Research about Practice

Annual Report 2005-06

Funded by:
Integrated Policy and Planning Division,
Corporate Policy Branch Research Unit
Ministry of Health and Long-Term Care
Ontario, Canada
Funded by the Ministry of Health and Long-Term Care since 1991, our Mandate is to assist our community partners dedicated to helping health and social service agencies create new solutions for problems affecting vulnerable children, youth, adults and seniors ... our challenge is to see what effects could be achieved at what cost through proactive, coordinated and comprehensive approaches.

Founder and Director
Dr. Gina Browne, PhD, RN

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Prof. Jacqueline Roberts, BScN, MSC
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Dr. Basanti Majumdar, MSc, MEd, PhD, RN

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Dr. Robin Weir, PhD, RN
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“It is not a question of the vision and direction underlying service reforms but a question of how and the pace with which these reforms will unfold; … the role of knowledge is guiding that evolution”

… Dr. Gina Browne, Annual Report, 1993
On Human Service Integration

Recently, the integration of health services has been promoted in an attempt to provide comprehensive multi-faceted interventions. Service integration is the term used to describe types of collaboration, partnerships or networks among services that are usually autonomous yet work together for specific community residents to improve health and social care.

The integration literature discusses collaboration, partnership synergy, and network effectiveness which all are included in our definition of integration. A majority of the recent relevant literature describes the integration of health services (Leatt et al., 2000); (Woods, 2001); (Payne et al., 2000); (Wan et al., 2001), or a specific health service such as primary care (Simoens & Scott, 1999), hospital care (Leatt et al., 2000), or mental health care (Topping & Calloway, 2000). Moreover, much of the discussion has been framed under the notion of continuity of care (Johnri et al., 2003); (Haggerty et al., 2001); (Donaldson, 2001). The term continuity of care, as used in this message, means the continuation of services from different points in time from prevention or screening to identification and treatment within a sector such as health or education.

In our studies we now use a three-dimensional model of service integration that quantifies the extent, scope and depth of integration of human services. It identifies which sectors, services or agencies are currently connected and are collaborating well with each other and which sectors and/or agencies in the network could and should enhance their collaborative efforts.

A three-dimensional model of integration was developed by the SLRU, which can be used to understand integration among human services. On the vertical axis, the model identifies eight sectors to be integrated. A sector is defined as an area of health or social care that is usually grouped together in communities, often due to funding regulations and historical activities in a community. In this example, health, social services, education, housing, childcare, recreation, labor, and correctional/custody services are the identified sectors. The horizontal axis identifies the three types of services that together provide a continuum of service: universal (prevention), targeted (early intervention), and clinical (family development support, remedial, and therapeutic). The third axis of the model identifies three main sources of funding and other resources to be integrated: public, private, and non-profit or voluntary.

In addition to observed and expected extent, scope and depth of integration, we also measure the quality of the integrating efforts (leadership, efficiency, etc.) and the number of integrating mechanisms (single point of access, case coordination, E-record, etc.) and the outputs of this activity (referrals, case load, wait times).

In this report you will see some of our current projects that now measure system integration along with measures of individual outcomes. We look forward to your feedback on the material presented.
Message of Director Continued from page 5

For further information please see our website at www.fhs.mcmaster.ca/slru.

References:


Section 1

Collaborators
Collaborators

Brant Arts Pharmacy
Bridgepoint Health
Canadian International Development Agency
Canadian Mental Health Association, (Durham Hamilton & Halton Regions)
CanChild, Hamilton
Caroline Medical Group, Burlington
Casting the Net, Halifax
Catholic District School Boards – Hamilton, Halton, Durham
Children’s Aid Societies/Wraparound – (Hamilton, Hamilton Catholic, Haldimand-Norfolk, Brant & Niagara)
Children’s Treatment Network of Simcoe York Region, Ontario
City of Toronto – Social Services, Public Health and Recreation
Community Care Access Centre (Halton, Hamilton, Durham, Beaverton/Thorah & Toronto)
Community Care Durham
Community Rehab, Hamilton
COPE Mental Health Program – Hamilton, Durham
Dalhousie University, School of Nursing
Durham Association for Family Respite Services
Durham Family Court Clinic
Durham Frail Elderly Alliance
Durham Regional Health Care Group
Extended Families, Woodstock, Ontario
Fairview Lodge, Durham
Family Services – Hamilton, Halton, Durham
Fairview Lodge – Durham Region
Families First Edmonton, Alberta
Government of Ontario, Results Office
Grandview Children’s Centre
Greater Toronto Area Rehabilitation Network
Hamilton Alternatives for Youth
Health Canada
Health Policy Unit, Queen’s University
Hillsdale Manor, Durham
Housing and Development for Durham Region
Interchurch Health Ministries, Durham
John Howard Society – Hamilton, Durham
Lakeridge Health Corporation
Lakeview Manor – Durham Region
McMaster University School of Nursing
McMaster University, Centre for Health Economics and Policy Analysis
McMaster University Department of Clinical Epidemiology and Biostatistics
McMaster University, Department of Family Medicine, Faculty of Health Sciences
McMaster University, Department of Psychiatry, Faculty of Health Sciences
Merrymount Children’s Centre, Family Support and Crisis Centre, London, Ontario
Métis Nation of Ontario
COLLABORATORS

Ontario Heart and Stroke Foundation
Ontario Home Care Association
Ontario Ministry of Children and Youth Services
Ontario Ministry of Health and Long-Term Care, Home Care and Community Support
Ontario Ministry of Health and Long-Term Care, Intergovernmental & Aboriginal Policy Branch
Ministry of Health and Long-Term Care, Integrated Policy and Planning Division
Ontario Ministry of Health and Long-Term Care, Psychiatric Patient’s Advocacy Office
Ontario Ministry of Health and Long-Term Care, Strategic Policy and Knowledge Management Group
Oshawa Community Health Centre
Parks and Recreation Departments, in many regions of Ontario
Population Health Policy & Planning, Integrated Policy and Planning Division
Prevention Dividend Project
Public District School Boards – Hamilton, Halton, Durham
Regional Geriatric Program of Toronto
Regional Housing Programs – Hamilton, Halton, Durham
Regional Municipality of Peel
Regional Public Health Departments – Hamilton, Halton, Durham
Regional Social Services - Hamilton, Halton, Durham Rouge Valley Health Care System
Social Planning and Research Councils – Hamilton, Halton, Ajax-Pickering, Durham
St. Elizabeth Health Care, Toronto and Canada
St. Joseph’s Home Care– Hamilton
St. Joseph’s Hospital and McMaster Mood Disorders Program
Street Health Care, Durham
The Research Institute, Oshawa
The Youth Centre, Ajax-Durham
Union of Ontario Indians
United Way – Hamilton, Durham
University of Alberta, Families First Edmonton
University of Guelph, Department of Family Relations and Applied Nutrition
University of Ontario Institute of Technology, Faculty of Health Sciences
University of Ontario Institute of Technology, Schools of Business
University of Ontario Institute of Technology, Faculty of Social Sciences
University of Ontario Institute of Technology, IT, Criminology and Justice
University of Ottawa, School of Nursing
Visiting Homemakers Association (VHA) Home Health Care
Victorian Order of Nurses (VON)— Hamilton, Halton, Durham
VON— Toronto, York Region and Canada
Violence Prevention Co-ordination Council, Durham
Whitby Mental Health Centre
World Health Organization Collaborating Centre,
YMCA – Burlington/Hamilton, Durham and National Office
Ms. Bonnie Ewart, MSW, as Commissioner of Regional Social Services for Halton Region, stated ...

“Halton Social Services continues to benefit from this unique experience of collaboration amongst human service agencies and the academic community. Our involvement in the projects both directly and as a member of the Steering Committee allows us to better understand the target populations we are responsible for and the mix of services that can benefit them the most.”

… from the 1993 Annual Report.
Section 2

Research Transfer
“Recently we have become more interested in the dissemination of evidence, and models of governance and accountability which foster coordination of services and shared commitments. Thus our interest in the seamlessness between services, education, research and administration has been revitalized”

... Dr. Gina Browne, Annual Report 1992
As part of our research transfer activity, we continued to further develop the satellite SLRU at the University of Ontario, Institute of Technology. Transferring the knowledge and skills of health services researchers in a centre of excellence to another, less developed part of Ontario builds that regions capacity to investigate its own problems in health and social service in partnerships with local agencies. The partner agencies, serving as co-investigators have directed the research agenda and will continue to use the findings to modify their local service practices. The findings will be useful in informing the directions of providing health and social services to target populations in rural areas. For a complete picture of the research being conducted at UOIT please visit the website at www.healthsciences.uoit.ca.

In the spring 2005 newsletter “Healthy Bits & Bytes”, Dr Byrne reported on their Faculty involvement in the Rutger’s Conference held in Atlanta Georgia. The “Spotlight on Community Research Partners” focused on the work of one of their partners—Rouge Valley Health Systems.

The fall issue highlights the collaboration of the Faculties of Business and Health Sciences with the Public Health Agency of Canada to strengthen the evaluation of two national community-based programs: The community action programs for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP). The newsletter also announced that the Frail Elderly Alliance and the Faculty of Health Sciences at UOIT received $75,000 from the Trillium Fund to create a prioritized action plan to guide the alliance. The frail elderly and their caregivers (both formal and informal) will participate in the planning and decision making process.

Later Life Learning Workshop, held in December 2005: Local seniors were invited to UOIT to discuss opportunities for the university to engage in the retirement community. The meeting was a success with many ideas coming to light and plans to meet again in the near future.

On March 9th 2006, the UOIT/DC Faculty of Health Sciences Research Committee hosted a research proposal workshop. “In a highly interactive and frequently entertaining format, Dr. Gina Browne of the SLRU, McMaster University, along with Dr. Carolyn Byrne, Dean, Faculty of Health Sciences, UOIT, outlined valuable strategies for developing a research proposal”. Learning more about critical appraisal and funding sources were also discussed as potential topics for future workshops.
“Overall, this research unit has been a catalyst for improving and studying linkages across different sectors. For this Public Health Department for example, there have been linkages with social services, boarding homes and primary care. This work has complemented the research agenda of our department as a Teaching Health Unit without duplicating the agenda”

…. Jane Underwood, Past Director of Nursing, Public Health Department, Region of Hamilton Wentworth; Annual Report, 1996/98
Building Research Capacity

The lessons learned from the development of the UOIT unit and others such as Bridgepoint Health and CLEAR have been reported in a Community University Research Alliance paper provided in the 2004-05 report. The Unit at the University of Ontario Institute is now able to stand on its own financially and has an infrastructure that continues to consult and respond to community needs while incorporating the resources of the full University such as their leadership in use of information technology for learning and research. The UOIT Health Services Research Unit is actively involved with the School of Business and Social Sciences to address community partner needs and will be working with the new LHIN structure to continue to be part of the decision making process and strategic planning process to address health needs of rural communities.

Carolyn Byrne, MHSc, PhD
Dean, Faculty of Health Sciences
Local Health Integration Networks:

Following our policy forums with ministry staff of the Ontario Government in early 2005, it was recommended that the SLRU offer the same information and material to the newly implemented Local Health Integrated Networks (LHINs) as part of the Health Transition Initiative. As soon as the infrastructure was in place for the LHINs, information packages and the offer of presentations were sent to the Hamilton, Niagara, Haldimand Brant (HNBH) LHIN. Based on this session and in-depth discussions as to the needs and plans for the LHIN board and staff, a refined information package was sent out to the other 13 LHINS in Ontario. Waterloo-Wellington LHIN has responded requesting a presentation to take place in the summer of 2006. Further work is planned with the HNHB LHIN to assist in the development of an integration evaluation model.

Response to Community and Partners:

All faculty and staff continue to respond to the requests of the community and/or partner agencies for presentations on the research carried out within the SLRU and on the latest work in the field by others to assist with a comprehensive response to program development and policy design.

Faculty continue to present on the results of our research work, share information on present research questions and offer insight into the trends being identified from the research at local, provincial and international events.

To help with the transfer of research to policy, journal articles and book chapters are written for international access and impact.

A listing of these activities are provided on the following pages.

“This research unit is an example of interagency collaboration and navigation on all three levels of planning, joint management and joint service delivery”

… Dr. Gina Browne, Annual Report 1998
Families First Edmonton: The Comparative Effects and Expense of Four Approaches of Augmenting Services for Low-Income Families.

Developed from the Browne et al., award winning research project, “When the Bough Breaks”, a research team from the University of Alberta and the University of Calgary (Drummond, J., Bisanz, J., Klassen, T., Kovacs-Burns, K., Mayan, M., Paulson, B., Everall, R., Reutter, L., Schnirer, L., Skrypnek, B., Smythe, J., Spence, J., Wiebe, N., Wilson, D., Williamson, D., Feehan, R., Gray, E., & Macarville, R.) in consultation with Gina Browne have expanded the research with community partners to evaluate the local service delivery mode. The research is being funded by Canadian Institute for Health Research, Randomized Controlled Trial, 2005 - 2011 (6 years), $2,457,447; Alberta Heritage Foundation for Medical Research, April 1, 2005 - March 31, 2008, $869,960; and the Canadian Health Services Research Foundation, Open Grants Competition Theme: Managing Continuity, April 2005 - March 2007, $97,977.

Community Partners include: City of Edmonton, Edmonton Aboriginal Urban Affairs Committee, Alberta Children’s Services, Alberta Health & Wellness, Alberta Mental Health, Capital Health, Edmonton and Area CFS Authority – Region 6, Edmonton Community Foundation, Quality of Life Commission, United Way, Stollery Foundation, University of Alberta, University of Calgary.

The focus of this longitudinal, randomized controlled trial is on evaluating service delivery model interventions directed at increasing linkages between low-income families and services existing in their communities. The primary question to be addressed is “What are the effects of three community-based service-delivery models (PRMHLTH, REC, and COMP), as compared to a control model (EXIST), on the number of linkages that families initiate and maintain with established services?” The design of the study will enable thorough examination of several additional questions that are critical for understanding the influence of different service-delivery models on family linkages with established services, costs, and health: “What are the relative effects of different service-delivery models on specific characteristics of family linkages to established service (e.g., type of service, satisfaction with), and how do the frequency and type of involvement change over time?”; “What are the costs to service systems of each of the service-delivery models over time?”; and “What are the physical and psychosocial health outcomes of family members, over time, associated with each of these delivery models and with variations in family linkages to services?” Answers to these questions are critical for evaluating differential outcomes, but they do not take into account the diverse relations among variables that are likely to influence outcomes of interest. Identifying concurrent and antecedent variables related to linkage, cost, and health outcomes, and estimating the likely impact of these variables will provide data for detailed policy changes, thus the questions: “What is the intervening role of family functioning (family problem solving, communication, parenting, connections to community) between each of the four service-delivery models and linkage to services, cost, and health outcomes for family members, and how does this role change over time?”; and “To what extent does sociodemographic profile (e.g., ethnicity, immigrant status, education, occupation, family type, level of income, sources of income, security of housing, number of children) influence the relation between each of the four service delivery models and linkage to service, cost, and health outcomes, and how does this influence change over time?”
Markle-Reid, M. The Effectiveness of Home-Based Nursing Health Promotion for Older People: A Review of the Literature. Medical Care Research and Review. Accepted August 2005; In Press October 2006.


VandeVelde-Coke, S. The Effectiveness and Efficiency of Providing Homecare Visits in Nursing Clinics Versus the Traditional Home Setting was published by the CHSRF.

Markle-Reid, M. Commentary on "Review: Once daily LMWH is as effective as twice daily LMWH in the initial treatment of venous thromboembolism." Evidence-based Nursing, April 9 (2), 2006.


Publications continued...


Presentations


Browne, G., Byrne, C., Roberts, J., & Gafni, A. When the bough breaks: Provider-initiated comprehensive care is more effective and less expensive for sole-support parents on social assistance. International Conference on Impact of Global Issues on Women and Children, February 15th, 2006, Dhaka, Bangladesh.


Browne, G. Developing leaders through mentorship. Dean’s Welcome Luncheon, McMaster University, December 5th 2005

Browne, G. Developing leaders through mentorship. 3rd Western Nurse Leaders Forum, November 23rd, 2005, Edmonton, Alberta.

Browne, G. The power of nurses to affect health system outcomes and costs of health. 3rd Western Nurse Leaders Forum, November 24th, 2005, Edmonton, Alberta.


Browne, G., Byrne, C., Roberts, J., & Gafni A. Economic evaluations of community-based care: Lessons from 18 studies in Ontario, Canada. 5th International Conference Evaluation for Practice, July 13th and 14th, 2005, University of Huddersfield, UK.

Browne, G., Byrne, C., Roberts, J., & Gafni, A. When the bough breaks: Provider-initiated comprehensive care is more effective and less expensive for sole-support parents on social assistance. 5th International Conference Evaluation for Practice, July 13th and 14th, 2005, University of Huddersfield, UK.


Browne, G., Byrne, C., Roberts, J., & Gafni, A. When the bough breaks: Proactive comprehensive care is more effective and less expensive for sole-support parents and their children receiving social assistance. Presentation to Early Childhood Educators, Humber College, April 18th - 19th, 2005, Toronto, Ontario.

Browne, G. Calculating the benefits. Wraparound National Conference, April 12th - 14th, 2005, Markham, Ontario.
More refinement of the measurement tools based on utilization and community needs has taken place over the last year. These tools have been presented to community partners and agencies working towards integration of services. These measures are being incorporated into many of our research proposals and many of the community collaborators are requesting assistance to incorporate these integration tools into their evaluation processes. We look forward to working with the community networks to move forward in their integration efforts for effective health and social service delivery systems.

In June 2005, the Minister of Health announced the initiation of 14 Local Health Integration Networks (LHINs), as a critical part of the evolution of health care in Ontario. The legislation places significant decision-making power at the community level and focuses the local health system on the community’s needs. LHINs are designed to plan, integrate and fund local health services, including hospitals, community care access centres, home care services, long-term care facilities and mental health services, in an effective manner.

**Research as a partner too!**

The MOHLTC suggested that the SLRU share our research with the LHINs, as it identifies cost effective services for vulnerable populations and new methods of measuring integration efforts, including the Human Services Integration Measure (Browne, et al., 2004). Our first session was with the Hamilton, Niagara, Haldimand, Brant LHIN. The LHIN executive kindly arranged opportunities to share this information with existing Networks within this region. For example communication is underway to work with the Geriatric Network of Services for the frail older adult. It is our hope that by measuring the integration and collaboration efforts of networks we will assist in identifying the impacts of this model.

The SLRU is planning similar policy forums with the other LHINs in Ontario. We look forward to partnering with LHINs and providing relevant research for building a more effective and responsive health care system.
Communication Strategies and Information Dissemination

We intend to continue to redesign the website to include a user-friendly search engine including the re-organization of information by “vulnerable population. A newsletter was produced and distributed called “What’s the Use”. The second edition will be distributed shortly. New posters and bulletins on each of the studies recently completed have been designed and used at conferences, workshops and invitational presentations.

Along with responding to requests for our publications and presentations, the Unit has proactively distributed our work and the work of others to assist with the strategic planning underway by the MOHLTC for Ontario health care delivery system. For example, material published on governance, best practice and integration models has been shared with the Board and Executive Staff of our local LHIN, the Children’s Treatment Network of Simcoe York, Canadian Alliance of Community Health Centre Associations’ (CACHCA) and the University of Toronto, Department of Health Policy Management and Evaluation, the Ministry of Child and Youth Services, the National Home Care and Primary Health Care Partnership Project, Health Link Calgary, Canadian Nursing Associations, to name just a few.

“For our Group, the Unit represents a unique opportunity for Family Medicine health workers, including physicians, nurse practitioners, social workers, residents and registered nurses, to actively participate in research protocols that address practical medical and social issues which we deal with on a daily basis. The collaborative spirit of the unit has provided an uncommon forum for the development of projects between academics of experience and community workers of expertise”

… Dr. Michael Mills, Caroline Medical Group, Annual Report, 1993
The complex interdependence and volatility that characterize today's world, places emphasis on the importance of international cooperation. The goal of the International Conference: "The Impact of Global Issues on Women and Children" was to provide a forum for dialogue and sharing that transcends boundaries and combats traditions of inequality. The expectations of the conference organizers from both McMaster University (Canada) and the State University of Bangladesh were exceeded with the completion of the 2006 International Conference, as it epitomized successful international collaboration to address important global issues that adversely affect the health and well-being of women and children.

The System Linked Research Unit co-sponsored the International Conference of Global Issues on Women and Children, with the State University of Bangladesh. It was held in Dhaka, Bangladesh, from February 12th – 16th 2006. Dr. Basanti Majumdar was the co-chair of this major international event. Financial assistance to support true global participation was provided by many international organizations including Health Canada, Canadian Institute of Health Research (CIHR) and the Rockefeller Foundation.

Drs. Basanti Majumdar, Gina Browne, Carolyn Byrne and Ellen Vogel presented at the conference. Dr. Gina Browne, joined by Dr. Byrne provided a panel presentation that focused on the effectiveness of community based programs based on their paper, "When the Bough Breaks: Provider-Initiated Comprehensive Care is More Effective and Less Expensive for Sole Support Parents on Social Assistance". This paper assessed the effects and expense of adding a mix of provider-initiated interventions to health and social services typically used by sole-support parents in Ontario receiving social assistance. Drs. Browne, Byrne, Majumdar and Vogel moderated numerous sessions focusing on a wide range of global issues impacting the health of vulnerable populations around the world. Tracy Chambers, Master student, presented on her research "Nurses' Knowledge and Attitudes towards HIV/AIDS and Self-efficacy in Rural KwaZulu-Natal, South Africa". Jen Mitton, PhD Candidate, presented on her thesis study "MDMA Use and Sexual Risk Behaviour". Dr. Vogel from UOIT, presented a paper, entitled "Building Capacity for Food Security Through Policy Change: The Canadian Experience", which focuses on the outcomes from a national study involving food security mentors affiliated with the Canada Prenatal Nutrition Program (CPNP) and the Community Action Program for Children (CAPC). The abstracts for paper, poster and panel presentations are now available at Sigma Theta Tau's Virginia Henderson International Nursing Library. They may be viewed online at www.nursinglibrary.org. The Conference Proceedings have also been completed. CD copies of the proceedings will be made available to participants.
Dr. Stuart MacLeod
Executive Director,
BC Research Institute for
Children’s and Women’s
Health

Gina Browne, Carolyn Byrne and Tracey Chambers

Dr. Gina Browne on “When the Bough Breaks…”

Dr. Catherine Tompkins, with Dr. Shahjahan and Dr. Majumdar, co-conveners of the Conference

Jen Mitton, PhD candidate with Conference participants
Section 3

Research Projects
“Dancing versus competing in alliances (as opposed to mergers) allows for creative solutions and synergism without a waste of energy or the threat of take over. Competition for “market share” is replaced by collaboration”

… Dr. Gina Browne, Annual Report 1998
This section covers the key areas of research listed to the right, which have been studied by the investigative team of the System-Linked Research Unit.

Each colour-coded section contains Abstracts of Randomized Controlled Trial Studies conducted during 2005-06 by the System-Linked Research Unit on Health and Social Service Utilization.

The studies can be at different stages of development (i.e. completed, active data collection, proposal writing, etc.)
Finding Solutions with Community Partners
Vulnerable Population – Children & Youth in Circumstances of Risk

The Comparative Effects and Expense of Augmenting Usual CAS Care with a Regional Differential Response and Wraparound Prevention Service (Versus Usual CAS Care Alone) for Children Referred to the Care of Children’s Aid Societies: A Multicentre Randomized Trial

Research Team:
Team Leaders: Dominic Verticchio—Executive Director, Hamilton-Wentworth Children’s Aid Society
Andrew Debicki, Wraparound Coordinator and Gina Browne—McMaster University

Community Partners:
Hamilton Children’s Aid Society (CAS), Niagara CAS, Brant CAS Haldimand & Norfolk CAS, Hamilton Catholic CAS, and Opportunities Niagara (Vibrant Communities).

Abstract
How do the outcomes compare for children who experience regular child welfare intervention augmented by Differential Response versus regular child welfare interventions alone, and whom (children and families) with what characteristics and available resources (themselves and within the 5 communities) most benefits from which approach to Children’s Aid Society care at what expense?

Why is this research important?
The number of children in child welfare care has increased from 10,000 in the early 1990s to over 18,000. Ontario spends over $1.1 billion a year on direct child welfare services, more than twice as much as spent in the late 1990s, with the majority of these resources spent on investigation instead of treatment. In response to this situation, Differential Response models have been implemented in the U.S., Australia and Canada and are all at the beginning stages of systematic evaluation. These models are community-based partnerships; shared responsibility for assisting families and children in order to prevent maltreatment; preventive focus, early intervention principles; family-centered practice with child-centered outcomes; accessibility of community resources; family conferencing; permanency planning; strengthening and maintaining family ties; clinical rather than investigative assessments; engaging families to work voluntarily; evaluating outcomes; emphasizing child and family safety, including safety from emotional abuse and neglect; foster care is temporary and short-term with emphasis on reunification, kinship care or adoption; timelines of response and service; universal services; strengths and needs based assessments; planned rather than crisis-oriented interventions; innovative and creative case planning that is supportive, flexible and uses authority in a compassionate manner; and valuing relationships with clients and time with clients is a higher priority. All of these elements are also part of the “Wraparound approach” to treatment.

Status: A pilot project, to demonstrate the efficacy of the Wraparound planning process was completed in 2005. The pilot study demonstrated an annual savings of $1.5 million by repatriating 42 children placed out of community back to their own community. During this contract period the main study, a multi-centre randomized trial was submitted to the Child Welfare Research Fund through the LOI process. Approval of the LOI was received in May 2006 and the full proposal for this initiative was submitted to the Ministry in June of 2006.

Funding Submission to:
Child Welfare Research and Evaluation Grants Program

For more information, please contact:
Dr. Gina Browne
Founder and Director, SLRU, McMaster University
Telephone: 905-525-9140, ext. 22293     Email: Gina.Browne@mcmaster.ca
Finding Solutions with Community Partners
Vulnerable Population – Children & Youth with Disabilities

The Comparative Effect and Expense of More and Less Integration of Services that Provide Treatment and Rehabilitation for Children with Multiple Disabilities: A Randomized Controlled Trial

Research Team:
Team Leaders: Sandy Thurston (Director of Research) and Robert Morton (CEO) - Children’s Treatment Network of Simcoe York. Other Team Members: Gina Browne, Amiram Gafni, Lehana Thabane—McMaster University; Peter Rosenbaum—CanChild.

Community Partners:
Behaviour Management Services of Simcoe York, Blue Hills Child and Family Services, Brain Injury Services Simcoe, Catulpa Community Support Services, Children’s Aid Society of Simcoe County, Comcare Health, Community Care Access Centre of York Region, Community Care Access Centre of Simcoe County, Community Living Huronia, COTA Health, Kerry’s Place Autism Services, Kinark Child and Family Services, Markham Stouffville Hospital, Muki Baum Autism Services, New Path Youth and Family Services, Ontario Early Years Centres in York Region, Orillia Soldiers’ Memorial Hospital, Professional Rehabilitation Outreach, Regional Municipality of York, Royal Victoria Hospital, Simcoe Community Services, Simcoe County District School Board, Southlake Regional Health Centre, York Catholic District School Board, The Speech Clinic, York Region Branch of Jewish Family & Child Services, York Region Children’s Aid Society, York Region District School Board, York Support Services Network and 1-1 Rehabilitation. All these agencies are part of the new Children’s Treatment Network which will also work closely with organizations like Sick Children’s Hospital and Bloorview McMillan Rehabilitation Hospital to better coordinate requirements for specialized outpatient services and care.

Abstract
The SLRU was approached by the new Children’s Treatment Network of Simcoe York to assist them in the evaluation of this new model to determine the effectiveness of a unique integrated network to serve children and youth aged 0-19 years with multiple disabilities in a diverse under-serviced region of Ontario. The year was spent in the research and development of a proposal that will be submitted for funding. An evaluation infrastructure is also being developed for full community participation.

The purpose of the evaluation is to compare the effectiveness and efficiency of more and less integration of services for the treatment and rehabilitation of children with multiple disabilities and their families in Simcoe York. Anticipating a phased implementation plan and more children in the Simcoe York area with disabilities on service waiting lists than we can initially enroll in the network, we propose the most rigorous of economic evaluations – a randomized trial of the comparative effects and expense of the current self-directed use of a less integrated system of children’s treatment services compared with the use of the current less integrated system augmented with proactive, navigated, coordinated, and comprehensive child and family system access to assessment and treatment services. Agency services available for use, as appropriate, are the same for each arm of the trial. The questions to be explored are the effects of more or less integration of these services on the children and their families, as well as the cost-benefit of the added resources for integration and coordination.

Funding Submission to:
(a) the Children’s Treatment Network of Simcoe-York, Ontario and (b) later, to the Ontario Ministry of Children and Youth, June 2006

For more information, please contact:
Dr. Gina Browne
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Telephone: 905-525-9140, ext. 22293       Email: Gina.Browne@mcmaster.ca
Abstract
The main goal for this research is to locate a reliable and valid tool measuring mental illness stigma for youth; to determine the ideal baseline/post time interval; to evaluate the impact of participation in Youth Net focus groups on mental illness stigma. The primary method by which the objectives will be met is through a collaborative research proposal development process between the City of Hamilton/Youth Net Hamilton, McMaster University, and School Board(s).

Following the completion of a pilot study that examined this school-based program a new research proposal has been submitted through the LOI process of the Provincial Centre of Excellence for Child and Youth Mental Health at the Children’s Hospital of Eastern Ontario. This randomized control trial will evaluate the impact of participation in Youth Net focus groups on mental illness stigma, the mental health of students, pro-social behaviours and to evaluate the impact on student’s health and social service utilization.

Funding Submission to:
The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO has approved the LOI and funding provided for full submission

For more information, please contact:
Linda O’Mara
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McMaster University
Telephone: 905-525-9140, ext. 22261   Email: omara@mcmaster.ca
Abstract
Specifically, this longitudinal study is designed to assess the variables that characterize parental concerns about their child attending Camp Trillium (i.e., convenience, perceived safety, mistrust, predictability, parental anxiety and depression) and to establish the effect and expense (from multiple points of view) associated with attending Camp Trillium for children (both on and off intravenous chemotherapy) and their families, including assessments of quality of life. The underlying unifying hypothesis is that attendance at Camp Trillium will have measurable benefit.

This project continues under the leadership of Dr. Ronald Barr of the Department of Pediatrics, McMaster University. The SLRU is providing expertise and coordination specific to use of the SLRU health and social service utilization measure (costing tool).

Funded By:
Canadian Cancer Society and CanChild, 2004-06

For more information, please contact:
Dr. Ronald Barr
Professor, Department of Pediatrics
McMaster University and Children’s Hospital of HHSC
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Abstract
The main goal of this study is to understand how the people who care informally and professionally for children with mental health problems use and experience wait lists and wait times to provide and receive these services in Hamilton, Ontario. In Ontario, where the prevalence of mental health problems in children has been estimated to be as high as 20-30%, the need for accessible, coherent services is urgent. However, accessing children’s mental health services is a complicated process because these services are in heavy demand, and because the delivery of services is fragmented. Wait lists serve as a mechanism by which service provider agencies can ration limited resources, while families struggle to get beyond these wait lists and into services. Yet there is currently a significant lack of research on wait lists for children’s mental health services. This study will explore both service provider and family caregiver approaches to creating, managing, and navigating wait lists. Family caregivers and representatives of children’s mental health service provider agencies in the Hamilton area of Ontario will be interviewed individually and in focus groups to talk about their experiences of using wait lists and waiting for services.

Natasha Greenburg, PhD candidate is the lead researcher on this study.

Funded By:
Canadian Institutes of Health Research, 2006 – 2008, $110,298

For more information, please contact:
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Researcher/Doctoral Student
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The Role of Homecare in Supporting Unpaid Caregivers and their Family Members with Dementia

Abstract
The overall purpose of the proposed research is to describe the use and non-use of health care services by Canadians with dementia and the role of home care and other agencies in meeting their needs. In particular, we will examine the impact of gender and place (rural/urban setting and province) in predicting use of these services. We will explore the following questions from the perspectives of unpaid and formal caregivers: a) what influences unpaid caregivers’ decision to use or not use formal health care services; b) how do caregivers perceive the current availability, accessibility, and acceptability of health care services; and c) what is the role of home care and other service providers in supporting unpaid caregivers in caring for those with dementia?

Funded by:
The Alzheimer Society of Canada, Alzheimer Society of Canada, Canadian Nurses Foundation, Nursing Care Partnership of the Canadian Health Services Research Foundation, CIHR Institute of Aging & CIHR Institute of Gender and Health; 2005 – 2007 $177,455

For more information, please contact:
Dr. Maureen Markle-Reid, RN, MScN, Ph.D.
Assistant Professor, School of Nursing, McMaster University
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Abstract
Objectives: To describe the prevalence, determinants and costs of falls among frail, older adults requiring home care services; and to evaluate the effects and costs of a proactive, multifactorial and interdisciplinary team approach to falls prevention among frail older home care clients. Importance to Decision-Makers: Falls and fall injuries are common, potentially preventable causes of mortality, morbidity, functional decline, and increased health care use and cost among frail, older adults over 75 years of age living at home in the community. With an aging population, and a corresponding increase in the number of falls and fall injuries, there is a need to examine how health care services, such as home care, can best prevent falls among older people using available resources. Extensive reform initiatives have given rise to a shift in home care services from health promotion and prevention to meet the need for post-acute care. The impact of that on health outcomes and costs for frail, older people has not been well tested in Canada. Decision makers face the challenge of having the appropriate people provide the correct services in the proper amount and at the right time. This study will help decision-makers to set priorities on appropriate allocation of homecare services for falls prevention among frail older adults. Description: The main goal of this study is to lower the number of frail older adults in acute care hospitals or other institutions by preventing falls. The study will also look at fall-related risk factors such as quality of life and function, level of depression, level of confidence, gait and balance, and use of other health and social services by frail older home care clients. The study will help to identify which frail older home care clients will benefit from a multifactorial and interdisciplinary team approach to falls prevention.

Funded By:
Canadian Patient Safety Institute, CCAC Halton, Ontario Ministry of Health and Long-Term Care— 2006 – 2007, $148,479

For more information, please contact:
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Abstract
Stroke is the third leading cause of death in Canada, and is considered to be the most common disabling chronic condition. Of every 100 people who are hospitalized for a stroke, 15-40 return home and require home care services for rehabilitation. As the population ages and the number of stroke survivors increases, information is needed to determine the best way of providing home care services for rehabilitation to enhance the quality of life of stroke survivors and their caregivers while containing health care costs. This research will address this area by developing and testing the effects and costs of a collaborative and specialized team approach to stroke rehabilitation by health professionals, in a home care setting, compared to usual home care services.

Funded by:
CIHR Institute of Health Services and Policy Research, CIHR Knowledge Translation Branch, Ontario Ministry of Health and Long-Term Care, Toronto Community Care Access Centre, Bridgepoint Health, McMaster University, System-Linked Research Unit on Health and Social Services Utilization, Heart and Stroke Foundation of Ontario, Greater Toronto Area Rehabilitation Network, October 1, 2005 - September 30, 2008, $199,729.

For more information, please contact:
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Abstract
The frail elderly (75+) are the largest consumers of health services in Canada, yet they comprise only a small fraction of the entire population (3% in Durham region). The current system of health and social services for seniors is not comprehensive, coordinated, nor accessible. Yet, it has been well documented that poorly coordinated/fragmented services are both costly to the health system, and also result in a socioeconomic impact on caregivers and high rates of institutionalization and acute care hospital-use by frail older persons. Although in Durham only 12% of the population is age 65 or older, the actual number of frail older persons is growing at a disproportionately higher rate than the rest of the province. The impact on the health care system will be unprecedented unless the creation of coordinated, accessible, and preventative services for frail seniors becomes a priority for action.

Through the collective and collaborative work of the Frail Elderly Alliance of Durham Region (FEADR), integration initiatives and successes are well underway. In this project, for the first time, frail seniors and their caregivers (both formal and informal) will have a voice in the creation of a prioritized action plan that will guide the work of the Alliance in the coming years – this will result in meaningful, tangible service improvements based upon the real needs of the people most affected. The engagement of frail elders in the planning and decision making process is unique and with their critical perspective and insight into these gaps, their input will prove to be invaluable. The Concept Map developed through this project will provide the foundation for the five year action plan for FEADR – an action plan that will result in integrated service planning in order to address gaps in service from the client’s perspective.

Funded by:
Ontario Trillium Foundation Sept 2005-Sept 2006

For more information, please contact:
Dr. Carolyn Byrne, Dean and Professor, UOIT
Investigator of the SLRU, McMaster University
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Abstract
This research project, funded by the SLRU and the Trillium Foundation, continues into 2006. Data collection continues with an anticipated end date of June 2006. Once all the material has been collected, analysis and reporting will be completed by November 2006. The primary objective of this study is to determine the comparative effects and expense of Brief Solution Focused Counselling (BSFC) alone or BSFC combined with collaboration with the person’s primary care physician for people at risk for mental health problems. It is hypothesized that Brief Solution Focused Counselling combined with collaboration from the primary care physician regarding medications will have more enduring cost effectiveness than Brief Solution Focused Counselling alone. The secondary objective is to determine who, with what characteristics most benefits from which of two approaches to counselling at what price? It is hypothesized that people with depression and situational problems will most benefit with lower expenditures for use of services from the Brief Solution Focused Counselling and collaboration with primary care.

For more information, please contact:
Dr. Carolyn Byrne, Dean and Professor, UOIT
Investigator of the SLRU, McMaster University
Telephone: 905-721-3140 ext. 2518   Email: Carolyn.Byrne@uoit.ca
Abstract
To what degree do ACT teams in Ontario achieve fidelity? Fidelity has been clearly linked to outcomes in all but one published research study. One clear goal of the increased funding to ACT teams is to enable teams to better meet Ontario ACT standards. Measuring fidelity, using a reliable and validated tool, will provide clear data for the MOHLTC about the degree to which teams are meeting standards. Research suggests that there is significant variation in fidelity scores amongst ACT teams within the same jurisdictions (Salyers), thus it is expected that there will be significant differences in Ontario. Analysis of such contrasts can serve to assist teams to move their practice towards meeting fidelity standards. Does fidelity correlate with expected outcomes in the Ontario experience? While there are some studies that demonstrate that higher fidelity is linked to improved outcomes (Latimer; McGrew; McHugo) the Ontario context provides an opportunity to compare fidelity and outcomes for over 80 teams and determine what level of fidelity can be expected to produce the desired outcomes. What aspects of fidelity correlate with which expected outcomes? The large sample of teams provides an opportunity to determine which aspects of fidelity are most critical for particular outcomes. This research on the critical ingredients of ACT and what outcomes they improve is in its infancy (McGrew) and requires replication and elaboration.

Funded by:
The Ontario Mental Health Foundation, May, 2006, $114,429

For more information, please contact:
Lindsey George
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Finding Solutions with Community Partners
Vulnerable Population – Adults

Evaluating HIV/AIDS Prevention Services in Ontario First Nations and Métis Communities: A Participatory Research Proposal Writing Workshop

Research Team:
Principal Investigator: Basanti Majumdar

Partners:
People of the First Nations; Métis Nation of Ontario; and the Métis Council of Canada

Abstract
Methods: SLRU Unit researchers developed presentations and learning activities based on needs identified by the participants in a pre-workshop survey. A three-day workshop was held, with 19 representatives from the First Nations and Métis communities and six researchers.
Results: The work completed at the workshop represents the enhanced capacity of these organizations to develop original First Nations and Métis Nation research with the support of McMaster University’s SLRU Unit researchers. Participants gained a basic understanding of how to develop a research proposal and transferred their knowledge to the development of two proposals, in collaboration with a team of investigators.
Outcomes: Plans to implement one of the proposals developed during this workshop with the Métis Nation of Ontario are now underway, reflecting the increased capacity among participants to implement and evaluate culturally sensitive HIV/AIDS programs that meet the needs and priorities of their communities.

Project Goals:
This project had two goals: (1) to increase the capacity of each participating organization to educate and train its human resources in HIV/AIDS research and prevention, and (2) to develop a research study that will examine the growing epidemic of HIV/AIDS while testing culturally sensitive HIV/AIDS prevention programs.

Funded By:
Canadian Institutes of Health Research (CIHR) - HIV/AIDS Community Based Research Program Competition—Aboriginal Stream: $25,000

For more information, please contact:
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Professor, School of Nursing and Department of Family Medicine
Telephone: 905-525-9140 ext. 22456 Email: majumdar@mcmaster.ca
Finding Solutions with Community Partners
Vulnerable Population – Adults

Capacity Building: Culturally-Sensitive Training for Staff and Volunteers of First Nations Community Organizations Providing HIV/AIDS Services

**Partners:**
The Métis Nation of Ontario

**Research Team:**
Principal Investigator: Basanti Majumdar
Co-Investigators: J. Roberts, G. Browne, A. Gafni, & T. Chambers

**Abstract**
Based on the results of the workshop held in 2005 (previous page), the Métis Nation of Ontario and the Métis Council of Canada in conjunction with Dr. Majumdar have received permission from the CIHR funding program to implement a research survey with Métis community.

**Funded By:**
Canadian Institutes of Health Research (CIHR) - HIV/AIDS Community Based Research Program Competition—Aboriginal Stream: $25,000

**For more information, please contact:**
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Professor, School of Nursing and Department of Family Medicine
Telephone: 905-525-9140 ext. 22456    Email: majumdar@mcmaster.ca
Maureen Markle-Reid and Robin Weir with the SEN and VON nurses that were involved in the homemaking study.

H.E. Ambassador Molelekeng E. Rapolaki, Ambassador of the Kingdom of Lesotho to the United States of America visited the Unit with first Secretary, Mr Tumelo Raboletie and Drs. Thabane (CE&B) and Majumdar (SLRU/CLEAR). The purpose of the visit was to foster a collaboration with the Kingdom of Lesotho with the aim to find ways for the two institutions to work together to address the HIV/AIDS problem in Lesotho.
Section 4

Research Sustainability – Training & Mentorship

“The SLRU is one of balance, harmony, integration and synergism through collaborative alliances”

… Dr. Gina Browne, Annual Report 1998
“The evaluation of interdependent services requires further alliances between teams of investigators from a variety of research units and private/public sources of research funding. Gerontologists are paired with health and social science researchers; child and adult psychiatrists are paired with health, economic and social service investigators; basic scientists work with clinicians. The “performance” is financed by both public and private sectors. With multiple level alliances, the possibility of multiple options to achieve multiple outcomes is magnified.”

… Dr. Gina Browne, Annual Report 1998
Master’s Students:

Jane Burns, McMaster University. Gina Browne is a member of Jane’s thesis committee. Jane is a former Adult Oncology Program graduate who has started the first adult interlink oncology nursing role in Hamilton. Her thesis is focused on defining the need/goals for this new role which is focused on providing palliative and supportive care for cancer patients in the community.

Tracey Chambers, As a full-time Research Assistant with the School of Nursing at McMaster University for the past six years, Tracey has worked on a number of diverse quantitative and qualitative research projects involving marginalized populations at national and international levels, and has assisted in the coordination of three international conferences. In January 2006, she completed the Graduate Nursing Program at McMaster, having successfully defended a Masters thesis on the knowledge and attitudes of nurses in rural KwaZulu-Natal, South Africa, towards HIV/AIDS. Tracey now has her “Master of Science” and Basanti Majumdar, Jacqueline Roberts and Carolyn Byrne are proud to have been part of her training as Supervisor and members of the Supervisory Committee, respectively.

Michelle Hogan, Supervised by Basanti Majumdar, Michelle completed her Masters of Science this year at McMaster University. Her thesis work was on “Lymphedema knowledge among women surgically treated for breast cancer”.

Brenda Morgan, Jacqueline Roberts was a member of Brenda’s thesis committee. Brenda completed her Masters of Science at McMaster University in 2005 on the “Feasibility of the family’s needs and strategies model as a tool for providing support to family members of adult critical care patients: A pilot study”.


PhD Candidates:

Gail Butt, Associate Director, BC Hepatitis Services, Vancouver. Supervisor is Gina Browne, for PhD Program at McMaster University, 2005-2009. Thesis topic – An evaluation of the degree of integration and an exploration of factors that foster and inhibit integration in two hepatitis C prevention and care demonstration projects in British Columbia. Amiram Gafni is a member of the thesis committee.

Olga Lucia Cortes, Supervised by Maureen Markle-Reid, 2005 – present, McMaster University. Her thesis topic is “Predictors of in-hospital ambulation for patients with acute myocardial infarction”.

Sarah Flicker, University of Toronto. Gina Browne was the external examiner for Sarah’s Oral Examination in June 2005 on her research “Critical issues in community-based participating research”

Clemon George, Laval University. Gina Browne was an External Examiner. Research in “HIV risk taking and associated cultural factors.” Oral examination took place in August, 2005.

Natasha Greenwood, University of Toronto. Gina Browne is a member of the supervisory committee. Natasha has received a CIHR grant to study “Working the Wait: Institutional and Family Caregiver Approaches to Managing Wait Lists for Children’s Mental Health Services”, 2005-2008.
Research Sustainability – Training & Mentorship
Students

Valerie Grdisa, McMaster University. Valerie began her studies in September 2005 and expects to be completed in 2008. Gina Browne is supervisor for her research project “To measure integration and adolescent mental health services in the Mississauga-Halton Local Health Integration Network (LHIN).” Valerie has been accepted into the Diploma Program of the Ontario Training Centre in Health Services and Policy Research, and Gina will be her OTC mentor as well.

Dawn Kingston, Supervised by Wendy Sword, mentored by Gina Browne, 2004 - PhD in Clinical Health Sciences (Nursing) program, McMaster University. Presently completing a policy decision-making placement with the Ministry of Child and Youth Services to develop an evaluation framework for the Best Start demonstration sites. Her doctoral program is in the “Concept Analysis of Life Course”.

Jennifer Mitton, Supervised by Basanti Majumdar, McMaster University, Jennifer’s thesis looks at the relationship between MDMA and sexual risk-taking behaviours among 19-24 year olds. She has just finished the qualitative component of her project. The individuals were recruited at night clubs, as well as local youth hang-outs and services. Jennifer expects to finish her degree next fall (2007). In addition to her PhD work, Jennifer has been working in Public Health for the past 7 years. Her experience includes school health nursing, substance abuse prevention, and now nicotine addiction treatment (smoking cessation) within the Tobacco Control Division, Hamilton Public Health Services, Healthy Lifestyles and Youth Branch.

Anita Stern, MSc(N) is a CSS PhD Candidate, having received the Canadian Cancer Society Research Studentship (BPCC) Award for 2002 to 2006. Alex Jadad and Ruta Valaitis are her co-supervisors. Anita’s research revolves around the use of ICT’s to deliver care to community-based palliative cancer patients and their families. After working in community health care for 15 years, she chose to focus her energy on palliative care research in the hopes of improving the delivery and co-ordination of services to patients nearing the end of life. Anita is pleased to announce that the Canadian Virtual Hospice is now up and running at www.virtualhospice.ca While co-chairing the bilingual Canadian Virtual Hospice she is pursuing her PhD in nursing at McMaster University. Anita’s latest project is a Telehomecare study with palliative care cancer patients and their caregivers in the Greater Toronto Area. This research is funded by the Primary Health Care Transition Fund and is studying the value of telemonitoring for community based cancer patients at the end of life, and their caregivers.

Career Scientists:


Post Doctoral Fellow:


**Lindsey George**, BA, MES, MD, FRCP(C), is an Assistant Clinical Professor, Department of Psychiatry and Behavioural Neurosciences and Associate Investigator with the System Linked Research Unit on Health and Social Service Utilization. Lindsey is also Head of Service, Mental Health Rehabilitation Service. St. Joseph's Healthcare, Hamilton; Director of the Regional Psychiatry Program, Hamilton; Staff Psychiatrist and Co-leader of the Hamilton Program for Assertive Community Treatment, St. Joseph's Healthcare, Hamilton; Consulting Psychiatrist for HOMES program, Good Shepherd Centres, Hamilton; and Research Associate, Health Systems Research and Consulting Unit, Centre for Addiction and Mental Health, Hamilton. Lindsey’s involvement with the SLRU presently includes a study “on Fidelity and Recovery: How are Ontario Assertive Community Treatment (ACT) Teams Doing?”

**Janet Landeen** is currently an Associate Professor, School of Nursing, McMaster University. Her clinical work focuses on psychiatry, starting on acute, in-patient psychiatric nursing and later focusing on the severely mentally ill.

**Linda O’Mara**, Associate Professor, School of Nursing, McMaster University, received her Nursing diploma from St. Mary’s Hospital School of Nursing in Montreal, Quebec and her Bachelor’s and Master’s of Nursing at McGill University. Recently (2001) she completed her doctorate at the University of Toronto in Community Health, Department of Public Health Sciences. She teaches Nursing undergraduate courses, such as problem-based tutorials, population health, community health, and critical appraisal.

**Irene Patelis Siotis**, MD, FRCP(C), is an Assistant Professor with the Department of Psychiatry and Behavioral Neurosciences, McMaster University, Hamilton Ontario and also holds the position of Staff Psychiatrist in the Mood Disorder Program, McMaster University.

**Diane Semogas** RN, MScN, holds the position of Assistant Professor with the School of Nursing, Faculty of Health Sciences, McMaster University and is Director of The Claremont House: Special Care Unit – a special program to assist alcoholics.

**Helen Kirkpatrick**, RN, MScN, MEd, PhD. Helen is an Assistant Clinical Professor with the School of Nursing, Faculty of Health Sciences, McMaster University. Along with her work on preparing for her PhD defense this year, Helen is working with Janet Landeen and Lindsey George on the study of the effectiveness and expense of a wellness program for people with severe and persistent mental illness. Helen successfully defended her PhD thesis in 2005 on “Moving on from Homelessness”.

**Pam Baxter**, RN, BA, BScN, MScN, PhD. Pamela is an Assistant Professor in the School of Nursing, Faculty of Health Sciences, McMaster University. Currently, she is a co-investigator on the falls project with Maureen Markle-Reid with the CCAC of Halton and a co-principal investigator working alongside the University of Western Ontario and the Ontario University Institute of Technology on a project evaluating the use of clinical simulation in Schools of Nursing across Ontario. Pamela is also a co-investigator on an Ontario wide study of RN and RPN decision making.
“Compartmentalization of our service strategies has led to new crises of costs, gaps in services and compelling contradictions. Having spent so much we serve so few of peoples’ needs”

... Dr. Gina Browne, Annual Report, 1998
Highlights on Activities of SLRU Associates/Collaborators

**Graham Clyne**, MPS. In 1994, Graham led the development and implementation of Kids Count, a collaborative cross-sectoral partnership working to improve the health and learning outcomes of children in low income neighbourhoods. This led to the development and launch of London's "Investing in Children" strategy, currently underway. Most recently Graham led the Foundation for Learning and Social Enhancement as Research Director for a national initiative known as the "Prevention Dividend Project" - an effort to encourage the understanding and use of economic evaluation in Canada's non-profit and public sectors. This has led to the founding and creating of a training organization - the Canadian Institute of Economic Evaluation - to sustain the work. A committed volunteer, Graham has served on a number of significant local and provincial boards including the Investment in Education Council, the Sparrow Lake Alliance, the Peter F. Drucker Foundation, and the local Children's Aid Society. He is currently collaborating with Dr. Browne on the Merrymount Evaluation Project.

**Dr. Daniel Salhani**, M.S. Ph.D. (RSW) is Director of the School of Social Work and Associate Professor at Okanagan University College. The SLRU met Daniel while he was serving as the Director, Integration Strategies for Children's Services Branch of the MOHLTC and MCSS in Ontario. His research area of interest is the integration of health and social service agencies for effective and efficient delivery of care for vulnerable children. Daniel has worked for over twenty-five years in the field of health and social services with particular research interest in systems of care for children and inter-professional relations in human services. His experience spans academic, consulting and public service positions.

**Margaret Harrison**, PhD, from Ottawa, was the SLRU's first doctoral student in the Clinical Health Sciences program. She was supervised by Gina Browne, Jackie Roberts and Amiram Gafni. Dr. Peter Tugwell provided local supervision in Ottawa where the PhD research was conducted. The doctoral study focused on evaluating a transition approach that implemented recommendations on counselling/education and transition from hospital to home from a well-recognized guideline (AHCPR, 1994). Results revealed improved quality of life and reduced use of the emergency room in a 3 month follow-up (Medical Care in press). Throughout the trial there was interest from other settings to use the evidence-based education intervention, Partners in Care for Congestive Heart Failure (PCCHF). Copyright of the PCCHF has been transferred to Heart & Stroke Foundation of Canada (HSFC). Her research looked at "Overcoming the Limitations of Sectoral Care: The Effectiveness and Efficiency of Two Models of Organizing Transition From Hospital to Home for Complex Medical Populations". Margaret is currently Senior Nurse Scientist at the Ottawa Health Research Institute, Clinical Epidemiology Program at Ottawa Hospital and full Professor at Queen's University School of Nursing as of July, 2006. Margaret also won the Health Sciences Research Award (Basmajian Medal) in 2005 – the first time it has gone to a nurse.

**Jane Underwood** has a background in Public Health Nursing practice administration, research and education. She holds a Bachelor of Science in Nursing and a Master of Business Administration from the University of Toronto. She is a past president of the Ontario Public Health Association and has long term association with the Registered Nurse Association of Ontario and the Canadian Public Health Association. She was employed by the City of Hamilton for 16 years as Director of Nursing and Director of Community Support and Research. Currently working as a Public Health and Social Policy Consultant, her clients are municipal, provincial (member of the Capacity Review Committee for the report on “Revitalizing Ontario’s Public Health Capacity”), federal and international. She has had a faculty appointment in this School of Nursing since 1986 and is currently involved in research and education at McMaster University.

**Susan VandeVelde Coke**, RN, BS. MS, MBA, PhD, is Executive Vice President Programs/Chief Health Professions, Sunnybrook and Women’s College Health Sciences Centre, Vice President
Operations, Ontario, for the Victorian Order of Nurses (VON), National office and Adjunct Professor at the University of Ottawa. Her research and career interests are in health care administration, health care economics, and community and acute care delivery systems. She has held numerous administrative positions in Canada and the United States, most recently as the Vice President of the Health Sciences Centre, Winnipeg. She is active in a number of professional associations and has served on the Canadian Nurses Association Board of Directors. Her publications and speaking engagements concentrate on restructuring the health care system. Her recent research project, funded by the Canadian Health Services Research Foundation investigated "The Effectiveness and Efficiency of Providing Home Care Visits in Nursing Clinics vs. the Traditional Home Setting" and "Efficacy of Community Psychiatric Nursing Teams".

Gladys Peachey graduated from Memorial University of Newfoundland, BN, MEd, University of Toronto, MHSc., PhD, McMaster University. Her thesis and interest is “The effect of leader empowering behaviours on staff nurses workplace empowerment, psychological empowerment, organizational commitment and absenteeism”.

Sandra Henderson is currently the Executive Director of the Community Care Access Centre (CCAC) of Halton, a position she has held since the opening of the Centre in 1997. The CCAC provides information and referral to home care and placement services to a population of approximately 400,000 and administers an annual budget of $40 million. The CCAC is now providing services to an active caseload of 6,800 clients on a daily basis. She is a member of the Canadian College of Health Service Executives (CCHSE). In addition, she holds a clinical appointment in the Faculty of Health Sciences and the Faculty of Graduate Studies at McMaster University. She is also a partner in the System-Linked Research Unit on Health and Social Service Utilization. Her research focuses on vulnerable elderly populations and their caregivers living in the community and receiving home care services, health service utilization and innovative models of case management. She has presented her research to provincial, national and international audiences. She has experience collaborating with researchers and influencing the development of health policy. Sandra considers her most significant contributions to be her publications with Maureen Markle-Reid and the National Home Care and Primary Health Care Partnership Project, funded by the Primary Health Care Transition Fund, Health Canada, $2.6 million. (April 1, 2003 to March 31, 2006). The goal of the National Partnership Project is to enhance the integration for home care and primary health care services in Canada. This will be achieved by increasing collaboration of primary health care providers through a strengthened role of home care case management of clients/patients with chronic diseases. The project’s strategies include strengthening partnerships, adopting “preferred practices”, evaluation and research, information technology, and communication. The project has been implemented in existing primary health care settings in Ontario and Alberta, specifically Halton, Peel and Calgary. This project is building on existing practices and is acting as a catalyst to enhance primary health care. Communication and service integration is being augmented through the use of information technology applications for databases and templates for chronic disease management. The research and evaluation components will help determine health outcomes, the use of health care services and client and service provider satisfaction.

Bonnie Ewart, MSW, has been appointed to the Board of the Toronto Central LHIN. In her most recent post she served as an Assistant Deputy Minister with the Ministry of Community and Social Services, the culmination of 30 years work in provincial and regional government. Her background includes hands-on field work through to senior involvement in institutional governance and development. Bonnie served on the Community Steering Committee of the SLRU, while Commissioner of the Halton Regional Department of Social Services and was a Co-Investigator on many of the research studies including “When the Bough Breaks” and “Benefiting the Beneficiaries.”
“In our unit we have shifted our notion of ‘dissemination’ and ‘research transfer’ from a unidirectional concept of information diffusion to reciprocal information sharing, from imparting knowledge to enabling choices, from an insular system of expertise to a linked intersectoral and inclusive system of complementary resources.”

… Dr. Gina Browne, Annual 1995