

**Research  
About  
Human Services Utilization**

**What's the Use**



**Health and Social Service Utilization**  
McMaster University  
and Affiliated Health and  
Social Service Agencies

**Update 1999—2004**



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Our partners within the Ministry of Health and Long Term Care continue to support our research but have placed a greater emphasis on the dissemination, uptake and transfer of our **useful** information provided in **useable** formats.

Their request started us thinking about our research unit on health and social service **utilization** leading us to the dictionary for the definition of the word **use** and its many meanings (or uses). The word **USE** can mean – a **purpose** or application; - a **practice** as in useable and available; - a **pattern** as in accepted behaviour; and as – a **benefit** as in an advantage or able to produce good results. All of these meanings are in addition to the meaning of **USE** as **impact** or influence of knowledge transfer.

This newsletter will present the ongoing work of our research unit to illustrate the many ...

## Uses of USE!



### Use as Purpose

The Concise Oxford Dictionary (1991) Definition:

"Using, employ for a purpose, handle as an instrument, put into operation"

### Example

#### MAKING A DIFFERENCE: NURSING HEALTH PROMOTION FOR A VULNERABLE ELDERLY HOME CARE POPULATION IS MORE EFFECTIVE YET NO MORE EXPENSIVE

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**Use/Purpose of the Unit:**  
To evaluate integrated intersectoral service(s) to persons vulnerable by virtue of their race, income, legal status, health status, mental health and/or age.

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**Key Implications for Decision Makers:**

This is the first Canadian randomized trial with a full economic evaluation that gives evidence for the effectiveness and efficiency of having a nurse provide health promotion and preventive care to a general population of elderly homecare clients and their caregivers. It assessed the effects and expense of adding nursing health promotion and preventive care to usual homecare services in a national system of health and social insurance.

- ☞ This study provides support for Ontario to re-invest in nursing services for health promotion and preventive care for vulnerable elderly home care clients with chronic health needs.
- ☞ Providing seniors with nursing health promotion, compared to providing nursing services on a reactive and on-demand basis, results in better overall mental health functioning, a reduction in depression, and an enhanced level of social support without increasing the overall costs of healthcare (i.e. both interventions cost the same).

**Conclusion:**

The overall conclusion from this study is that proactive health promotion and preventive care from nurses results in measurable gains in quality of life for frail elderly homecare clients and their informal caregivers at no additional expense from a societal perspective. The most notable improvement at the six-month follow-up was in mental health.

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Use as Purpose

(Continued from page 3)

- Providing caregivers of elderly home care clients with nursing health promotion, compared to usual home care services, results in better social functioning and a reduction in depression.
- The maintenance and promotion of mental health in seniors should be identified explicitly as a role for home care. Home care programs should have sufficient resources to overcome barriers to service access and provide effective care and support for clients with mental health issues, even if those clients do not have physical limitations.
- Organizations should provide a variety of professional development opportunities to support nurses in effectively developing strategies for promoting health, including assessing mental health status in seniors within the homecare sector.
- Organizational models of care delivery should allow for a flexible, client-centered approach and support nurses' ability to develop continuous, uninterrupted, and meaningful relationships with elderly home care clients and their caregivers. Nursing organizations should provide ongoing opportunities for discussion, education, and reflection to reinforce the importance of best practices.
- Support for elderly caregivers of clients with chronic health problems should be seen as an essential component of a publicly funded home care program. A national public home care program should provide a continuum of services, including health promotion and prevention and curative, rehabilitative, and palliative services.

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Ingrid Bagnariol	Catherine Hecimovich
Mary Dicesare	Sandra Carroll
Sandra Gordon	Susan Muir
Sonia Rogers-Schofield	Kim Hallman

*Participants in the Research*

The Community Care Access Centre clients and families

**Definition of Use as Practice:**

The Concise Oxford Dictionary (1991) Definition:  
A function being used or practiced; the practice pattern being suitable, useable, and available.



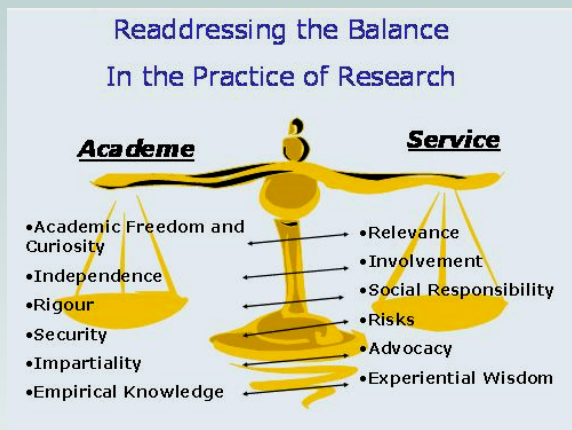
**Use/Practice of the Unit:**

All research projects are designed to answer questions raised by 'practitioners' through collaboration, integration, shared goals, and implementation.

**Example**

**Collaboration**

While collaboration has been long recommended as a way of providing integrated services or doing research and positive outcomes of such arrangements are accumulating, there has been less reported on the detailed guidelines for collaborating between academic and relevant health and social service agencies and among service agencies themselves.



Collaboration and partnerships among health and social services are also a requirement for successful **knowledge transfer** and **cost-effective implementation** of research findings.

Articles have been prepared by the faculty of the SLRU on Health and Social Service Utilization that extends the usual discussion regarding the need for more collaboration between university and community service but goes further to describe a practical model used to guide collaborative relationships, viewed by the participants as successful.

Browne G, Byrne C, Roberts J, Gafni A, Majumdar B. (2004) *Developing Community/University Research Alliances: A practical approach*. Submitted for publication. Available at McMaster University, Hamilton, ON, Canada.

Browne G. *Happenings: Evidence that informs practice and policy: The role of strategic alliances at the municipal, provincial, and federal levels*. Canadian Journal of Nursing Research, 1999; 31(1):79-94.

**Use as Pattern Definition**

As an accepted behaviour; to be accustomed to; have as one's constant or frequent practice.

**Use/Pattern of the Unit**

Usually our research investigates outcome of the process of proactive outreach with comprehensive care aimed at all the predicaments of vulnerable populations. Comprehensive integrated care is created through strategic alliances between services currently financed to care for only a sliver of a person's predicament.

**Example:**

We've learned that the pattern of proactive outreach to either strengthen environmental supports and/or person resources reduces vulnerability at either no more or less expense.

Vulnerability in an individual implies "inequality" in the person's biological characteristics (age, gender, genetic endowment), personal resources (cognitive, emotional, intellectual), and/or environmental supports (social, material, cultural). All three are determinants of health.

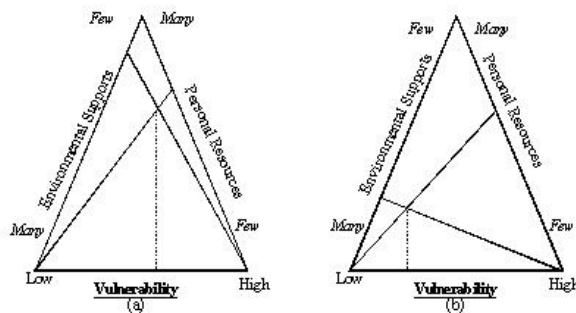
While biological characteristics cannot be modified, personal resources and environmental supports can. Variation in an individual's personal resources or environmental supports can greatly alter the degree of their vulnerability or resilience (Rogers, 1997), which in turn influences their use of health care services.

The work of the System-Linked Research Unit over the past 10 years documents the reasons why some people with a particular disease or condition are healthier and less costly to the health care system than others.

We make the case that, in a system of national health insurance such as we have in Canada, measures to reduce inequalities will pay for themselves within a year, and health care costs can be reduced by simply helping people to get the services they require. The most expensive services we now provide are those that are not tailored to people's needs (vulnerabilities).

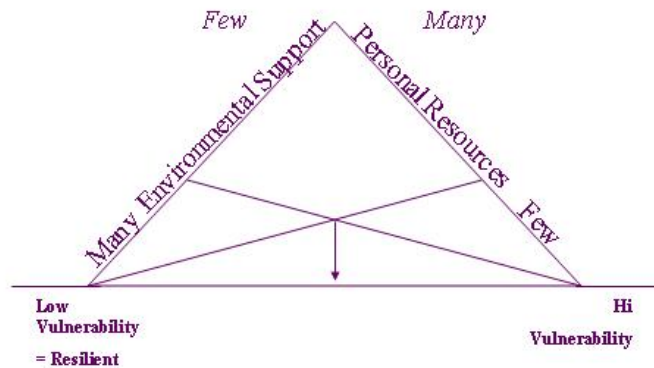
**AN INTEGRATED PERSPECTIVE**

Degree of Vulnerability (Rogers, 1997)



**AN INTEGRATED PERSPECTIVE**

Concept of Vulnerability (Rogers, 1997)



**Use as Benefit**

**Definition**

As an advantage; a service; able to produce good results



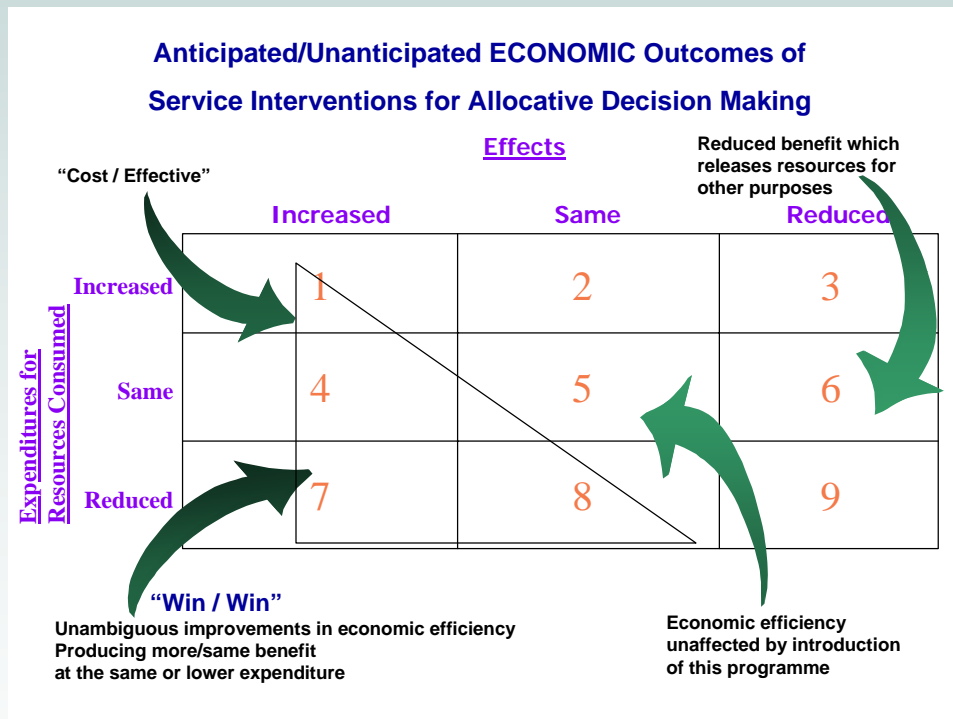
**Use/Benefit of the Unit:**

In study after study, investigators found that helping people to find the means to feel better and function more effectively costs no more, in a system of national health insurance than doing nothing.

**Example**

There are four possible advantages of proactive and comprehensive services for vulnerable populations.

1. More effect for more expense for people with low access to care
2. More effect for no more expense ... we can do better with existing resources
3. More effect and less expense... we can do better and free up resources for other opportunities
4. Equivalent effects yet less expense where both methods of servicing vulnerable persons are equal in outcome but one is much less expensive,'



For a more detailed summary of our findings, see "Translating Research. The Costs and Effects of Addressing the Needs of Vulnerable Populations: Results of 10 Years of Research" in the Canadian Journal of Nursing Research, 2001.

**Definition of Use as Impact**

To use, employ, ensure, exercise, influence, putting to use, treat, to apply...  
Research Transfer

**Example of Impact**

Over the past decade, the Unit's investigators have conducted studies on a variety of samples, settings, sectors and services. What we have found is both simple and profound: helping people to find the means to feel better and function more effectively costs either no more or less, in a system of national health insurance, than doing nothing.

Why? **Because people who are hurting will usually try to find a remedy, yet the services they use are not necessarily the ones that will solve their problem.** A piecemeal approach to helping them can be expensive and still fail to identify the cause of the problem. Even a trained professional will have difficulty sorting out the differences among the person's condition (e.g. severe diabetes), circumstances (recent job loss), challenges (depression), and context (a child in trouble with the law).

Savings can be achieved not because an effective service is cheap, but because making people healthier and better able to cope with their life circumstances results in savings elsewhere. The greatest cost savings tend to accrue among those people who are high users of the health care and social systems.

The research has taught us a great deal about the kinds of services that produced improved health at the same or lower cost. Our current health care system is geared to offering services one provider at a time, one problem at a time, and on demand. The System-Linked Research Unit has found the most successful strategies to be those that are:

- cooperative and cross-sector, linking physical health care to social services, mental health services, and other services
- comprehensive and holistic (rather than disease-by-disease), treating the whole person or the whole family in context;
- proactive, reaching out to those who are unlikely to find the help they need on their own.

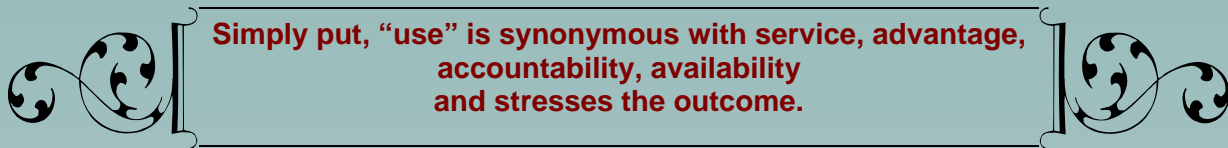
The most serious barrier to the delivery of these services is the separate funding of the various sectors. Savings created by an innovative program funded in one sector may be realized in another sector. Ways must be found to overcome financial disincentives and reward alliances among the health, social, education, recreation and corrections sectors.

Traditional measures of impact over the past eight years are displayed in the graphs which follow: number of grants, agencies involved, dollars of external funding, invited presentations as dissemination activities, number of undergraduate, graduate, doctoral, postdoctoral students and career scientists. We're grateful for the extensive investment in this approach.

Distant measures of impact can be seen as far as Newcastle, England and the University of Northumbria in Newcastle where a unit similar to our own was created and affectionately known as "McMaster Upon-the-Tyne". This international collaboration continues. An AIDS/HIV community linked services evaluation unit, was created in Ontario. and Bridgepoint Health Research Institute, Toronto and the University of Ontario Institute of Technology, Health Sciences Research Unit, Oshawa have been initiated and modeled after our unit, linking decision makers with researchers. **In these cases we're transferring the ability to discover and learn, not just what we know.**

**Use/Impact of the Unit:**

To reach our goal and mandate, we first had to develop an economic evaluation tool that included not only the cost of the specific program provided to the vulnerable group, but other costs in the health care system and other publicly-funded services. The unit developed an inventory to track direct and indirect costs, including frequency of visits to the doctor or hospital, medications used, and whether the person was receiving social assistance. This broader aspect of cost-effectiveness is often overlooked in other evaluations of different approaches. When two programs are compared, the economic analysis tends not to go beyond the costs of the programs themselves.



**Unit GOAL:**

To provide a better appreciation of outcomes that can be achieved, at what price, through integrated services.

**ASSUMPTIONS:**

- Ontario is in a deficit situation
- We have to save money before we can spend more on things like early intervention or prevention
- Our research targets vulnerable populations with multiple needs and who use multiple services

**EVIDENCE::**

- We offer Ontario evidence from randomized trials that integrating intersectoral (not just health) services creates a comprehensive service package without threatening agency autonomy and saves money the same year
- Our data shows that it costs our system more in the same year not to treat vulnerable populations with an integrated approach
- Our data suggests that notions of integrated health systems need to be expanded to include other human services that determine health.

For further understanding and use of the research see our web site at [www.fhs.mcmaster.ca/slru](http://www.fhs.mcmaster.ca/slru) and peruse our latest publications:

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# What's the use?



**We've Moved**

**System-Linked Research Unit on Health and Social Service Utilization**

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Article in the Hamilton Spectator and FHS, McMaster News...

## Frid Street bingo hall becomes new McMaster off-campus site

by *Veronica McGuire*

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McMaster University is expanding again, with two nursing programs finding a new home in a former bingo hall.

The Frid Street building's open concept design of 20,000 square feet, newly renovated to accommodate 65 workstations, will provide much needed functional office space and is conducive to meeting and teaching activities. The building is close to both the main west-end campus and McMaster's community partners.

MacDoor, a federally-funded program that helps street youth aged 16 to 25 build a life away from the streets, moved into the renovated space in May. The MACDoor program, directed by assistant professor Diane Semogas, helps street kids make changes in their lifestyle one day at a time and offers resources such as job-hunting skills. There are five staff members at MACDoor and as many as 20 students accessing the services most days. MACDoor was previously sited at a succession of temporary locations downtown.

During the past few weeks, 22 staff members with the System Linked Research Unit on Health and Social Services Utilization moved in. The provincially funded program was launched in 1991 to test out new and innovative ways of delivering health and social services for vulnerable people. The program is headed up by nursing professor Gina Browne. Its former space in McMaster's Health Sciences Centre will now be redeveloped to create more wet laboratories.

"We feel revitalized with this rebirth in a new location," said Browne. "We are very pleased to be part of McMaster's further outreach to the community and we feel more closely connected to the agencies that we serve and to their clients. We're especially delighted to share the building with MACDoor and their work with Hamilton's youth."

John Kelton, dean and vice-president, Faculty of Health Sciences, noted that the building is very appropriate for the kind of health sciences programs that it will accommodate.

"This reflects two important issues for us. Our Faculty of Health Sciences is in a wonderful growth phase and is recruiting more researchers and clinicians to the Hamilton region. This brings many highly skilled jobs for our area, but it does put a squeeze on our accommodations," he said.

"As well, we see advantages to moving our people into the community to develop hubs of excellence and service. We believe it is our responsibility to bring both science and fiscal wealth to Hamilton."

**We Moved!**



**Health and Social Service Utilization**  
McMaster University  
and Affiliated Health and  
Social Service Agencies