

Mandatory Health Program Requirements to Address Health Disparities and Accessibility

An Assessment Lens with Specific Requirements, Activities and Indicators

Rationale

- ❖ Social exclusion of groups facing oppression and barriers results in poorer health outcomes
- ❖ The Ottawa Charter for Health Promotion states that health promotion focuses on achieving equity in health and reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential
- ❖ The Health Council of Canada states that Inequalities in Health is the number one health problem in Canada
- ❖ Currently, Boards of Health are required to provide mandatory public health programs that are accessible to people in special groups for whom barriers exist

Key Principles

- ❖ Systemic changes to address socio-economic conditions which create health disparities require cross-sectoral engagement and as such Public Health is prepared to join these efforts and influence those broader actions.
- ❖ Public Health acknowledges that while we can not control but only influence broader societal changes that reduce health inequalities, we can control how our interventions affect and influence health status of the populations affected by health inequalities.
- ❖ It is essential that public health interventions acknowledge and aim to reduce existing health disparities.
- ❖ It is essential that all public health programs have access to health status surveillance and community-specific information that identifies disparities within targeted populations.
- ❖ It is essential for Public Health to continually measure the progress toward reducing health disparities.

Specifically, the OPHA Access, Equity and Social Justice Standing Committee proposes that the following list of activities and indicators be considered as an assessment lens for all of the program standards:

1. Health Status Surveillance focused on Health Disparities

Each program objective needs to be based on the health status information obtained via health status surveillance and community-based primary data gathering that identifies health disparities (or inequalities) within target populations.

Each program needs to monitor and report health outcomes with a focus on health disparities over time.

Examples:

- ❖ Monitor incidence of mortality from ischemic heart disease by income categories
- ❖ Collect information on tobacco use among new immigrant population and compare to the overall population incidence

2. Identification of Vulnerable Populations for each Program Objective

Each program objective needs to identify populations who may experience economic, environmental, social or ability barriers to a) access and b) benefits from a public health intervention.

This information is readily available in the literature, and when coupled with ongoing surveillance and community information, delivers sufficient evidence for identifying populations that require targeted outreach and program modifications.

The following list outlines the groups who may benefit from targeted outreach and program modifications in the program delivery:

Children
Youth
Impoverished or working poor
Homeless
Women
Older Adults
GLBT groups
People living with disabilities
Rural vs urban
New immigrants and refugees

Ethno-cultural groups
Language groups (e.g. French-speaking communities)
Aboriginal population

3. Development of specific objectives, requirements, and indicators that target reduction in health disparities.

Based on the overall and the local health disparities evidence, each program goal, objective, and outcome needs to reflect specific indicators of the desired change in health status outcome for specific vulnerable populations.

Example: Reduction of mortality from ischemic heart disease by 25%... and ensuring improvements across all income categories

4. Evidence of programming to address health disparities

Each program objective has to lead to public health interventions that address identified health disparities. Intervention options may include:

- ❖ Program modifications to improve access and adjust the content to ensure a) increased uptake and b) benefit for the population (e.g. immunization clinics in rural settings);
- ❖ Special programming that addresses population-specific circumstances and needs (e.g. a tobacco cessation intervention reaching out to new immigrants via peer educators/counsellors)

5. Monitoring & Evaluation of interventions and outcomes

Each program needs to collect information on

- ❖ Improved outreach activities (e.g. engagement of community stakeholders in identifying specific barriers, needs, opportunities)
- ❖ Improved access (e.g. provision of off-site immunization clinics)
- ❖ Improved uptake by designated population (e.g. clear comparison of program participation “before” and “after”)
- ❖ Improved benefits (e.g. number of immigrant children immunized by particular intervention)

6. Use of a determinants of health framework

Utilize the existing and proposed frameworks that address social and economic determinants of health throughout all of the program standards and support further development of specific indicators.

Examples:

- ❖ *A Framework to Integrate Social and Economic Determinants of Health into the Ontario Public Health Mandate: A Discussion Paper (2006)* by Sudbury & District Health Unit
- ❖ Other frameworks and guidelines developed in other jurisdictions (e.g. British Columbia's A Framework for Core Functions in Public Health (2005) and Quebec's public health guidelines for 2003-2012).