

# Community-led Change Strategies for Improving Pain in Saskatchewan, Canada

+ coming together collectively to give pain a voice

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## BACKGROUND

### Why does this matter?

- Chronic pain affects 20% of the population.<sup>1</sup>
- Chronic pain has significant costs for people living with pain, health services, employers, health benefit agencies, and society.<sup>2</sup>
- Important to ensure pain services are equitable, accessible, and acceptable.<sup>3</sup>

## STUDY AIM

### What do we hope to accomplish?

- Bring together key stakeholders to co-design contextually relevant services or supports to improve pain management.

*we are here!*




## 4 phase project

- 1 Interviewing stakeholders in each community to learn about gaps and opportunities for pain management.
  - Preliminary results from phase one will be available in December. Watch future newsletters for more information.
- 2 Working groups will be formed in each community to plan one pain management improvement.
- 3 Support implementation and evaluation of the work identified in Phase 2 in each community.
- 4 Develop tools to support ongoing quality improvement work.





## METHODS

### Data collection

- Semi-structured in-depth interviews
- Timeline: August 2020 – April 2021
- Conducted in three communities in SK:






-  Saskatoon's core neighborhoods
-  Regina's pediatric services
-  Yorkton and surrounding rural area

### Participants





- n = 152
- Four categories:
  -  72 - People with lived experience with chronic pain (PwLE)
  -  70 - Healthcare providers (HCPs)
  -  5 - Community-based organizations (CBOs)
  -  5 - Health services and SHA Health Network decision makers (HSDMs)

## RESULTS

**Service program elements**, or what programs or services are needed to improve pain care.

-  **Health services**  
Program or service that offers assessment, treatment, and direct care to patients by HCPs.
-  **Care navigation**  
Providing guidance or coordination of care for patients through the healthcare system.
-  **Support programs**  
A support service for individuals or groups to improve emotional, relational, financial wellbeing.
-  **Education**  
Training or mentorship provided to improve knowledge or skills or change attitudes and beliefs.
-  **Raising awareness**  
Raising awareness about pain or pain resources and advocating to improve supports for pain.

**Service delivery elements**, or how service program elements should be delivered to improve pain care.

-  **Care value**  
Standards of behavior or care that have been described by participants as important to how care is delivered and how interpersonal interactions go.
-  **Delivery approach**  
A specific tool or way of delivering healthcare services or education.
-  **Assessment**  
Ensuring that specific assessments are collected and inform treatment decision making and that assessment items align with patient values.
-  **Communication**  
A process to improve communication about pain care or services.

**Four overarching themes across all change strategies:**  
Reducing stigma, facilitating access, supporting engagement, fostering wellness.

## DISCUSSION

- Some change strategies already being undertaken through various agencies (e.g. remote support group Partners in Pain).
- Cycles of data feedback and relationship building with key decision makers will support ongoing improvement work and implementation at the community level beyond the funding period of the IPSK project.

improving pain in sk

+ COLLABORATIVE RESEARCH TEAM

### References:

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*We acknowledge that this research is being done on Treaty 6 Territory, Treaty 4 Territory, and the Homeland of the Métis. The First Nations and Métis ancestors of these places, as well as their living relatives, are integral to this research and we reaffirm our relationship with one another.*

