



STEP 4: SCALE-UP

By collecting evidence of local effectiveness, it is then possible to scale-up the use of the CLEAR toolkit within the broader community of health workers, including physicians, nurses, community health workers, midwives and so forth, so that all health professionals are able to adopt a social determinants of health approach to help support their patients in addressing complex social challenges. The CLEAR toolkit can also be shared more broadly at the national level and adapted to multiple local contexts within the country.



Addressing social challenges is not a simple task, but it requires local understanding of what patients are facing as well as local knowledge of how to best support patients. Health workers at the frontlines are in a privileged position to help support and advocate for their patients by addressing the underlying root causes of poor health and helping to change the structures and systems that lead to poor health in the first place.

Building up a local evidence base on the use of this approach and sharing success stories will inspire others. As well, understanding attempts that didn't work as well will also help to develop best practices in this area and identify the most effective strategies and approaches for tackling challenging and deeply rooted social issues.

Examples of how to scale-up (start small, go global)

Locally

Help to inform and raise awareness among local community leaders about the social challenges that patients in the community are facing and what could be improved in the community to create more supportive environments for health.

Nationally

Spread the use of this social determinants approach in other districts and regions within the country to make this approach common clinical practice nationwide.

Globally

Sharing through publications and conference presentations how this simple approach at a grassroots level has made an impact for patients, families and communities, and is improving health in countries around the world – also sharing strategies for making it work and how to do the adaptation to different contexts so that it is best able to help health workers better support patients and create healthier communities.



Empowering health workers to support disadvantaged patients and communities, particularly in low and middle income countries.

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A guide to training frontline health workers to take action on the social causes underlying poor health

The CLEAR toolkit is a clinical decision aid for physicians, nurses, community health workers and other allied health workers to help them take action on the social determinants of health in clinical practice.

The CLEAR toolkit guides health workers to 1) **treat** the presenting health problem, 2) **ask** about underlying social problems, 3) **refer** to local social support resources, and 4) **advocate** for more supportive environments for health.

This trainer's manual has been developed for governments, NGOs, academics and others involved in training frontline health workers to facilitate implementing the CLEAR toolkit in your local context.

This manual can guide you to 1) **adapt** the CLEAR toolkit to your local reality, 2) **educate** health workers how to use the toolkit in clinical practice, 3) **measure** the impact on patient health and social outcomes, and 4) **scale-up** the use of the toolkit among all health workers.

- 1 ADAPT
- 2 EDUCATE
- 3 MEASURE
- 4 SCALE-UP



STEP 1: ADAPT

The first step is to translate and adapt the CLEAR toolkit for your context and map out existing support resources. This can be summarized in a 1-page "Guide to taking action in our community" that is specific to the local reality and provides concrete examples of how health workers in your area can ask about social determinants and better support patients in their day-to-day clinical practice.

To create this 1-page "Guide to taking action in our community," talk with local health workers, NGO organizations, patient groups and community leaders to identify:

- ➔ Who are the most vulnerable and disadvantaged patient groups in this community? (e.g. young mothers, isolated elderly, neglected children, disabled persons, refugees, etc.)
- ➔ When social challenges are identified, where can health workers refer disadvantaged patients for services and social support? (e.g. local women's group, shelter, soup kitchen, faith-based support group, legal aid, etc.)
- ➔ What are the main social challenges that patients face in this community? (e.g. hunger, violence, lack of child care, unemployment, poor housing, etc.)
- ➔ Beyond supporting individual patients, what more can health workers do to help create more supportive environments for health? (e.g. outreach to care for hard-to-reach groups, making their clinical practice more accessible, raising awareness with local leaders, joining an intersectoral health committee, participating in community health planning, partnering with advocacy organizations, etc.)
- ➔ How can health workers identify disadvantaged patients and ask about social issues in a culturally sensitive and respectful way? (e.g. do you feel safe at home? In the last month have you skipped meals because you can't afford to buy food? etc.)





STEP 1: ADAPT - EXAMPLE 1 PAGER

GUIDE TO TAKING ACTION IN THE COMMUNITY

→ Patients in our community struggle with a number of social challenges, including:

→ The most disadvantaged and vulnerable patient groups in our community are:

→ The most sensitive and caring ways to ask about social challenges during patient encounters are:

→ When social challenges are identified, the following referral resources can help patients:

→ If referral resources are not available for key challenges that cause suffering, creating such resources would require the assistance of the following key persons in our community:

→ To create more supportive environments for health, an intersectoral health committee is needed which would include the following key people to work together for a healthier community:

→ For more information, please contact: _____



STEP 2: EDUCATE

CLEAR TOOLKIT



Once a local adaptation of the CLEAR toolkit has been created that **1)** identifies the main social challenges in the community, **2)** suggests how to ask about these challenges in a caring and respectful way, and **3)** maps out the available patient support resources, it is then possible to educate frontline health workers to use the toolkit in their daily clinical practice.

The training can either be organized as a special event or an “add-on” when health workers are already receiving continuing education. The time required for the training may vary depending on what is feasible in the local context. In some places, trainers might simply hand out the translation of the toolkit with the 1-page “Guide to taking action in our community” and advise health workers to use this. Where possible, it would be helpful to organize a workshop and spend at least a couple hours explaining to health workers what are the social determinants of health, role play how to ask about these potentially sensitive issues in clinical practice and discuss the various referral resources in the local area.

It is recommended, where possible, to invite community workers from local NGOs and support organizations to meet with health workers and explain to them how to refer patients to their organization and the ways in which they can provide additional support for their patients. Health workers can also be asked in advance to bring examples of patients from their practice with complex health and social challenges and these “real-life” cases can be used to brainstorm the different ways of asking about the issues and what can be done to support these patients at the clinical level, as well as suggesting broader actions to address these issues at the community level (e.g. starting a women’s group for young mothers if such a resource doesn’t already exist in the community).



STEP 3: MEASURE



It is important to measure the impact of training health workers to use the CLEAR toolkit in their clinical practice. You can do this by using a questionnaire-based survey to measure patient experiences at baseline (i.e. before the training) and then again using the same questionnaire post-intervention (i.e. after health workers are trained to use the CLEAR toolkit) to see if there is a difference before and after. Similarly, it is also possible to compare outcomes for patients in a control group (i.e. where their health workers have not received the CLEAR toolkit training) and for patients in the intervention group (i.e. where their health workers were trained to use the CLEAR toolkit), to see if there is a difference.

For example, before training health workers to use the CLEAR toolkit, only 30% of patients reported having someone to help them with their social challenges and 70% had high levels of stress, whereas after the training, the proportion of patients with social support doubled and the number experiencing high levels of stress reduced by half.

Depending on resources, one could conduct a formal research study with approval of the local research ethics committee, or a simple clinical audit with the aim of improving the quality of patient care. In either case, there are many different indicators that can be measured and compared to determine the impact of using the CLEAR toolkit in clinical practice:

- **Health outcomes** - e.g. patient’s perceived health, perceived mental health, stress levels.
- **Social support** - e.g. availability of social support, sense of agency, community belonging, life satisfaction, control over life choices.
- **Social outcomes** - e.g. food insecurity, housing problems, exposure to violence, discrimination.
- **Patient experience of clinical care** - e.g. satisfaction, opportunities to discuss social challenges in clinical context, referral by health worker to social support resources.

Qualitative interviews can also help to understand how the CLEAR toolkit affects clinical care and patient experiences.