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CMAJ headlines*:*

- ☐ **Program involving community volunteers shows promise for reducing health care use by seniors**
- ☐ **High rates of Indigenous people in jail is a health crisis**
- ☐ **5 things to know about physician suicide**

Program involving community volunteers shows promise for reducing health care use by seniors

Randomized controlled trial

Incorporating community volunteers into the health care system shows promise in reducing health care usage by older adults and shifting health care from hospitals to primary care, according to new research in *CMAJ (Canadian Medical Association Journal)*.

“We found that older adults who took part in the Health TAPESTRY program changed the way in which they used health care services,” says lead author Dr. Lisa Dolovich, Department of Family Medicine, McMaster University, Hamilton, Ontario. “Encouragingly, participants had more visits to primary care with fewer [emergency department] and hospital admissions compared to those not in the program.”

The Health TAPESTRY (Health Teams Advancing Patient Experience: Strengthening Quality) project combines new elements, such as using trained volunteers and electronic software, with the current health system, to support optimal aging in adults aged 70 years or older. While results from the randomized controlled trial did not affect the primary goal of the study, which was to help older adults to reach their health goals, there were other positive effects between the intervention and control groups. For example, there was an increase of 81 minutes of weekly walking time in the intervention group compared with a 120-minute decrease in the control group, and the intervention group reported higher overall levels of physical activity. The volunteers gave primary health care teams information that the health providers might not have otherwise known.

“These findings suggest that Health TAPESTRY has the potential to improve the way primary care is delivered in Canada by shifting care of individuals away from hospitals to the community and to a more proactive and preventative team-based model of care,” says coauthor Dr. David Price, chair, Department of Family Medicine, McMaster University.

In a related commentary, Dr. Susan Smith, Royal College of Surgeons in Ireland, Dublin, Ireland, writes, “The results of this study suggest that the Health TAPESTRY intervention may contribute to improvements in patient care for older, community-dwelling adults. Further exploration of this model of care is warranted given the challenge for all health systems in shifting from single-condition care pathways to approaches that seek to address multimorbidity.”

“Combining volunteers and primary care teamwork to support health goals and needs of older adults: a pragmatic randomized controlled trial” is published May 6, 2019.

MEDIA NOTE: Please use the following public links after the embargo lift:

Research: *http://www.cmaj.ca/lookup/doi/10.1503/cmaj.181173*
Commentary: *http://www.cmaj.ca/lookup/doi/10.1503/cmaj.190406*

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High rates of Indigenous people in jail is a health crisis

The overincarceration of Indigenous people in Canada is a health crisis, causing more years of life to be lost than premature death from heart disease, injuries and cancer, argues a commentary in *CMAJ (Canadian Medical Association Journal)*.

Indigenous people make up a large part of the jail population in Canada.

"The overincarceration of Indigenous people in Canada needs to be recognized as both fundamentally unfair and a health crisis,” says Dr. Davinder Singh. “Indigenous people should not be 4 to 26 times more likely to be incarcerated than non-Indigenous people, as it results in more years of life lost directly to incarceration than to common health conditions, like heart disease and cancer.”

Negative health effects continue after people are released, with a higher risk of death than the average risk of death in the community. This risk is especially high in the first 2 weeks after discharge, with many deaths occurring through overdose or suicide.

“If we consider the health and social consequences, from acute to chronic illness, and individual to family to community effects, the cost is crushing, both at a financial level and a human level,” says Dr. Singh. “The good news is that the issue has been studied numerous times over decades; we just need to act on the recommendations from those reports."

The authors call upon government to address this public health crisis by addressing well-documented racism in the Canadian justice system.

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Commentary: *http://www.cmaj.ca/lookup/doi/10.1503/cmaj.181437*
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5 things to know about physician suicide

Physician suicide is an urgent problem with rates higher than suicide rates in the general public, with potential for extensive impact on health care systems. A "Five things to know about …" practice article in *CMAJ (Canadian Medical Association Journal)* provides an overview of this serious issue.

Five things about physician suicide:

1. As the only means of death more common in physicians than nonphysicians, suicide is an occupational hazard for physicians.
2. Firearms, overdose and blunt force trauma are the most common means, with benzodiazepines, barbiturates and antipsychotics being the most commonly used drugs.
3. Increased suicidal ideation begins as early as in medical school, with nearly 1 in 4 students surveyed reporting suicidal ideation within the last 12 months.
4. Complaints to regulatory bodies are associated with higher rates of suicidal ideation.
5. Suicidal physicians face unique barriers to care, including concerns regarding confidentiality, and fears of stigmatization and discrimination from peers, employers and licensing bodies.

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Practice: *http://www.cmaj.ca/lookup/doi/10.1503/cmaj.181687*
Podcast permanent link: *https://soundcloud.com/cmajpodcasts/181687-five*

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