Organizational Capacity for Health Equity Action:

A Practical Tool for Public Health

Presented by:
Giovanna Good, Chief Nursing Officer/Professional Practice Leader
Anita Trusler, Supervisor Health Promotion
Karolyn LaCroix, PHN (SDOH)

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Presentation Overview

- ✓ "Tool" Development
- ✓ Implementation of the "Tool"
- ✓ Activity – Let's try the "Tool"
- ✓ "Tool" Summary Reports – Setting a Plan of Action
- ✓ Lessons Learned
- ✓ Next Steps

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Background

Master of Public Health project

- My interest + contribution to LPH
- Support: preceptor, faculty advisor, MOH, SDOH nurses and their supervisor
- Could be sustained through the SDOH role

My challenge:

- Identify what is needed to build capacity for health equity ACTION at LPH

Evidence Scan

Identified "5 C's of inaction"

1. Clarity – lack of clear direction for action
2. Challenge – measuring, monitoring, evaluating impact
3. Clarity – lack of clarity of heath equity/SDOH concepts
4. Complexity – equity perceived as too complex an issue, creating tendency to ignore it (e.g. "global warming problem")
5. **Capacity** – limited focus on measuring and defining organizational capacity for equity action

Organizational Capacity

- When there is a **gap in performance**, there is a critical need to develop capacity
- Assessing OC allows us to ask:

"how well we are doing (performance)

given what we have to work with (capacity)"

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The Opportunity

1. Increased momentum across PHUs
   - Increased understanding of health equity
   - Increased focus on ***internal*** capacity
   - Acknowledgement of the role of public health leaders to advance health equity

2. LPH 2014-2019 Strategic plan
   - Equity identified as one of 5 values

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The Challenges

- Momentum has not resulted in concrete actions
- Concerns that "public health interest in health equity will become a passing fad"
- Current capacity between PHU's is "highly variable"
- Assessing health inequities implicitly requires a value judgement - prioritizing HE action may require a paradigm shift for public health

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The Need

- Few public health organizations have identified a framework that outlines **what** is needed to guide equity action
- Frameworks provide a common language to navigate a particular issue – health equity action
- A practical tool enables organizations to integrate theory into practice in a consistent way

The Goal

- Develop a framework

- Create a practical tool that can translate health equity research into practice

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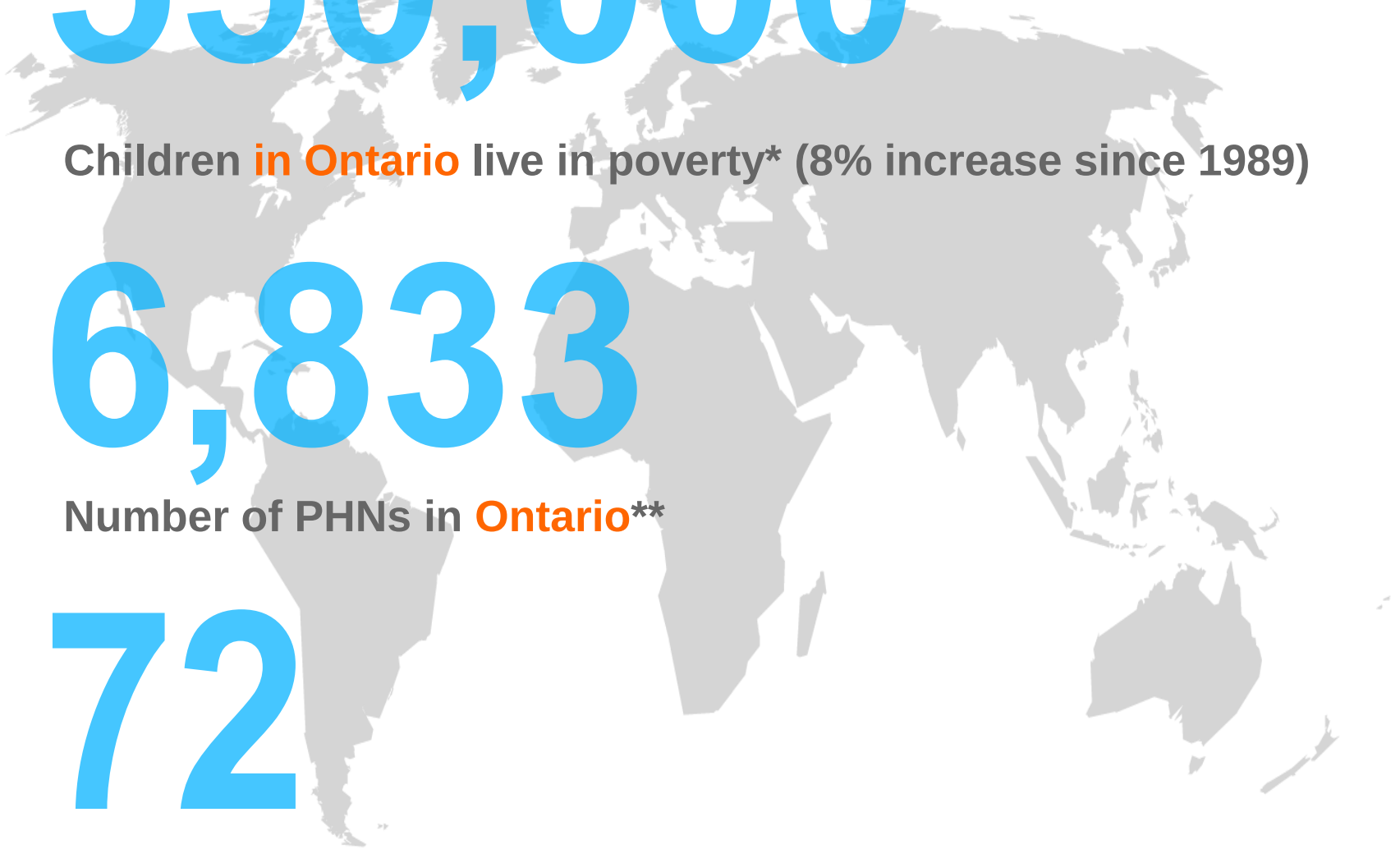

550,000

Children in Ontario live in poverty* (8% increase since 1989)

6,833

Number of PHNs in Ontario**

72

Approx. Number of PHNs dedicated to Health Equity Action in Ontario

Methods

1. **Literature review** and synthesis → framework
2. **Key informant** consultations → validate/inform
3. **Tool development and implementation →** a practical tool to assess capacity
4. **Knowledge transfer →** TOPHC, SW SDOH nurses, LPH management and staff, OPHA

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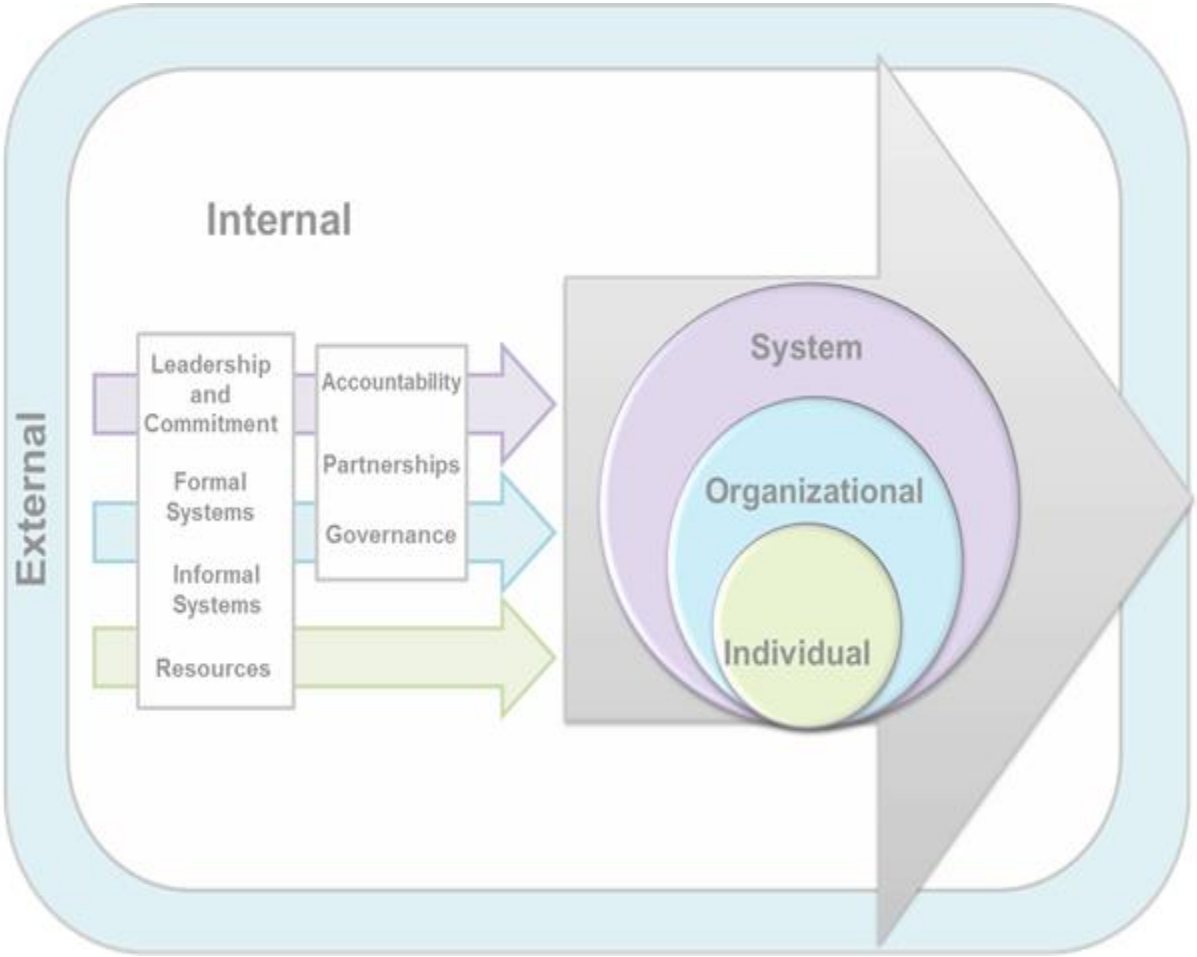
A Conceptual Framework for Health Equity Action



Capacity for equity action is strengthened when the interactions between elements are increased

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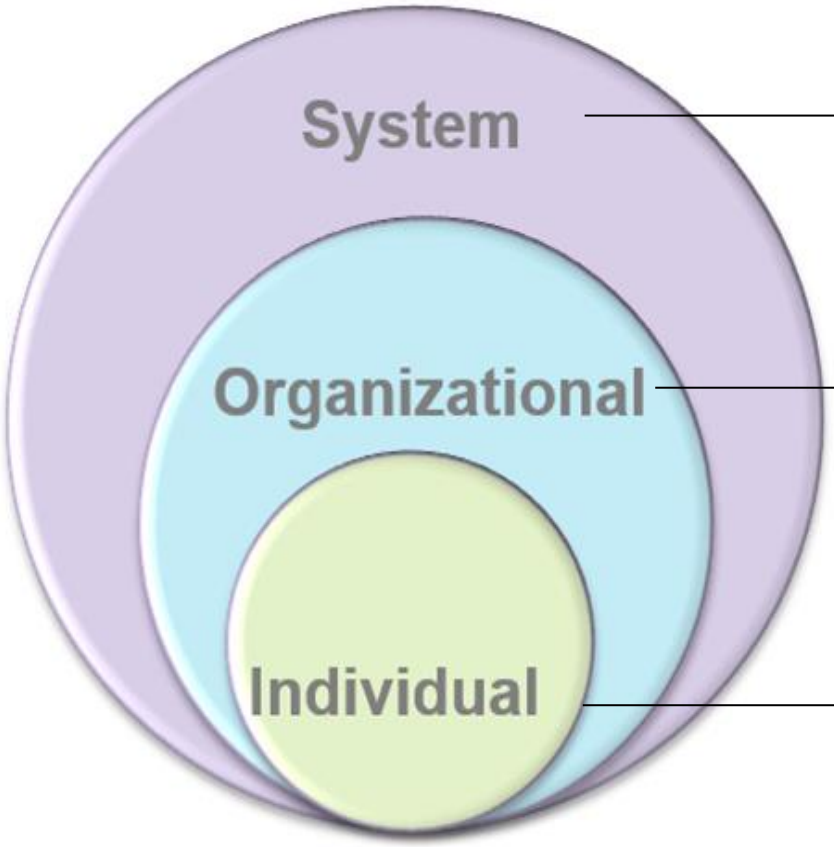
Internal Drivers: levels of action



Governance and decision-making
e.g. reporting relations with board of health, inter-sectoral partnerships, accountability, provision of resources

Processes and structures:
e.g. organizational standards, culture, competencies, policies, planning/evaluation/reporting

Staff characteristics:
knowledge, values, skills, motivation, access to resources

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The Elements

- 7 elements total
- Certain elements relate to different levels of action
- Within each element are *indicators of health equity capacity*
- ***differ from PHO HE indicators

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1. Leadership and Commitment

Most critical element, can be accomplished 3 ways:

- Expressing commitment to health equity through mission, vision, values
- Dedicating staff leaders (formal/informal) to be champions
- Having leaders/champions demonstrate support for health equity initiatives

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2. Formal Systems

How health equity is embedded into:

- Organizational standards (e.g. OPHS, strategic plans)
- Organizational structures (e.g. planning, evaluation, decision-making and reporting)
- Collaboration (e.g. committees, work groups) and an understanding of learning needs

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3. Informal Systems

Informal factors that create an organizational culture committed to health equity

For example:

- Do we discuss equity issues, ideas and action with colleagues?
- Do we perceive we have a role in health equity action?
- Are we motivated to hold ourselves accountable for reducing health inequities?

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4. Resources

Do our staff, managers, and community decision-makers have access to resources that enable them to:

- Build health equity knowledge and skills
- Support evidence-informed practice
- Be innovate and aspire to build on their health equity knowledge and skills

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5. Accountability

Have we identified how equity should be reflected through the following accountability measures:

- Quality improvement processes
- Performance measurement (e.g. HE indicators)
- How we communicate to the community and stakeholders through reporting

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6. Governance and Decision-making

Heavily influences how much traction we can gain in equity action at organizational level (e.g. BOH) and systems level (government)

- Are we engaging our decision-makers from **multiple sectors** to take leadership in health equity issues that are within their capability to act?
- Are we educating newly elected decision-makers on these issues to maintain momentum?

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7. Partnerships

- Do the values and goals of **community partners** and **community members** align with ours?
- Enhanced understanding enables us to garner support for equity initiatives

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From theory to practice

Organizational snapshot of capacity for equity action

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Goals of “the tool”

To provide LPH with a set of criteria to asses:

- Current capacity for health equity action
- Areas that need strengthening or further development

Deliverables

Each LPH team is empowered to prioritize a minimum of one recommendation for **equity action**

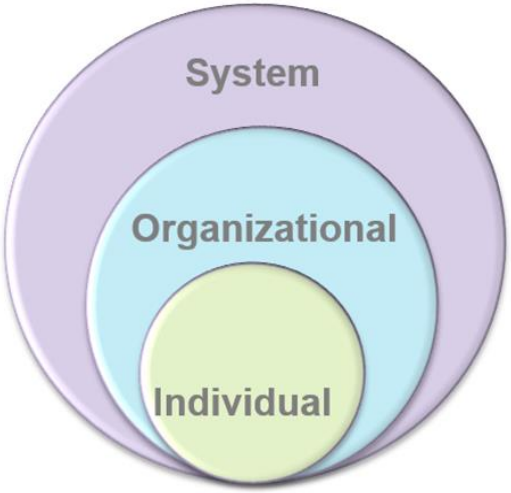
Teams engage in an interactive process that fosters:

- Organizational learning and reflection
- A baseline assessment or “temperature” of current capacity
- An understanding of common issues, gaps and possible actions

What is in the tool?

3 capacity checklists:

- Individual (staff)
- Organizational (supervisors)
- Systems (managers/decision makers)



Each checklist is unique

They were given to staff in an anonymous fluid survey

Example Checklist

6. I have advocated for needed changes to programs, polices and services to improve the health of priority populations

Capacity indicator

Definition/example:
For example, during the program review process, you developed a recommendation to reorient the way services are currently delivered in order to better meet the needs of your identified priority population

Definition/ example

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

Likert scale (each has a unique score)

Evidence/ Comments

Type here

Evidence/ Comments

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Tool Implementation

Jan. 2016	• Present to LPH Management • Launch with Pilot team
Feb.	• Compile Pilot Summary • PH Rounds all staff presentation
March	• Process Evaluation • Tool Modifications
April - Aug.	• Launch "Tool" across all teams • SDOH Consultant Support
Sept.-Dec.	• "Tool" Summary Meetings • Manager's Tool Completion
Jan. 2017	• Outcome Evaluation • Knowledge Exchange & Outreach

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Break Out Activity

Each table has a description of an organizational capacity element.

- Read the overview of the element.
- Review the indicators

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Guiding Discussion Questions:

1. How might responses vary depending on the role/position in public health?

2. How do you think tool responses could help to inform health equity action in your organization?

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Tool Summary: Reports

One report was created for each departmental team (7 total)

- individual checklist

One report was created for supervisors

- organizational checklist

One report was created for managers and office of the MOH staff

- Systems checklist

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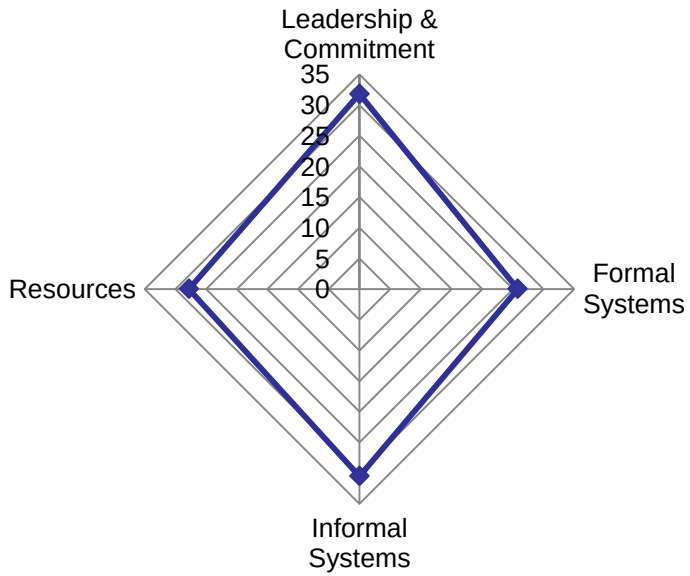
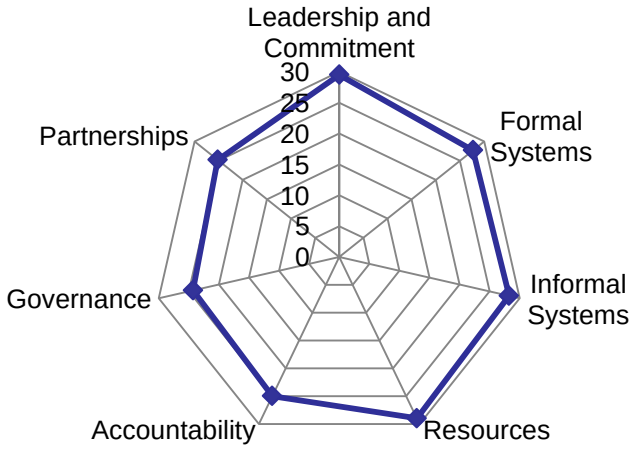
Tool Summary: Analysis of Results

- Each response from Likert scale had a special score
- Excel was used to derive team averages for each indicator and for overall element
- This data was plotted onto a visual
- Chart was created to help us brainstorm indicators that team had most capacity in, and those that needed further development
- Comments from raw data were helpful in providing context
- Discussions about which indicators to prioritize in report to team
- Will be going through same process to analyze organizational and system level results with supervisors and managers

Tool Summary: visual

Team results plotted onto a visual diagram → "spidergram"





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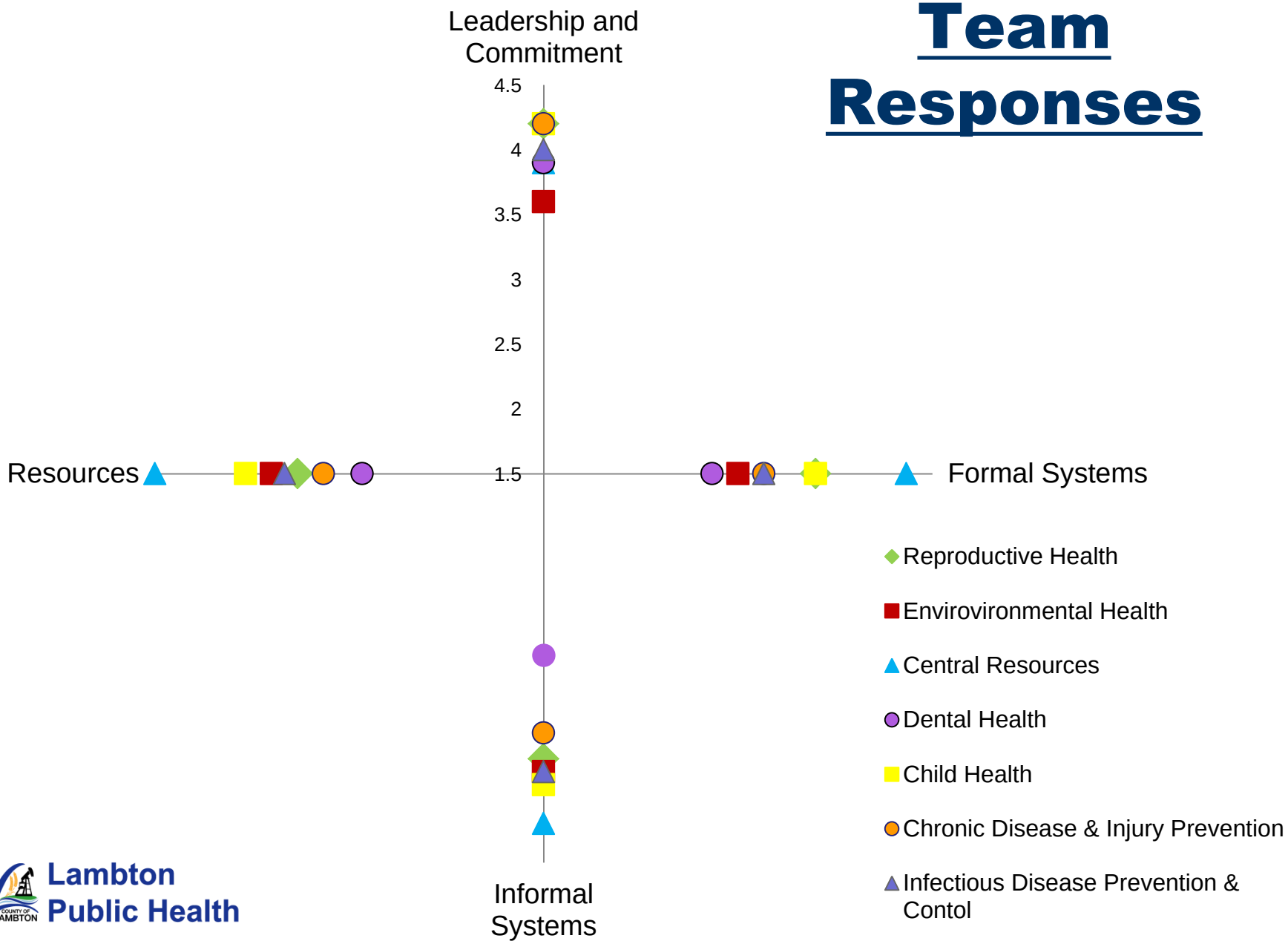
Team Responses



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Tool Summary: example report

Leadership and commitment:

Research has shown that leadership is the most critical organizational driver in enabling health equity action, and that such leadership support can be accomplished in three ways:

- Reflecting a commitment to health equity through the mission, vision and values of their organization
- Dedicating staff leaders (formal and informal) to become health equity champions
- Having leaders demonstrate support for health equity initiatives through effective change management processes

Element definition

Assessment of your team's results:

Your team is aware of the barriers that vulnerable populations experience when trying to access dental services. Your team takes initiative to reduce barriers where possible such as assisting clients completing forms, and attending community programs and events (e.g. Mobile Market) to promote dental services to these hard-to-reach populations.

Advocacy can be challenging but it is important to your team. You have been leaders in various advocacy initiatives such as campaigns and petitions for adult dental programs and LGBTQ health. Your team feels constrained by the mandates pre-set by the government for the HSO program and this makes health equity and advocacy work even more challenging. Additionally, you find these pre-set guidelines problematic when trying to identify priority populations. However, you are aware of priority populations outside of the government-mandated groups as evidenced by your advocacy work. Connecting with the SDoH nurses can assist your team in determining local priority populations within the constraints of the mandated program.

Assessment of teams results (strength-based)

Clarification: Indicator #4 dental provides education in schools if requested - is there an opportunity to proactively identify schools that have a higher need? What does the connection/partnership look like between dental and schools?

Recommendations:

1. Build opportunities to connect with the SDoH nurses; the purpose of this would be to inform the SDoH nurses of the requirements/constraints of the dental program, which would then enable them to assist your team in identifying opportunities to make connections with priority populations in the community
2. Identify other program areas or networks to collaborate with to continue to accomplish advocacy work and to assist in implementing program activities

Recommendations (areas requiring development)

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Tool Summary: examples

Indicator: I prioritize program activities according to the changing health needs of priority populations

Staff comments:

"mandatory outcomes are what constitute my program priorities, and once those are complete or in control, I can focus on other aspects of programs…having accountability agreements that focus on completion rates look good on paper, but they automatically become the focus of front line staff, and make other vital program aspects fade into the background"

Recommendation:

"Identify strategies that environmental health practitioners can use to support clients facing health equity related barriers with respect to compliance with regulations" . "Identify ways to incorporate these strategies into your program planning and priority setting processes"

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Tool Summary: examples

Indicator: I collect relevant data about the social determinants of health to inform my practice

Staff comments:

"We collect a lot of data, but I am not sure if I am collecting relevant data sometimes"

Recommendation:

Offer training to your team related to searching for evidence and collecting data that captures the impact of the SDOH"

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Tool Summary: informing SDOH work

- Process of completing the summaries and meetings with teams will directly inform SDOH program plan and strategy for 2017

- Summary reports provide opportunity to develop action plan with each team and with management

Lessons Learned

1. Examples used in the “tool”.
2. Value of “comments” field.
3. Pilot challenges.
4. The role of public health consultants.
5. Staff values & perceptions of health equity.

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Next Steps

- Work with teams to integrate recommendations into their program
  - SDOH nurses will facilitate this process
- Outcome evaluation
- Knowledge exchange and outreach

Questions?

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Contact

Giovanna Good, Chief Nursing Officer & Professional Practice Leader
Giovanna.good@county-lambton.on.ca
519 383-8331 ext. 3618

Karolyn LaCroix, PHN (SDOH)
Karolyn.lacroix@county-lambton.on.ca
519 383-8331 ext. 3616

Anita Trusler, Supervisor Health Promotion
Anita.trusler@county-lambton.on.ca
519 383-8331 ext. 3646

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