<td>Hospice</td>
<td>21 beds</td>
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### Supportive Housing

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<tbody>
<tr>
<td>Oaks</td>
<td>55 units</td>
</tr>
<tr>
<td>Booth House</td>
<td>20 units</td>
</tr>
<tr>
<td>Gardner (HS)</td>
<td>34 units</td>
</tr>
<tr>
<td>Kanata</td>
<td>99 units</td>
</tr>
<tr>
<td>765 Montreal Rd</td>
<td>42 units</td>
</tr>
<tr>
<td>Carruthers</td>
<td>50 units</td>
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<tr>
<td>Telus Mobile Health Van</td>
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<tr>
<td>MOP</td>
<td></td>
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<tr>
<td>Safe Supply</td>
<td></td>
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Case Examples:
The Opioid Crisis
Case Examples:

The Challenge of COVID
Some Thoughts on Developing New Models of Care that Serve Disadvantaged Populations

• Must be built on values, trust
• Must be built around individuals/communities’ need not providers
• Requires new roles and competencies/partnerships/collaborations/community engagement
• Existing policies/procedures can be impediments
• Must be driven by data/evidence/accountability
• We are too risk averse
• In the end it’s about changing the culture, finding meaning, engaging communities
All Canadians deserve the same potential for health and access to high quality health care based on their needs.

We should hold individuals and institutions accountable for their role in promoting health and providing care to all.
The woods are lovely, dark, and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep

Robert Frost, Stopping by Woods on a Snowy Evening, 1923