Using Situational Assessment and Identifying Priority Populations in Program Planning:

Evidence and Practice-based Planning Framework

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Learning Objectives

- **Share our attempt to incorporate situational assessment and identification of priority populations from the PHAS protocol into a planning framework**

- **Find out what other organizations think about this approach**

- **Discuss other considerations for addressing priority populations**

OPHS and Health Inequities

- **OPHS and PHAS protocol give direction**

- **Need to disaggregate "population"**

- **Respect the impact principle and do no harm**

- **Priority populations ⇨ narrowing health inequity gaps ⇨ achieving population health goals**

Another Planning Model?
What is unique about it?

- **Health inequities are the focus of planning**

- **Uses local and diverse evidence**

- **Examines accessibility of existing programs and how to reduce barriers**

- **Acknowledges various sources of evidence, research and practice, and engages the community and stakeholders**

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When would we use this model?

● **Creation, review, and modification of health equity focused policies and programs**

● **Not suitable for minor modifications of activities or minor program changes, however…**

    ● **some stages and tools could be used for this purpose**

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Evidence and Practice-based Planning Framework
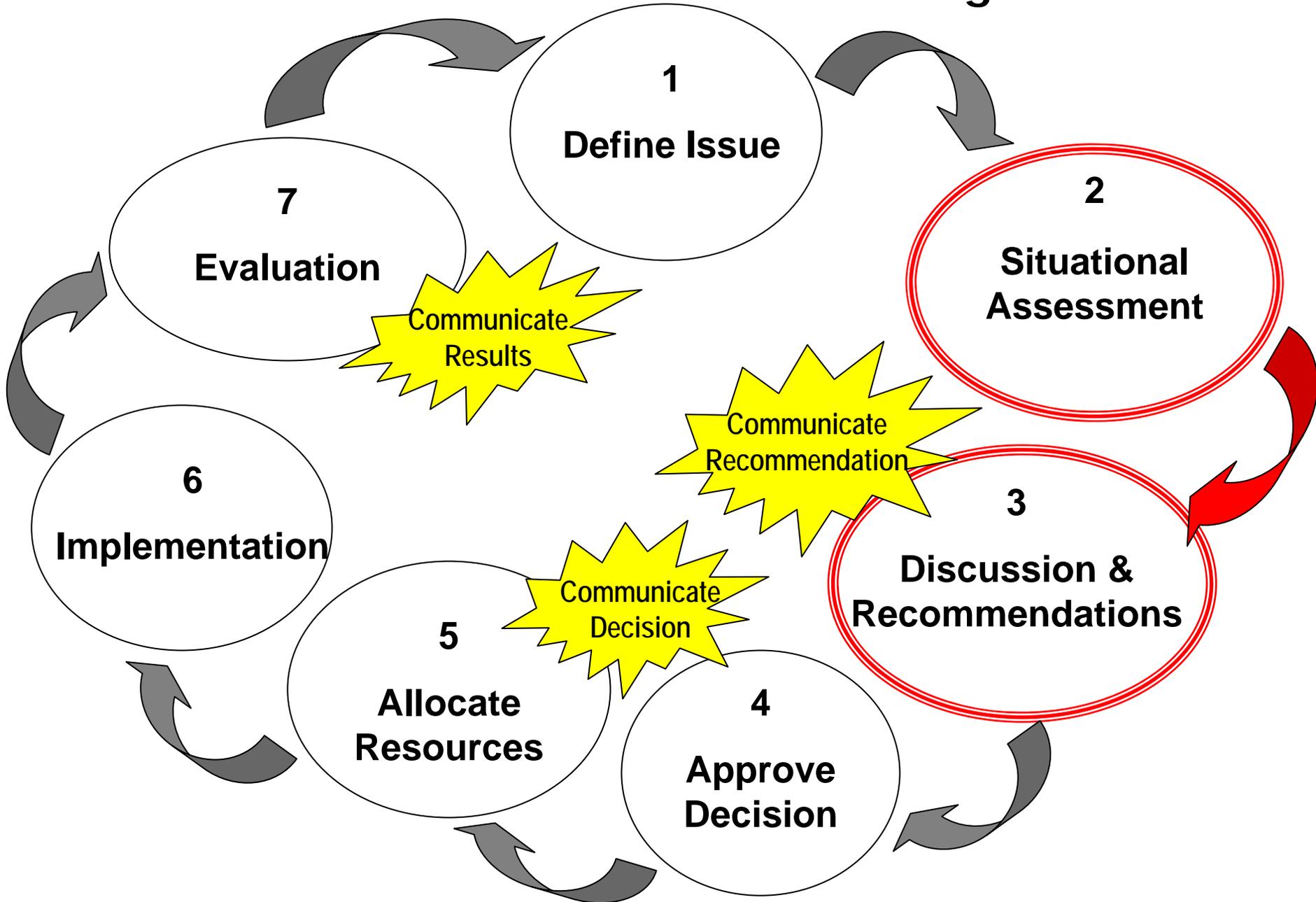
Process to Determine Priority Populations within a Situational Assessment

1. **Examine literature, local research, & evaluation results**
2. **Examine local health data**
3. **Analyze relationship between health indicators and social determinants of health (SDOH)**
4. **Identify information gaps**
5. **Engage key stakeholders and discuss:**
   - **Findings**
   - **Local context**
   - **Identified priority populations and potential approaches**
6. **Determine priority populations and suitable practices**
   - **Based on local need, impact, capacity & collaboration**

- **Describe relationship between socio-demographics and health indicators, health risks, and service use**

  Examples:

  - **Who's at risk for poor oral health?**
  - **Are women living on low-incomes visiting Early Years Centres?**

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- **Determine incidence of poor health outcomes or other health risk indicators**
  - **e.g., low or high birth weight; injury rates**

- **Data sources may include:**
  - **PH information systems, e.g., ISCIS, CCHS**
  - **Administrative information systems**
  - **Local/Regional planning documents**
  - **Neighbourhood-level data**

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- **Analyze relationship between health indicators and SDOH to identify health inequities**
  - e.g. pregnancies by age ⇨ teen pregnancies
    - ⇨ teen pregnancies and low income

- **Understand current situation for specific local groups through qualitative inquiry**
  - e.g. low birth weight and low income
    - ⇨ low birth weight and immigration status
    - ⇨ low birth weight and history of oppression

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- **Does literature or practice suggest priority populations not identified through mapping SDOH and existing data sources?**

- **Gather additional information from:**
  - **Service providers**
    - **Who are the populations they serve?**
    - **What are their health behaviours?**
    - **Who are and are not accessing services?**
    - **Who is not benefiting from programs and why?**
  - **Identified populations/neighbourhoods**
    - **What are their lived experiences and practices?**
    - **What supports & services would be welcome?**

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- **Define process to engage key stakeholders in discussing results and examining local context**

- **Consider community & political context:**
    - **What current partnerships exist and should be maintained?**
    - **What are current trends that may provide opportunities or reflect best practices?**
    - **How ready is the community for the considered approach? Is there a need to further engage partners?**
    - **Are there approaches that have proven to work better than others for some priority populations (e.g. Aboriginal groups, immigrant groups, young mothers)?**

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6. Determine Priority Populations & Suitable Practices

- **Review and discuss findings from all sources of evidence**

- **Review and discuss:**
    - **Community health needs**
    - **Mandate**
    - **Potential impact**
    - **Resources required**
    - **Capacity**
    - **Collaboration**

- **Decide on priority populations and most suitable practice**

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- **First Impressions?**

- **Would you use it? If yes, how?**

- **Is it doable? What would be easy? What would make it difficult?**

- **What other questions would you ask?**
  - **What else is important for using an equity lens?**

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More on this Planning Framework and Related resources:

At this conference:

1. Presentation: Using an Evidence-based Framework to review Prenatal Health Fairs in the Region of Waterloo

2. Workshop: How do I address health inequities in my Program Development: Using First Steps to Equity in Population Health Assessment, Planning, and Evaluation

Related resources:

- First Steps to Equity

- PHAS Protocol

- Input into Guidance Documents

- Region of Waterloo Website www.region.waterloo.on.ca/ph

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Location of Evidence and Practice-based Planning Framework on Region of Waterloo Public Health Website

Step 1:

- **Go to www.region.waterloo.on.ca/ph**
- **Under "Resources" click "Partners and Professionals"**

Step 2:

- **Click on link: "Evidence and Practice-based Planning Framework – with a focus on health inequities"**

- **For a summary of why we need to work with priority populations and how this relates to population health, see link "Population Health Summary."**

For more information:

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