# TOOLS AND METHODS

## FOR MONITORING EQUAL ACCESS TO PROGRAMS AND SERVICES IN ONTARIO PUBLIC HEALTH DEPARTMENTS

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# EQUAL ACCESS PILOT PROJECT

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# Introduction

This workbook contains resources to assist Ontario health departments wishing to monitor equal access to their programs and services.  The workbook is a product of a pilot project conducted by the City of Ottawa's Public Health Department. The pilot project was completed March 31, 2004.

The main purpose of the pilot project[1] was to develop and test a data collection instrument and a process for gathering information on the access indicators identified in the report entitled: ***Equal Access Indicators for Ontario's Mandatory Care Programming Requirements.***

**Background**
In 2001, the Ministry of Health developed a set of guidelines that all Health Departments in Ontario are required to implement, according to the Health Protection and Promotion Act.  Equal access to all programs and services is fundamental to this Act.  To assist in the implementation and monitoring of general standards for Access and Equity across the province, the Ontario Public Health Association (OPHA)[2] identified success indicators and a process to measure performance.  The OPHA's Equity and Access Survey report is entitled: *Environmental Scan Assessing the Activities engaged in by Health Units and Community Health Centres to Address Access and Equity in their Program Delivery and Services.* It provides information about the types of indicators that should be measured.

The Ministry of Health and Long-Term Care approved three general indicator questions:
1. Has the Board of Health developed and implemented <u>policies and operational strategies that</u> <u>promote accessibility</u> to all mandatory public health programs and services?
2. Has the Board of Health <u>adjusted existing programs and/or developed special programs,</u> including special educational materials, tailored service delivery and active outreach to increase accessibility to mandatory public health programs and services?

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[1] For more information about the Pilot project, please contact Abebe Engdasaw, City of Ottawa, People Services Department, Email: Abebe.Engdasaw@city.ottawa.on.ca; Tel: 613-724-4122, ext. 23730; or Christine Davis, Social Data Research Ltd., Email: cdavis@sdrsurvey.com; Tel: 613-521-8052.
[2] )The OPHA Access and Equity Standing Committee, co-chaired by Abebe Engdasaw, City of Ottawa Public Health and Community Services Branch, was the lead in this initiative.

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3. Has the Board of Health developed <u>an access monitoring system</u> to identify and assess all mandatory public health programs and services in relation to accessibility for people in special groups whom educational, social and environmental barriers exist?

The OPHA working group used the three questions as a framework to develop more specific access indicators for public health programs and services. The working group determined that the requirements for access for persons with physical disabilities were already well defined at the legislative level. Therefore, <u>this project focused on socio/cultural barriers to access</u>.

The pilot project focused on the <u>second</u> of the three general indicator questions, that is, the adjustment of existing programs or development of special programs to increase accessibility to mandatory public health programs and services.

For the purpose of the pilot project <u>access</u> was defined as *"permission, liberty or ability to enter, approach, communicate with or pass to or from; freedom or ability to obtain or make use of; the action of going to or reaching; an increase by addition. Access incorporates two aspects: (a) client access – that is, the extent to which consumers are able to secure needed services; and (b) organizational access – the extent to which consumers are represented and/or participate in the planning, development, delivery and administration of those services."*

<u>Persons with special needs</u> referred to "*persons that may be denied access or have difficulty accessing services or resources (including print material) because of socio/cultural issues such as poverty, language, illiteracy, age, race, gender, or sexual orientation.*"

## Content of the Workbook

In this workbook you will find:

1. <u>Tools</u> you can use to collect information about the development or adjustment of programs to increase access to mandatory public health services;
2. Suggestions on <u>methods</u> for administering these tools;
3. Examples of different <u>analyses</u> and interpretation of results; and
4. A <u>template</u> that you can use to report your results back to each department.

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## I. DATA COLLECTION TOOLS

In *Attachment A* you will find eight tools:

1. The **Program ID** questionnaire collects descriptive and identifying information on the programs being surveyed including:

   a) Name of the contact person responsible for completing the questionnaire
   b) Name of program(s) being reported on
   c) Target groups the program serves
   d) Main access barriers
   e) Whether the program is reaching out to any "special needs" groups
    f) A description of these groups and the barriers being reduced

2. The **Data Module** (Module One) measures the extent to which staff managing a program liaises on an ongoing basis with community, government and academic sources in order to find and interpret data about barriers at the local level and then uses this information for program planning and evaluation. There are four indicators of equal access addressed in this module.

3. The **Community Module** (Module Two) measures the extent to which a program involves representatives of diverse organizations representing or serving groups facing barriers in developing, planning and evaluating all programs and services. There are four indicators of equal access in this module.

4. The **Program Module** (Module Three) measures the extent to which a program adjusts its services to address issues of equal access related to the changing needs and demographics of its client population. There are fifteen indicators of equal access in this module.

5. The **Information Module** (Module Four) measures the extent to which a program has developed effective dissemination and active outreach strategies to inform groups facing barriers about policies, programs and measures to improve access. There are six indicators of equal access in this module.

6. The **Reporting Module** (Module Five) measures the extent to which a program includes issues that are of significance to groups facing barriers in the annual or biannual Ministry report that covers current key public health issues. There are four indicators of equal access in this module.

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7.  The **Education Module** (Module Six) measures the extent to which a program improves staff competencies to implement equal access standards through continuing education, ongoing training and incorporation into staff work plans. There are four indicators of equal access in this module.

8.  The **Minimum Data Questionnaire** contains 19 equal access indicators that cover all six areas described above.  These 19 indicators were selected using a statistical process that identified the most robust indicators within each of the six areas.  The indicators were further validated by the City of Ottawa's Multicultural Team and selected program managers who participated in the pilot project.

Each of these questionnaires is provided in PDF suitable for universal printing. The Program ID questionnaire is also provided in word format.[3]

## II. DATA COLLECTION METHODS

The questionnaires provided in Attachment A can be administered in a number of different ways depending on the technical resources available in different departments.  The questionnaires are designed to be self-administered and can be completed by one or more staff members.  The questionnaires have been designed as separate modules to make the task less onerous and to provide flexibility.  Each module, including the Program ID questionnaire, should take no longer than 15 minutes to complete.

Departments may wish to complete all six modules or, depending on the focus of their investigation, may decide to concentrate their efforts on one or more areas. The Minimum Data Module provides departments with a single instrument for obtaining an overview of how programs are faring with regard to equal access in all six areas. This questionnaire should take no longer than 30 minutes to complete.

In our pilot, the consultant presented the test questionnaire on the Internet using a survey software package designed for this purpose.  Most staff completed the questionnaire online, however, a few staff printed a hard copy for completion. The advantage of using online completion is that the results are automatically processed.  This will save time and money if a large number of programs are being surveyed.

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[3] For more information or assistance with the administration of these tools, please contact Christine Davis, Social Data Research Ltd., Email: cdavis@sdrsurvey.com; Tel: 613-521-8052.

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For those departments wishing to use a more traditional form of data collection, the questionnaires provided in Attachment A can be printed and administered by hand.  The completed questionnaires could be processed (coded and data-entered) using a program such as SPSS (Statistical Package for the Social Sciences) or a similar tabulation program.  This approach may work well if only a few programs are involved in the survey.

The data collection and processing can also be outsourced, which was the case in the Ottawa pilot project.

## III. SUGGESTIONS FOR DATA ANALYSIS

### 1.  Program ID Questionnaire
The Program ID Questionnaire contains important background information and should be completed for each program being surveyed.  The information collected with this questionnaire would be linked to the modules either through the name of the program that is also recorded on each module questionnaire or by a unique ID number assigned to each program being surveyed.  The information collected with this questionnaire is mainly descriptive and would be reported in a narrative fashion to set the context for the results obtained.

### 2.  Examining Trends Across and Within The Different Modules
Each module is designed the same way using a standard approach that allows departments to monitor trends over time and across programs. Respondents are asked to rate how well their program is doing in each of the six areas on indicators of equal access using a 5-point "poor-to-excellent" scale, where a score of 1 is the lowest score and a score of 5 is the highest. Respondents are also given the option to indicate "don't know" if they are not sure, and "not applicable" if they feel the indicator does not apply to their program.

In our pilot project, the results for the six modules were analyzed in two ways. First we looked at the average ratings in each of the six areas across all programs surveyed. Second, we examined how respondents rated the various items within each area.

Exhibit 1 shows how each of the six areas in our pilot project ranked across the seven programs surveyed based on the mean score of the composite rating for that area.  To arrive at the composite score, the individual scores given to each item are simply summed and divided by the number of items being rated. (The "don't know" and "not applicable" scores are omitted from

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the calculations.) For the purpose of presentation, the composite mean scores were converted to scores out of 100. A perfect score (highest) is 100. The Exhibit below also shows the range in scores across the seven programs.

**Exhibit 1 Overall Ratings for Each Component for all Programs**

| Component | Mean Score | Range |
|---|---|---|
| Access & Interpretation of Data | 68.2 | 50-80 |
| Education & Training | 67.1 | 40-85 |
| Community & Stakeholder Participation | 67.1 | 55-85 |
| Information Dissemination & Outreach | 64.3 | 37-93 |
| Program Development | 63.2 | 45-65 |
| Reporting | 60.8 | 20-80 |

Looking at the overall results in this way provides departments with two types of information.  The first is that it helps departments prioritize areas where some action may be required.  For instance, in the example above, there is room for improvement in all areas, however, "reporting" was scored particularly low. The second is that it shows departments whether all programs are similar in their perceived progress towards equal access. In the case above, there is a wide range in how different programs are perceived by their staff.  Cases where the scores vary widely warrant closer examination at the program level.

To help departments prioritize action, the average rating given to each aspect within a particular access area can be examined in terms of whether it is above or below the average score for the area as a whole.  Those items with scores higher than average would be areas where staff feel the program is doing particularly well.  Those items with scores below average would be areas where improvement might be needed.

Each module also contains a question that helps departments assess what methods programs have in place to help monitor progress in equal access.  For instance, in our pilot, in the area of *Access and Interpretation of Data* the table below shows that most, but not all, of the seven programs reported using the methods listed.  This information can help departments identify gaps in resources.

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| What's being done to monitor progress in the area of Access and Interpretation of Data: | Number of Programs |
|---|---|
| Program report documenting reviews of minutes and reports, committee meetings and surveys | **5** |
| Programs report reviewing and analysing collected data and documents produced | **5** |
| Programs report reviewing tools and questionnaires used to collect data on general populations and on groups facing barriers especially for language and cultural validity | **5** |
| Programs report surveying staff who work with groups facing barriers | **4** |
| Programs report surveying community groups that represent populations facing barriers | **4** |
| Programs report keeping records of information requests from communities | **4** |
| Programs provided examples of other methods used to monitor progress | **4** |

## IV. TEMPLATE FOR REPORTING

In the pilot project we prepared a report of results for each program surveyed.  In addition to testing the data collection method and tools, the aim of the pilot was to provide baseline information on equal access for each program that participated in the pilot project.  The template provided in *Attachment B* provides an example of how individual reports could be prepared.

The individual program report provided as part of the template in Attachment A is designed so that individual programs can compare their progress on access barriers to all programs as a whole.  In the example provided, it shows that in the areas of *Information Dissemination and Outreach* and *Reporting* the program in question was generally doing better than average for all programs.  In the four other areas (*Access to Data, Community & Stakeholder Participation, Program Development, and Education & Training)* improvement is needed to keep par with other programs surveyed.

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**ATTACHMENT A**

**DATA COLLECTION TOOLS**

**Name of program:** _____ **Program ID:** _____

**D1.** **This module measures the extent to which your program liaises on an ongoing basis with community, government and academic sources in order to access and interpret data relevant to identification of barriers at the local level for program planning and evaluation. Please rate how successful you feel your program has been up to this point in the following aspects related to this area on a scale of 1 to 5, where 1=poor and 5=excellent. If you do not know please select 6 and if you feel an item does not apply to your program select 7.**

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| We regularly access community data relevant to Identification of barriers at the local level | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Our program has facilitated the provision of data to community organizations | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| We know that community data are accessed by the community groups we work with | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Our staff has a good understanding of the demographics and characteristics of groups facing barriers in comparison to our general population | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**D2.** **The following are some methods that programs can employ to help them monitor their progress in accessing data relevant to identification of barriers at the local level for program planning and evaluation. Please indicate which of these methods your program has used or is currently using by checking as many boxes as apply.**

☐ Document reviews of minutes and reports, committee meetings and surveys
☐ Survey of staff who work with groups facing barriers
☐ Survey of community groups that represent populations facing barriers
☐ Records of information requests from communities
☐ Review and analysis of collected data and documents produced
☐ Review of tools and questionnaires used to collect data on general populations and on groups facing barriers especially for language and cultural validity

**D3.** **What resources, if any, do you feel are needed to help your program liaise with community, government and academic sources on an ongoing basis to access data relevant to identification of barriers at the local level for program planning and evaluation?**

_____

_____

**D4.** **Other comments:**

_____

_____

**Name of program:** _____      **Program ID:** _____

**C1.** **This module measures the extent to which your program involves representatives of diverse organizations representing or serving groups facing barriers in developing, planning and evaluating all programs and services. Please rate how successful you feel your program has been up to this point in the following aspects related to this area on a scale of 1 to 5, where 1=poor and 5=excellent. If you do not know please select 6 and if you feel an item does not apply to your program select 7.**

|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| Our program keeps an updated list of organizations and groups represented/consulted in planning and evaluation of programs and services | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Our program works with community groups to assess local health/service needs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Our program works with community groups to identify areas where services do not meet local needs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Our program has collected and used data appropriately on the population in general and on groups facing barriers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**C2.** **The following are some methods that programs can employ to help them monitor their progress in the area of community and stakeholder participation. Please indicate which of these methods your program has used or is currently using by checking as many boxes as apply.**

☐ Periodic review of collected data and reports
☐ Periodic review of lists of community groups
☐ Survey of community groups
☐ Review of minutes and reports of department meetings

**C3.** **What resources, if any, do you feel are needed to help your program increase community and stakeholder participation in program planning, development and evaluation on an ongoing basis?**

_____

_____

**C4.** **Other comments:**

_____

_____

**Name of program:** _____ **Program ID:** _____

**P1.** **This module measures the extent to which your program develops new programs and maintains existing programs and services that are consistent with the principles of equal access by adjusting programs and services in areas to meet the changing needs and demographics of its client population. Please rate how successful you feel your program has been up to this point in the following aspects related to this area on a scale of 1 to 5, where 1=poor and 5=excellent. If you do not know please select 6 and if you feel an item does not apply to your program select 7.**

|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| Our program has identified systematic and non-systematic barriers to participation of groups facing barriers in our mandatory public health program | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| The proportion of clients from special needs groups accessing our mandatory program and services is representative of the population in Ottawa with special needs (in terms of the number of clients and types of special needs) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| The programs targeting specific groups facing barriers are accessed based on the groups' specific needs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Our programs are provided in languages other than English and French and reflect the linguistic composition of the area | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Our programs include content relevant to the needs and experiences of groups facing barriers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Our program staff is from diverse backgrounds reflecting the composition of our region | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| People with limited fluency in English or French are served by multilingual staff or through the purchase of professional interpretation services | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Our program is delivered in venues that are appropriate to the groups facing barriers (This could include community centers, schools, drop-in centers, shelters, multi-cultural centers, seniors centers etc.) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| We provide support (such as assistance with transportation, child care) to reduce or eliminate access barriers or facilitate access | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| We have developed and implemented special programs to facilitate access to our mandatory program | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| We have developed and implemented special programs to facilitate access to our mandatory program | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| We review our program periodically for its ability to serve the needs of groups facing barriers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| We test our resources with specific client groups to ensure that they are accessible for groups facing barriers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| We have found that groups facing barriers are accessing our mandatory public health program and services in greater numbers now than a few years ago | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| When we plan new services we take into account the special needs of groups facing barriers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**P2.** **The following are some methods that programs can employ to help them monitor their progress in this area. Please indicate which of these methods your program has used or is currently using by checking as many boxes as apply.**

☐ Collection of program participation figures on demographics comparable to Census data collection (mother tongue, home language, country of birth, gender, income and visible minority status)

☐ Periodic program content review

☐ Consultation with experts

☐ Review of service plans

☐ Review of process documents, which will lead to service plans

☐ Needs assessment of special needs groups

☐ Evaluation of programs including client feedback

☐ Collection of staff data on demographics comparable to Census data collection categories and comparison with general population data

☐ Comparison of mandatory care program participation figures with special group demographics in each community

**P3.** **What resources, if any, do you feel are needed to help your program increase community and stakeholder participation in program planning, development and evaluation on an ongoing basis?**

_____

_____

**P4.** **Other comments:**

_____

_____

**Name of program:** _____     **Program ID:** _____

**I1.** **This module measures the extent to which your program has developed effective dissemination and active outreach strategies to inform groups facing barriers about policies, programs and measures to improve access. Please rate how successful you feel your program has been up to this point in the following aspects related to this area on a scale of 1 to 5, where 1=poor and 5=excellent. If you do not know please select 6 and if you feel an item does not apply to your program select 7.**

|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| We produce educational and outreach materials in the most common languages other than English or French in our region | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| We review our educational and outreach materials periodically to ensure that groups facing access barriers are informed about available programs and services, and are receiving accurate health information in a linguistically and culturally appropriate way | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| We review our educational and outreach materials periodically for bias and stereotyping including images and language use | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| We provide program information through a range of media, including community, multilingual, and ethno cultural media | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| We produce audio, visual and print resources that are culturally and linguistically appropriate to the groups facing access barriers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| We provide educational and program information through a range of venues, including locations and media accessible to groups facing barriers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**I2.** **The following are some methods that programs can employ to help them monitor their progress in information dissemination and outreach. Please indicate which of these methods your program has used or is currently using by checking as many boxes as apply.**

☐ Periodic review of language of educational material in comparison with demographic changes
☐ Focus groups of members of groups facing barriers to review educational and program materials for accessibility, relevance and cultural appropriateness
☐ Review of social marketing, communication and outreach strategies

**I3.** **What resources, if any, do you feel are needed to help your program develop more effective dissemination and active outreach strategies to inform groups facing barriers about policies, programs and measures to improve access?**

_____

_____

**I4.** **Other comments:**

_____

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**Name of program:** _____  **Program ID:** _____

**R1.** **This module measures the extent to which your department produces or contributes to the annual or biannual Ministry report that covers current key public health issues and includes issues that are of significance to groups facing barriers. Please rate how successful you feel your department has been up to this point in the following aspects related to this area on a scale of 1 to 5, where 1=poor and 5=excellent. If you do not know please select 6 and if you feel an item does not apply to your department select 7.**

|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| Our report to the Ministry includes mention of public health issues of special significance to population groups facing barriers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Our annual/biannual report to the Ministry represents these issues in a culturally sensitive manner that does not increase stereotyping or negative perceptions of these groups | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| As a result of our annual/biannual Ministry report, our staff have knowledge about public health issues that are significant to groups facing barriers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| As a result of our annual/biannual Ministry report, the public knows more about public health issues of significance to groups facing barriers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| We make summaries of our annual/biannual Ministry report available at a variety of local venues and through various media | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**R2.** **The following are some methods that departments can employ to help them monitor their progress related to the annual/biannual Ministry report. Please indicate which of these methods your department has used or is currently using by checking as many boxes as apply.**

☐ Review of the content of your annual/biannual Ministry report
☐ Review of recent literature, short consultations with community representatives and experts and or focus groups with community representatives and experts to validate issues of significance to groups facing barriers
☐ Survey of public health practitioners assessing knowledge of issues included in the Ministry report
☐ Survey of public assessing knowledge of issues included in the Ministry report
☐ Review of dissemination strategies

**R3.** **What resources, if any, do you feel are needed to help your department develop a Ministry report that includes issues of significance to groups facing barriers?**

_____

_____

**R4.** **Other comments:**

_____

**Name of program:** _____     **Program ID:** _____

**E1.** **This module measures the extent to which your program contributes to the development of competencies of public health staff to implement equal access standards through continuing education, ongoing training and incorporating access and equity competencies into staff work plans. Please rate how successful you feel your program has been up to this point in the following aspects related to this area on a scale of 1 to 5, where 1=poor and 5=excellent. If you do not know please select 6 and if you feel an item does not apply to your program select 7.**

|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| Our program has determined the level of skills and knowledge required by staff to provide services to groups facing barriers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Our program staff is assessed to determine their skills and knowledge in providing programs and services to groups facing barriers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Our program staff is effectively trained in relation to specific diversity competencies and program content relevant to needs and experiences of groups facing barriers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Access and equity activities are included in staff work plans | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**E2.** **The following are some methods that programs can employ to help them monitor their progress in the area of education and training related to equal access. Please indicate which of these methods your program has used or is currently using by checking as many boxes as apply.**

☐ Review of literature, consultation with experts to determine key skills, knowledge and competencies
☐ Participation in cultural sensitivity workshops
☐ Review of training content
☐ Periodic staff surveys regarding competencies, knowledge, skills, learning needs
☐ Client surveys regarding satisfaction with staff competencies in this regard
☐ Review of staff work plans, activities activity databases etc
☐ Monitoring number of staff and other public health officials trained on how to work with population groups facing barriers

**E3.** **What resources, if any, do you feel are needed to help your program increase the competencies of public health staff to implement equal access standards?**

_____

_____

**E4.** **Other comments:**

_____

_____

**ATTACHMENT B**

**TEMPLATE FOR INDIVIDUAL PROGRAM REPORTS**

# Results Of Program ID Questionnaire

**Target groups program serves**
<u>Organizations</u> (List types of organizations)
<u>Health Care Professionals</u> (List types of professionals)
<u>Specific populations</u> (List types of populations)

**Main access barriers (Types of Examples)**
- Lack of awareness
- Misperceptions about services
- Social stigma attached to services
- Financial issues
- Cultural/language barriers
- Literacy issues

**Currently reaching out to: (Types of Examples)**
- Visible & ethnic minorities
- Different language groups
- Gay men
- Sexually active youth
- Street involved youth
- Homeless
- People working in the sex industry
- People using substances
- School age children
- Children in care facilities

**Barriers reduced/strategies (Types of Examples)**
Access to services through outreach
Providing information to increase awareness of "risk" and about services available
Providing service in languages other than English & French
Involving religious leaders, translators

# Results of Ratings For Each Module

Each statement was rated on a scale of 1 to 5, where 1=poor and 5=excellent.
Do not know = 6; and Not Applicable = 7 (6,7 was omitted from the total scoring)

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## MODULE ONE - DATA TO IDENTIFY BARRIERS

How successful program has been up to this point in the area of accessing data
to identify and understand barriers

| Statement | Median Program Score | Median Score for all Programs Surveyed |
|---|---|---|
| We regularly access community data relevant to Identification of barriers at the local level | 2.5 | 3.0 |
| Our program has facilitated the provision of data to community organizations | 3.0 | 4.0 |
| We know that community data are accessed by the community groups we work with | 2.5 | 3.0 |
| Our staff has a good understanding of the demographics and characteristics of groups facing barriers in comparison to our general population | 4.0 | 4.0 |
| **Average for all items** | **3.0** | **3.5** |

## Methods used to monitor progress

| | |
|---|---|
| Document reviews of minutes and reports, committee meetings and surveys | Yes |
| Survey of staff who work with groups facing barriers | Yes |
| Survey of community groups that represent populations facing barriers | Yes |
| Records of information requests from communities | Yes |
| Review and analysis of collected data and documents produced | Yes |
| Review of tools and questionnaires used to collect data on general populations and on groups facing barriers especially for language and cultural validity | Yes |
| Other: List other | |

## MODULE TWO - COMMUNITY AND STAKEHOLDER PARTICIPATION

| Statement | Median Program Score | Median Score for all Programs Surveyed |
|---|---|---|
| Our program keeps an updated list of organizations and groups represented/consulted in planning and evaluation of programs and services | 3.5 | 3.0 |
| Our program works with community groups to assess local health/service needs | 3.0 | 3.0 |
| Our program works with community groups to identify areas where services do not meet local needs | 3.0 | 3.0 |
| Our program has collected and used data appropriately on the population in general and on groups facing barriers | 3.5 | 4.0 |
| **Average for all items** | **3.25** | **3.25** |

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## Methods used to monitor progress

| | |
|---|---|
| Periodic review of collected data and reports | Yes |
| Periodic review of lists of community groups | Yes |
| Survey of community groups | Yes |
| Review of minutes and reports of department meetings | Yes |
| Other: List other | |

## MODULE THREE - PROGRAM DEVELOPMENT

| Statement | Median Program Score | Median Score for all Programs Surveyed |
|---|---|---|
| Our program has identified systematic and non-systematic barriers to participation of groups facing barriers in our mandatory public health program | 3.0 | 3.0 |
| The proportion of clients from "special needs" groups accessing our mandatory program and services is representative of the population in Ottawa with special needs (in terms of the number of clients and types of special needs) | 2.0 | 3.0 |
| The programs targeting specific groups facing barriers are accessed based on the groups' specific needs | 3.0 | 4.0 |
| Our programs are provided in languages other than English and French and reflect the linguistic composition of the area | 3.0 | 2.0 |
| Our programs include content relevant to the needs and experiences of groups facing barriers | 2.5 | 3.0 |
| Our program staff is from diverse backgrounds reflecting the composition of our region | 3.5 | 3.0 |
| People with limited fluency in English or French are served by multilingual staff or through the purchase of professional interpretation services | 3.0 | 3.5 |
| Our program is delivered in venues that are appropriate to the groups facing barriers (This could include community centers, schools, drop-in centers, shelters, multi-cultural centers, seniors centers etc.) | 4.0 | 5.0 |
| We provide supports (such as assistance with transportation, child care) to reduce or eliminate access barriers or facilitate access | 2.0 | 2.5 |
| We have conducted a formal needs assessment with special group members to identify reasons for not accessing our mandatory core program | 2.0 | 2.0 |
| We have developed and implemented special programs to facilitate access to our mandatory program | 3.5 | 3.0 |
| We review our program periodically for its ability to serve the needs of groups facing barriers | 3.0 | 4.0 |
| We test our resources with specific client groups to ensure that they are accessible for groups facing barriers | 2.0 | 2.0 |
| We have found that groups facing barriers are accessing our mandatory public health program and services in greater numbers | 3.5 | 3.0 |
| When we plan new services we take into account the special needs of groups facing barriers | 3.0 | 4.0 |
| **Average for all items** | **2.9** | **3.1** |

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**Equal Access Project Baseline Results**
**Generic Example - Program A**
**March 31, 2004**

## Methods used to monitor progress

| | |
|---|---|
| Collection of program participation figures on demographics comparable to Census data collection (mother tongue, home language, country of birth, gender, income and visible minority status) | Yes |
| Periodic program content review | Yes |
| Consultation with experts | Yes |
| Review of service plans | Yes |
| Review of process documents, which will lead to service plans | Yes |
| Needs assessment of special needs groups | Yes |
| Evaluation of programs including client feedback | Yes |
| Collection of staff data on demographics comparable to Census data collection categories and comparison with general population data | Yes |
| Comparison of mandatory care program participation figures with special group demographics in each community | Yes |
| Other: List other | |

## MODULE FOUR - INFORMATION DISSEMINATION AND OUTREACH

| Statement | Median Program Score | Median Score for all Programs Surveyed |
|---|---|---|
| We produce educational and outreach materials in the most common languages other than English or French in our region (such as Chinese, Italian, Spanish, Arabic, Farsi, Somali) | 3.5 | 2.5 |
| We review our educational and outreach materials periodically to ensure that groups facing access barriers are informed about available programs and services, and are receiving accurate health information in a linguistically and culturally appropriate way | 4.5 | 4.0 |
| We review our educational and outreach materials periodically for bias and stereotyping including images and language use | 4.5 | 3.0 |
| We provide program information through a range of media, including community, multilingual, and ethno cultural media | 3.0 | 4.0 |
| We produce audio, visual and print resources that are culturally and linguistically appropriate to the groups facing access barriers | 3.0 | 3.0 |
| We provide educational and program information through a range of venues, including locations and media accessible to groups facing barriers | 3.0 | 3.0 |
| **Average for all items** | **3.6** | **3.25** |

## Methods used to monitor progress

| | |
|---|---|
| Periodic review of language of educational material in comparison with demographic changes | Yes |
| Focus groups of members of groups facing barriers to review educational and program materials for accessibility, relevance and cultural appropriateness | Yes |
| Review of social marketing, communication and outreach strategies | Yes |
| Other: List Other | |

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## MODULE FIVE - REPORTING

| Statement | Median Program Score | Median Score for all Programs Surveyed |
|---|---|---|
| Our report to the Ministry includes mention of public health issues of special significance to population groups facing barriers | 2.0 | 2.0 |
| Our annual/biannual report to the Ministry represents these issues in a culturally sensitive manner that does not increase stereotyping or negative perceptions of these groups | 4.0 | 3.0 |
| As a result of our annual/biannual Ministry report, our staff have knowledge about public health issues that are significant to groups facing barriers | 1.5 | 1.5 |
| As a result of our annual/biannual Ministry report, the public knows more about public health issues of significance to groups facing barriers | 4.0 | 4.0 |
| We make summaries of our annual/biannual Ministry report available at a variety of local venues and through various media | 3.0 | 3.0 |
| **Average for all items** | **2.9** | **2.7** |

## Methods used to monitor progress

| | |
|---|---|
| Review of the content of your annual/biannual Ministry report | Yes |
| Review of recent literature, short consultations with community representatives and experts and or focus groups with community representatives and experts to validate issues of significance to groups facing barriers | Yes |
| Survey of public health practitioners assessing knowledge of issues included in the Ministry report | Yes |
| Survey of public assessing knowledge of issues included in the Ministry report | Yes |
| Review of dissemination strategies | Yes |
| Other: List Other | |

## MODULE SIX - EDUCATION AND TRAINING

| Statement | Median Program Score | Median Score for all Programs Surveyed |
|---|---|---|
| Our program has determined the level of skills and knowledge required to provide services to groups facing barriers | 3.5 | 4.0 |
| Our program staff is assessed to determine their skills and knowledge in providing programs and services to groups facing barriers | 3.5 | 4.0 |
| Our program staff is effectively trained in relation to specific diversity competencies and program content relevant to needs and experiences of groups facing barriers | 3.0 | 3.0 |
| Access and equity activities are included in staff work plans | 3.0 | 3.0 |
| **Average for all items** | **3.25** | **3.5** |

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**Appendix A**
**Equal Access Project Baseline Results**
**Generic Example - Program A**
**March 31, 2004**

## Methods used to monitor progress

| | |
|---|---|
| Review of literature, consultation with experts to determine key skills, knowledge and competencies | Yes |
| Participation in cultural sensitivity workshops | Yes |
| Review of training content | Yes |
| Periodic staff surveys regarding competencies, knowledge, skills, learning needs | Yes |
| Client surveys regarding satisfaction with staff competencies in this regard | Yes |
| Review of staff work, plans, activities, activity databases etc. | Yes |
| Monitoring number of staff and other public health officials trained on how to work with population groups facing barriers | Yes |
| Other: List other | |

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