

# Leadership Primer: The Health Neighbourhood & Addressing What Matters Most for Patients

## Lessons Learned from Reducing the Impact of Financial Strain

### The Health of Populations & Communities

The health neighbourhood includes the key services that reach beyond the Patient's Medical Home to include other health and social care services such as the food bank and Family & Community Support Services.

### Reducing the Impact of Financial Strain (RIFS)

“Do you ever have difficulty making ends meet at the end of the month?”

Three PCNs tested a collaborative approach to address income as a determinant of health in both the patient's medical home and the health neighbourhood. Click [here](#) to learn more about RIFS and the available [tools](#).



Lacey's story (4:08) illustrates how a family physician and team came to realize that to improve their patient's medical care, they had to address his social needs first.

[Link to Lacey's story](#)   [Link to other digital stories](#)

### How to #StartTheShift Integrating the Patient's Medical Home in the Health Neighbourhood

Click [here](#) for the evidence summary outlining the benefits of strong links among partners and sharing information in the health neighbourhood.

### A Shift in Perspective

Asking questions about social determinants of health is not a traditional role for primary care and starting a conversation with patients about their social circumstances can feel overwhelming.



**With patients:** Ask and explore “what matters to you?”

**With community partners:** Ask what's important to the community, plan and make adjustments together

### Customize to Your Community

Know the community partners for specific health and social supports to customize patient care.



Possible options include:

211, Healthseeker app, paper-based directories

### Teamwork and Collaboration

Promote connections between clinics, PCNs and communities. Be intentional and strategic about engaging partners from a variety of organizations and sectors.



Use the Alberta [Healthy Communities Approach](#) to help build the health neighbourhood.

### Care Coordination

Collaborative relationships with community partners are a necessary foundation to:



Develop referral and communication pathways between the medical home and health neighbourhood that enhance continuity of care. It's optimal to provide support and patient navigation to resources.

### Support for Transformational Change

Working together with non-traditional partners to solve complex problems requires leadership support at all levels to advocate for change and build strong connections between partners.



**Provincial:** A leadership commitment to work collaboratively to address complex health challenges.

**PCN level:** A leadership commitment to ensure PCN priorities include the social determinants.

**Clinic level:** A physician champion and team is required to implement change in the clinic.

Use the [Population Health Needs Framework](#) and [User's Guide](#) to develop intentional strategies for transformative change.