

Building Knowledge, Capacity & Culture Towards Health Equity

Niagara Region Public Health
November 8, 2016.



Agenda:

- Niagara's process – 20 mins
- Group work – 25 mins
- De-brief discussion (within groups) – 5 mins

Project Background

- NRPH's Social Determinants of Health (SDOH) initiative indicated a low percentage of staff using the SDOH Menu of Tools in their daily work.
- Staff reported their lack of use and uptake of the tools may have been due to lack of clear process.
- Staff suggested implementation of a process or structure to support and guide use of SDOH tools as a solution.

Objectives & Timelines

Phase 1 (2016):

1. To assess the current state of health equity practice in CDIP using the 10 Promising Practices document (collection of baseline data).
2. To create a summary report of key findings and themes from the key informant interviews to share with staff and stakeholders.

Phase 2 (2017):

1. To develop a health equity action plan based on results, with recommendations on how to better implement the promising practices in CDIP programs/services.

PHU's can address the...

**Social Determinants of Health
(SDOH)**

By using the...

10 Promising Practices

To achieve...

Health Equity

10 Promising Practices

Program Level Practices

Targeting with Universalism

Targeting within overall programming and **focusing on a specific priority population** within the strategy.

Intersectoral Action

Building **strong and durable relationships** between public health and other sectors (for example, education, municipal, transportation, environment, finance) is necessary for effective action to build healthy communities and reduce social inequities in health.

Equity-focused health impact assessment

Useful way to **assess the impact of proposals** (either policy or specific practice) at a general population. Also a promising method to address the underlying social and economic determinants of health and resulting health inequities.

Social Marketing

Defining and understanding target audiences so that interventions and **health communications can be tailored** to audience needs and preference. Example: tailor behaviour change interventions to more disadvantaged populations.

Early Child Development

Early child experiences establish the foundational building blocks for development across life stages. With the greatest gains experienced by the most deprived children, **investments in early child development** have been referred to as powerful equalizers.

Purposeful Reporting

Reporting on the **relationship between health and social inequities in health status reports**. Example: stratifying data by socioeconomic status (SES).

10 Promising Practices

Organization Practices

Competencies and Organizational Standards

Guide our **daily practice**. They help establish the **foundation** for effective and efficient program and service delivery.

Contribution to the Evidence Base

Current gap exists in the evidence base around effective local public health practice to reduce social inequities in health. Practitioners should continue to undertake evaluations of interventions aimed at reducing health inequities and the impact of these activities on different populations. They can help to **contribute to the evidence and knowledge exchange** around reducing health inequities.

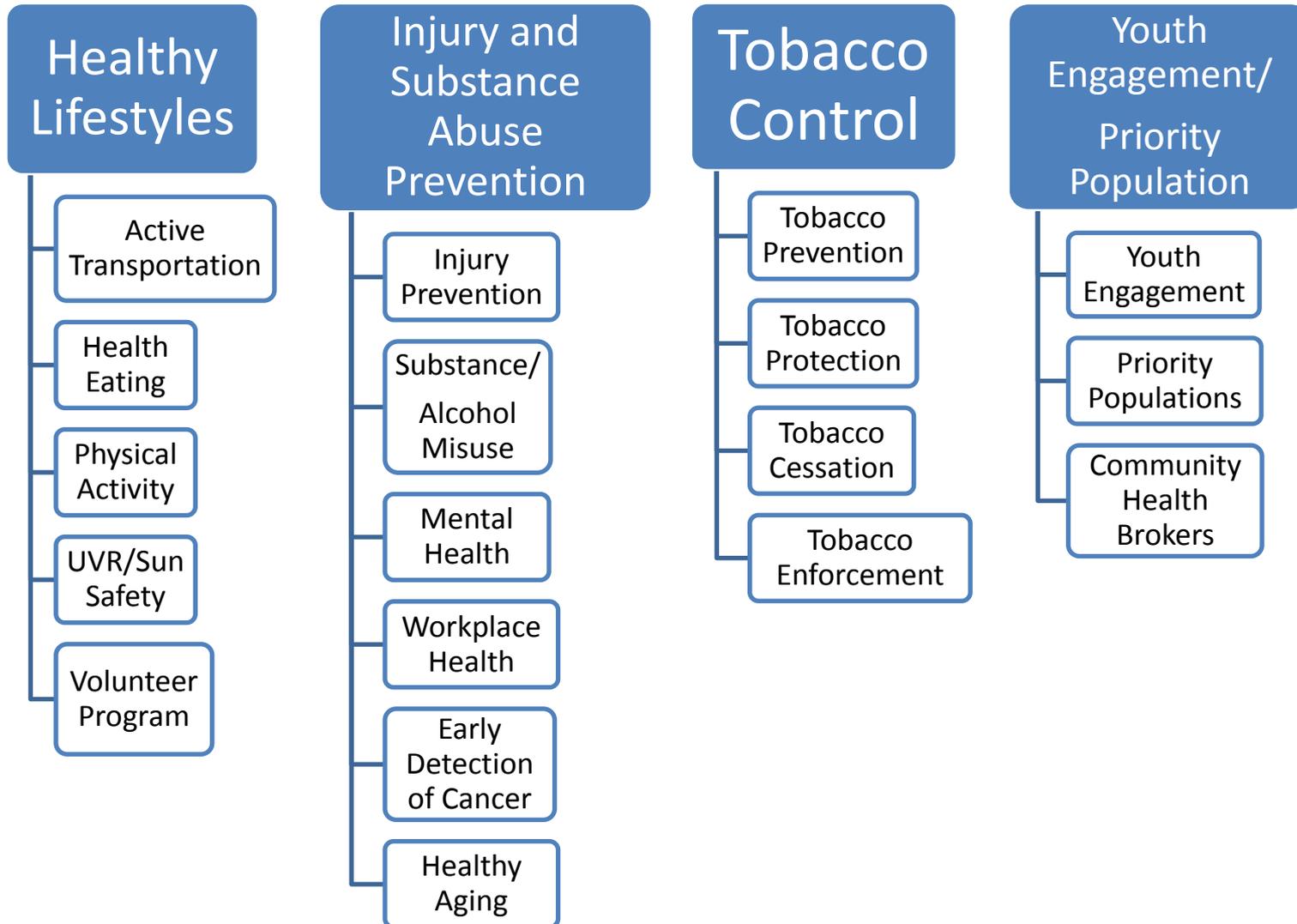
Health Equity Target Setting

Targets are a way of ensuring that resources and effort are directed at tackling health inequalities in an **explicit and measurable way**.
For example: If priority of work focuses on employment for Aboriginal people. Target setting would be: Aboriginal employment in the workforce should increase to 15% of full-time jobs, 15% of management jobs within the next 10 years.

Community Engagement

Engaging diverse community members in the development and implementation of policies, programs and services builds awareness and skills of participants and increases the likelihood that programs are appropriate and responsive to community needs.

Chronic Disease and Injury Prevention



Methods

- Focus groups and key informant interviews were conducted with CDIP staff and managers
- Peer to peer approach – project team members facilitated the focus groups and interviews
- Questions were developed in consultation with Epidemiologist to assess the use of the 10 Promising Practices in CDIP daily work

Building Readiness

- Presented at various level staff meetings
 - Manager meetings
 - Team meetings
 - Senior Management presentation
- Presentations focused on introducing the project and highlighting the 10 Promising Practices
- Emphasized action plan
- Open door policy for any questions

Assessment Plan

- Key informant interviews vs focus groups
- Question development
 - Engaged epidemiologist
 - Focus tested outside of division
 - Program level questions for staff
 - Organizational level questions for managers
- 32 interviews conducted
- Student support
- Engaged office support
- Communications process
- Revamped questions and process as needed

10 Promising Practices to Guide Local Public Health Practice to Reduce Social Inequities in Health

Program Level Practices	Organizational Level Practices
Targeting with universalism	Competencies and organizational standards
Intersectoral Action	Contribution to the evidence base
Equity-focused health impact assessment	Community engagement
Social Marketing	Health Equity Target Setting
Early Child Development	
Purposeful Reporting	

Question	Prompt	Notes
1. What does applying a health equity “lens” to your work, mean to you?	Think of the word lens as something that could apply to all of your work. It is not a specific program or activity.	
2. Can you describe how you address social determinants of health in your daily work to achieve health equity?	Please note these are the list of all of the SDOH (show slide). Income is one of many of the determinants of health.	
3. How do you tailor/adapt your approach to meet the needs of a population? (targeting with universalism)		
4. Are there aspects of your program that you feel are not meeting the needs of certain populations/audience? Why or why not?	Just a reminder, please know this is a confidential interview.	

Analysis

- Themed analysis for open-ended questions
- Rubric system for assessment questions
- Example:

Question 2	1	2	3	4
Can you describe how you address social determinants of health in your daily work to achieve health equity?	Concept not described and/or examples not provided	Concept described	Described concept and potential for and/or intent to include in portfolio.	Provides examples and description of how it applies to portfolio/work

A27			
	A	B	C
1		Q1 What does applying a health equity "lens" to your work, mean to you?	
2			
3	ID #	Q1 LAUNDRY LIST	
4	xxxx	doesn't use	
5		population approach	
6		reduce barriers	
7	xxxx	reduce barriers	
8		attend easily	
9		consider SES	
10		consider transportation	
11		consider childcare	
12	xxxx	defining priority population	
13		not just low ses	
14		best bang for buck	
15		evaluating if you are not reaching a priority population	
16	xxxx	portfolio is specific to youth	
17		develop materials with youth perspective	
18	xxxx	health equity definition	
19		decreasing stigma	
20		raising awareness that everyone can have mental health issues	
21		reduce financial barriers	
22			
23			
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Preliminary Results

Themed analysis for barriers:

- Not knowing enough about target audience
- Individual SDOH barrier (client/program focused)
- Internal communication and social media policy
- Internal structure
- Lack of process around using tools and resources
- Not enough data
- Not enough time to do health equity work

Lessons Learned

- Logistics
- Cross functional team
- Staff perceptions
- Capitalize on readiness
- Capacity to conduct the process
- Project evaluation

HEAAP Team Members

- Lindsay Garofalo
- Victoria Hull
- Katherine Houston
- Nina Jain-Sheehan
- Marty Mako
- Bianca Fucile
- David Lorenzo (management support)



Group Work

- At your table identify one barrier or challenge you might have with achieving health equity within your organizations
- Identify one to be the “client”
- Wise crowds begins!

Sequence of Events

Activity	Time
The client presents the challenge and request for help	1 min
The consultants ask the client clarifying questions	1 min
The client turns his or her back to the consultants and gets ready to take notes	
The consultants ask questions and offer advice, and recommendations, working as a team, while the client has his or her back turned	5 min
The client provides feedback to the consultants: what was useful and what he or she takes away	1 min