



Renal Social Workers and the Kidney Foundation of Canada

Collaboration to reduce the Burden of
Kidney Disease

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Outline

- Social workers' ethical responsibility to participate in social justice & advocacy
- Historical context:
 - KFOC Patient Services Programs
 - Trends in healthcare and implications for practice in renal social work
- Current Challenges
- Next steps

Ethical Responsibility

- CASW Guidelines for Ethical Practice
- NASW Definition of Social Justice
- IFSW/ IASSW Statement of (ethical) Principals
- Provincial associations of social workers
- CANSW Standards of Practice

CASW Code of Ethics (2005)

8.2 Participate in Social Action

8.2.2- Social workers endeavour to engage in social/or political action that seeks to ensure that all people have fair access to the resources, services, and opportunities they require to meet their basic human needs and develop fully

CASW Code of Ethics (2005)

8.2.3 Social workers are aware of the impact of the political arena on practice and strive to advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

8.2.4 Social workers endeavour to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppresses and exploited people or groups.

NASW Definition of Social Justice

“Social justice is the view that everyone deserves equal economic, political, and social rights and opportunities. Social Workers aim to open doors of access and opportunity for everyone, particularly those in greatest need”

NASW Definition of Social Justice

“Social workers also apply social-justice principles to structural problems in the social service agencies in which they work.”

“Social workers bring social justice concepts into the wider social and political area.”

IFSW/IASSW Statement of Principles (2001)

- 4.2 Social Justice:
“Social workers have a responsibility to promote social justice, in relation to society generally, and in relation to the people with whom they work.”

IFSW/IASSW Statement of Principles (2001)

- This responsibility includes:
 - Distribution of resources equitably – Social workers should ensure that resources at their disposal are distributed fairly, according to need.
 - Challenging unjust policies and practices – Social workers have a duty to bring to the attention of their employers, policy makers, politicians and the general public situations where resources are inadequate or distribution of resources, policies and practices are oppressive, unfair, or harmful

CANSW Standards and Scope of Practice (2010)

- **4. Community Partnerships**

“CANSW recognizes the momentum that occurs when separate systems unite to work together on issues. CANSW strongly promotes community partnerships.”

CANSW Standards and Scope of Practice

The CANSW member will:

- Build and foster ongoing collaborative working relationships with provincial, federal, and municipal government agencies and key partners such as The Kidney Foundation of Canada and other local, provincial or federal associations which benefits patients”

Historical Context

- KFOC Patient Services Program
- Trends and Our Experiences
- Numbers

**Patient Services: Why it matters to
The Kidney Foundation of Canada**

- A diagnosis of kidney disease is a troubling, even frightening experience, disrupting the lives of patients, families and friends.
- People affected need to learn about kidney disease and the treatment options available – they can turn to the KFOC for information.
- An estimated 1/3 of people will experience financial hardship due to related expenses, such as travel to treatment – they can turn to the KFOC for financial assistance.

**Patient Services: Why it matters to
The Kidney Foundation of Canada**

- People affected benefit from the support of others who have faced similar challenges – they can turn to the KFOC for peer support.
- No other community organization addresses the specific needs of people affected by kidney disease.
- The Kidney Foundation’s programs and services position the Foundation as: “the organization of choice for people affected by kidney disease”.

Patient Services – Guiding Principles

- Consumer involvement in program planning
- Equitable access to programs and services
- Sensitivity to diverse communities
- Effective collaboration and partnerships with renal programs and health professionals
- Program excellence
- Confidentiality of patient health and financial information

KEOC Patient Services: History

1970's

- Public education brochures
- Urine testing in schools ("tinkle test")
- Dialysis camp for children (BC- Okanagan)
- Funding to equip mobile homes with dialysis facilities for vacation purposes

History

1980's

- Patient manual "Living with Kidney Disease"
- National newsletter "Courier"
- 100 bulletin boards provided to renal units
- Peer Resource Counseling program (Man & NS)
- Medic Alert bracelets (NS and Nfld)
- Dialysis camp (moves to Ont)
- National Patient Services Handbook
- National Patient Services Funding guidelines

History

1990's

- New Staff Position - National Program Director
- "Core" programs approved by NBOD (information and referral; patient manual; short-term financial assistance)
- Translation of patient manual into Chinese, Portuguese, Punjabi, Italian; video format and audio cassette format for visually impaired.

History

1990's (Continued)

- National Peer Support Manual
- Paediatric booklets
- Treatment series brochures
- Evaluation of patient services
- New Patient Services Program Policy

KFOC Patient Services: History

2000+

- New brochure titles
- "Kidney Disease Manual updated (4th edition)
- Manual and Brochures posted on KFOC website
- Kidney Connect' Peer Support program becomes "core"
- Branch Program Staff Forum established as an advisory group to the NPSC (a forum for discussion and exchange of information and ideas)

Trends

1960's & 1970's

- National Medicare program is created by Parliament with 50-50 sharing of costs with provinces (1966)
- 50-50 sharing formula replaced with block funding (1977)
- Canadian Renal Failure Registry (1972)
- KFOC and collaborated with Statistics Canada to create a more detailed report (1973-74) and the project faltered in the late 70's

Trends

1980's & 1990's

- Federal funding for health care to provinces further eroded during the 1980's
- The Canada Health Act proclaimed (1984)
- Resurrection of CORR (KFOC, HC, SC, and CSN)
- Massive cuts in transfer payments to the provinces with the introduction Canada Health and Social Transfer (1995)

Trends

1980's & 1990's

- Peritoneal dialysis became a viable option as a long term home therapy (early 1980's)
- Continued growth in the numbers of individuals with EDRD
- A general move to "de-institutionalization" and provision of medical services in an outpatient setting

Trends

2000 +

- Rapid changes in the health care system related to changing:
 - demographics
 - health care financing
 - biomedical technologies
 - healthcare structure and services

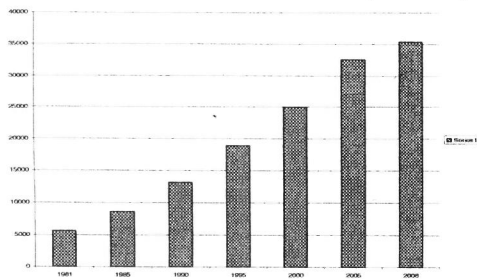
(Dhooper, 1997)

Trends

2000 +

- Increasing number of organizations competing for the charitable dollar
- Increasing number of people with CRI and shift in focus to include prevention/delaying progression
- Increasing complex situation and numbers of clients with which we work

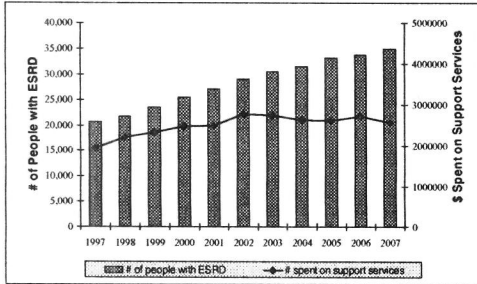
All Treatments 1981 – 2008 (CORR)



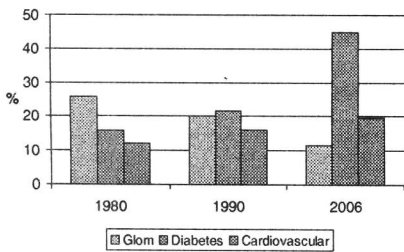


Current Challenges

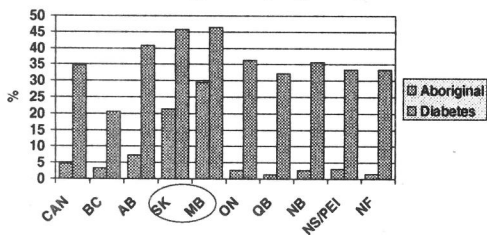
Trying to serve more with less (KFOC)



Modifying risk factors for CKD



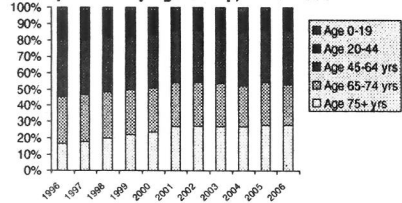
High rates of diabetes and ESRD in Aboriginal population



Source: CORR/CIHI

Aging Population

New ESRD patients by Age Group, 1995-2006:



Source: CORR/CBH 2008 Annual Report

Next Steps

- Collaboration on the transportation issues
- Identify other advocacy issues
- Get involved with your local KFOC Branch or community group



Thank you!
