

Sudbury Dialogue Report Back

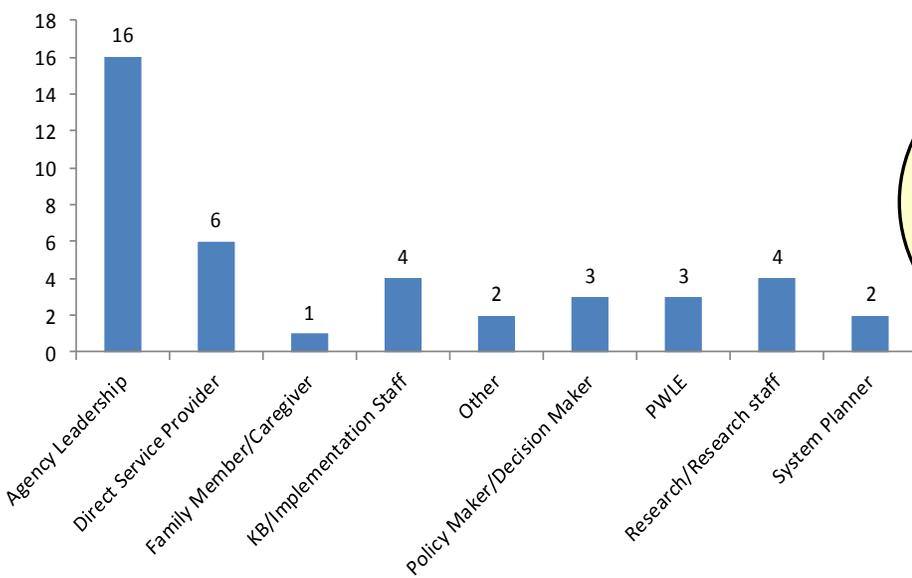
This report back highlights the diverse evidence needs prioritized by participants at the Sharing Together Sudbury dialogue held on February 7, 2017. Eight Sharing Together dialogues were held across the province from January to April 2017, and individual high level report backs have been created to share back what we heard from participants at each dialogue.

Through Sharing Together, EENet aims to co-create an evidence priority agenda that reflects regional and provincial mental health, substance use and addictions evidence needs, and includes diverse stakeholder perspectives. EENet and partners will use this co-created evidence priority agenda to shape the types of evidence we make available and accessible to stakeholders in Ontario. By addressing evidence needs, we hope Sharing Together will contribute to a more evidence-informed and connected system, leading to better experience and quality of care, and overall health and wellbeing, for all Ontarians.



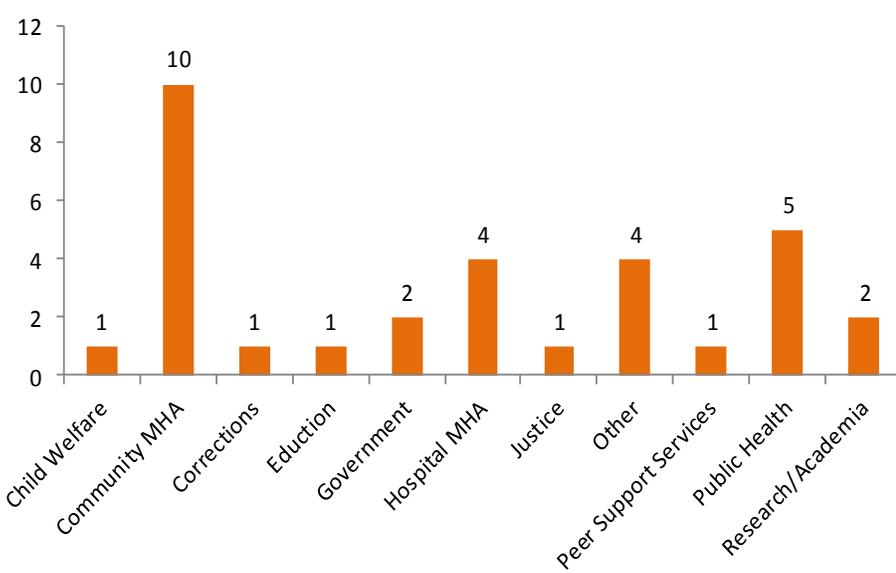
At this dialogue, 31 participants attended and indicated they that either lived experience or have worked with various diverse populations, including low income, people who have experienced homelessness, First Nations, Inuit and Métis, children and youth, women, Francophones, LGBTQ (Lesbian Gay, Bisexual, Trans and Queer), older adults, ethno-racial communities, and religious/faith communities. Attendees came represented urban and rural areas, and some also represented remote locations. Below is a breakdowns of attendees by stakeholder group and sector.

1. Which stakeholder group do you best represent? (Participants selected all that apply)



"I really appreciated the opportunity to work with a wide variety of sectors. Often we operate in our own "bubbles," which is counter intuitive when working towards a system of care."
Dialogue participant

2. What sector do you work in? (Participants selected all that apply)



"Our table discussions were rich and we had a nice mix of addiction & mental health, peer support, justice, & public health."
Dialogue participant

"Table discussions were very rich. I also liked the rolling up and report back, always nice to hear the perspectives of others."
Dialogue participant

Sudbury Dialogue — Evidence Needs

The top three evidence themes were selected by participants prior to attending the dialogue for discussion. At the dialogues, participants then discussed and prioritized specific evidence needs related to each theme. Listed below are the top evidence needs in order of prioritization.



Access to services

- Understand the **impact of rural and remote geography** on access to services:
 - Outcomes for those who are unable to access services and supports, and
 - Effective strategies for providing services at a distance.
- Strategies to **improve access, build trust, and address stigma**, informed by service users.
- Best practices for **increasing collaboration between organizations** as a way to improve access, including system-level information sharing.
- Understand the **support needs of individuals while they are on waitlists** for service, and strategies/services that may address some of these interim needs (for example, peer support).
- Local **prescribing practices related to opioids, and referrals to alternative services**, for example pain management clinics.



Harm reduction

- Identify and improve awareness of the **spectrum of harm reduction approaches** for substance use, harmful behaviours (for example, self-injury), and other types of addictions.
- How to change perceptions toward **harm reduction versus abstinence-only treatment options**.
- Strategies to **educate different audiences about harm reduction** (for example, nurses, general public, and individuals who may benefit from harm reduction programs).
- **Collect data on local harm reduction programs**, including:
 - comorbid factors of service users;
 - needle provision;
 - program use rates; and
 - program outcomes.
- Compare **residential harm reduction models and community-based models** (for example, drop-in/day programs and outreach services).



Integrated health care delivery

- Effective practices to overcome **barriers related to information use and sharing**.
- Components of **effective transitions between services**, including:
 - transition-aged youth,
 - between hospital and community; and
 - between services in the community.
- **Impact of system navigators on increased integration** within the mental health and addictions system and across supporting sectors.
- Develop organizational and ministerial **policies that support integrated health care**.
- Impact of **quality of team functioning** on service delivery and quality of care.

Next steps

We will extend participation in the Sharing Together process through an online survey to stakeholders across Ontario. Following that, we will analyze provincial trends to develop the evidence priority agenda for Ontario's mental health, substance use, and addictions system. The final step will be to disseminate the agenda to support knowledge exchange activities across Ontario. EENet will also collaborate with partners to respond to the evidence needs identified.

Resources have already been posted on the [Sharing Together webpage!](#)

Stay tuned as we gather more evidence and if you have relevant resources, share with us!