National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

LEARNING FROM PRACTICE:
TARGETING WITHIN UNIVERSALISM AT VANCOUVER COASTAL HEALTH

BACKGROUND

Universal public health programs—programs that apply to an entire population—are based on the belief that each member of society should have access to the same services to maintain or improve his or her health. Targeted public health interventions apply to prioritized subgroups within a broader, defined population. Targeted interventions often address specific needs or issues resulting from social, economic, or geographic disadvantages. Each approach has its strengths and challenges. A challenge for the universal approach is that it can widen health gaps if some people are not able to or do not access and benefit from the intervention. On the other hand, targeted approaches may have little effect on leveling the health gradient if the structural causes of disadvantage are not addressed.[1]

Targeting within universalism is an approach that blends aspects of universal and targeted interventions in order to close the gap between the most and least healthy, and reduce disparities along the socio-economic gradient.[1] With this approach, public health can modify and orient interventions and services to meet the needs of the entire population while addressing the additional needs of population groups that experience marginalization.[2]

This practice case example created by the National Collaborating Centre for Determinants of Health with staff from Vancouver Coastal Health in British Columbia, is to demonstrate the application of targeting within universalism in Canadian public health practice. Look for other documents in the *Learning from practice series* about targeting with universalism.

The Tobacco Reduction Program at Vancouver Coastal Health Authority in British Columbia is an example of a **universal** public health program to reduce tobacco use and limit exposure to second-hand smoke with some **targeted** tobacco reduction programming for priority groups. This example is intended to improve understanding of the concept and application of targeting within universal interventions by exploring the program's development, implementation, and renewal. The example illustrates:

- how targeted aspects of a program are frequently refined over time, after a universal program is established;
- the impact of continually using promising practices, evidence, and evaluation data to achieve goals and strengthen a targeted within universalism approach; and
- the importance of building relationships with partners to support a client-centred program that has universal and targeted aspects.

TOBACCO REDUCTION AT VANCOUVER COASTAL HEALTH

The Vancouver Coastal Health Authority delivers acute care, public health, primary care, and community health services to residents living in Vancouver, the North Shore, Richmond, the central coastal area around Bella Coola, and along the Sunshine Coast and Whistler highway in British Columbia. The region includes dense, diverse urban neighbourhoods; suburban areas; rural and remote coastal regions accessible only by ferry; and 14 Aboriginal communities.

The Province of British Columbia has a long history of investing in tobacco reduction activities, having provided sustained funding for a variety of initiatives and controls since 1994. It is known as a world leader in creating smoke-free environments. As part of a plan to develop a consistent framework for the provision of public health services, the Ministry of Health and health authorities developed a number of evidence reviews and model core programs. In 2006, the evidence review *Healthy Living – Tobacco Control* was published.[3] The same year, Vancouver Coastal Health developed a tobacco strategy. Since the beginning, Vancouver Coastal Health's tobacco strategy has recognized the importance of addressing health inequalities. The goal of the tobacco strategy is

> "Reducing the burden of smoking-related harm through the areas of Cessation, Prevention, and Protection (People-centred approach using evidence-informed practice and a population/ inequalities lens)" (p5).[4]

The Vancouver Coastal Health strategy continues to be refined to further focus the work of the Tobacco Reduction Program.

COMBINING UNIVERSAL WITH TARGETED APPROACHES

The Tobacco Control Program at Vancouver Coastal Health is a decentralized program with a Regional Manager of Tobacco Reduction and a Program Assistant based in Vancouver, and four Tobacco Reduction Coordinators. The Tobacco Reduction Coordinators are responsible for tobacco use prevention, smoke-free environments (protection), and helping people quit smoking (cessation), using a population health approach. The Tobacco Enforcement side of the program consists of regular education and monitoring activities conducted by four Tobacco Enforcement Officers who are supervised by a Senior Environmental Health Officer. With no additional program funding, the small staff team relies heavily on training and supporting local health care providers and educators in how to conduct prevention, cessation, and protection from second-hand smoke. The team also works in partnership with other stakeholders to engage the community and support professionals in their efforts to prevent smoking initiation and reduce exposure to second-hand smoke, as well as assist individuals in quitting smoking.

The 2006 strategy included some targeting for groups with both high smoking rates and known barriers to participation in universal programs (e.g., those with mental health issues and addictions, and Aboriginal peoples). However, much of the initial emphasis was on universal programs such as eliminating smoking in restaurants, public buildings, and outdoor spaces, and more recently in all sporting organizations and events. Other priorities were enforcing bylaws prohibiting sale of tobacco products to minors and ensuring that all tobacco users seen in the health care system were offered supports for quitting.

One important province-wide, universal achievement is coverage of prescription smoking cessation drugs under the provincial drug plan and provision of non-prescription nicotine replacement therapy products at no cost to all BC residents. This universal program has specific benefits for low income clients who wouldn't be able to afford these smoking cessation aids. The coverage is actively promoted to the clients of existing mental health and addiction programs. However, program staff note that the dosage levels do not meet the needs of heavy smokers who may find the dosage ineffective in helping them quit, lessening the impact of this program among heavy smokers.

AN INCREASING EMPHASIS ON PRIORITY POPULATIONS

Having reached some important milestones for its universal programming, the team's initiatives are increasingly being targeted to priority populations. For example, the Tobacco Reduction Program has worked with Mental Health and Addictions to create the Tobacco Treatment Program and Clinics (now known as Break Free) for those with mental illness and/or substance use disorders. These populations face particular barriers and challenges in quitting smoking. For example, tobacco use has traditionally been part of the culture of mental health and addiction services, and some mental health professionals remain hesitant in promoting strong smoke-free-premises policies and clinical tobacco interventions (including the use of nicotine replacement therapy and other smoking cessation medications). Vancouver Coastal Health's Tobacco Reduction Program and Mental Health and Addiction Services have worked collaboratively to train hundreds of mental health care professionals in evidence-based approaches. Better integration of tobacco treatment programs and permanent funding are still required to establish tobacco treatment as a "standard of care" within mental health programs.[5]

The Tobacco Reduction Program engages with Aboriginal communities to help them deliver culturally appropriate programs to their members. Many Aboriginal peoples face inequities related to income, education, literacy, and access to culturally competent services, resulting in higher smoking levels and lower participation in cessation programs. Efforts are focused on developing effective, long-term relationships through which communities identify needs and priorities, and program staff provide resources and support. Program initiatives have included a First Nations-specific smoking cessation treatment program, a youth-focused

Aboriginal Tobacco Wise resource, and training for health care practitioners in First Nations communities to integrate smoking cessation into daily practice as a standard of care.[6] According to program staff:

> "It's been important to use well established community engagement and development principles in the work we do with priority populations."

Another important approach has been to ensure that written materials are appropriate to literacy levels, which can be a major barrier in access to information for a variety of marginalized groups.

In order to further focus their efforts, Tobacco Reduction Program staff members have added guiding principles to the strategy, with one of the four principles addressing the social determinants of health and health equity:

> "Social determinants of health and health equity lens – We inform all our work with an understanding of the underlying social causes and dynamics of tobacco use; we prioritize our efforts to address populations with a higher burden of disease."

OVERCOMING OBSTACLES

Program staff members acknowledge they wouldn't have identified their strategy as "targeting within universalism." They describe it as a way to reach populations with the highest rates of tobacco dependency and therefore in greatest need of tobacco reduction support. They hesitate to use the term targeting, fearing it may create stigma and labelling of distinct populations. Instead, they focus their limited resources on working with Aboriginal communities, school-age children, pregnant women, and people with mental health and addictions. Research data continue to support the importance of reaching these populations with effective tobacco reduction strategies.

The Vancouver Coastal Health tobacco program does not directly address underlying socio-economic or psycho-social conditions that can result in high smoking rates for certain populations. The examples from staff illustrate a programmatic approach to reaching populations in greatest need. Complementary to this programming is a broader approach by Vancouver Coastal Health's Population Health Team to reduce health inequities through leadership, advocacy, policy development, and partnership.[7]

There have been challenges around the prioritization of smoking cessation for mental health and addictions clients. Although small strides have been made in this area, much

THE LEARNING FROM PRACTICE SERIES

Learning from practice is a series started in 2014 as brief easy-to-read practice examples to demonstrate the integration of health equity into public health practice. This series is launched with three documents that explore targeting within universalism. It is anticipated that other documents will be released within this series.

To download the **Learning From Practice** series, visit **www.nccdh.ca**

ongoing work focuses on changing attitudes, practice, and culture among mental health and addictions staff. There are sometimes differing opinions about the potential risks and benefits of smoking bans. Senior management buy-in and ongoing support and training for each facility is integral to staff engagement and program success.

REVISITING THE EVIDENCE BASE AND STRATEGIC RENEWAL

Vancouver Coastal Health's tobacco strategy continues to be informed by data gathered through surveillance mechanisms and health surveys. These data help Vancouver Coastal Health customize the strategy to address the needs of regions and populations that bear the greatest burden of harm. Program staff are also using emerging evidence to determine "priorities within priorities," as they are now faced with reduced staffing in the clinical smoking cessation and tobacco enforcement areas.

PROGRAM SUPPORTS AND CHALLENGES

Tobacco Reduction Program staff credit their success in combining universal and targeted program elements to:

- a provincial government that provided strong leadership in the early years of tobacco reduction programming;
- strong legislation in British Columbia and Vancouver Coastal Health areas;
- the continued use of evidence and best practices in developing and refining interventions;
- tobacco reduction champions in the research community and government; and
- strong partnerships both inside Vancouver Coastal Health and with other agencies and organizations.

Ongoing challenges for the program include:

- a small staff and lack of dedicated program resources;
- long travel distances in the rural and isolated areas making face-to-face work difficult;
- the wide diversity of cultural and language groups in the Vancouver and Richmond areas; and
- some delays in building partnerships with Aboriginal organizations due to the many competing priorities and demands they face.

LESSONS LEARNED

The Vancouver Coastal Health Tobacco Reduction Program is an example of targeting within universalism in which the identification of priority populations and the development of effective programs and relationships are an ongoing, long-term process. The strong universal approach of the program has provided the backbone to work with populations who

experience the highest rates of tobacco dependency and who are therefore in greatest need of tobacco reduction support. Continually refining approaches enables the program to reduce the higher tobacco use rates among marginalized populations who, without targeted programs, would not have equitable access to tobacco prevention and cessation programming provided to the general population. Staff in the Tobacco Reduction Program emphasize the importance of:

- *Evidence* – "Don't recreate the wheel – use the evidence and the best practices available and adapt programs to your own populations."
- *Partnerships* – "Take the time to build long-term relationships and remember, when you are working in someone else's community, you are there as their guest."
- *Evaluation and Monitoring* – "Start thinking about sustainability and the business case for your program early on – gather data and continually evaluate your efforts."

REFERENCES

1. National Collaborating Centre for Determinants of Health. Let's talk: universal and targeted approaches to health equity. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2013. Available from: http://nccdh.ca/resources/entry/lets-talk-universal-and-targeted-approaches
2. National Collaborating Centre for Determinants of Health. Let's talk: public health roles for health equity. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2013. Available from: http://nccdh.ca/resources/entry/lets-talk-public-health-roles
3. Centre for Addictions Research of British Columbia. Evidence review: healthy living – tobacco control. Victoria, BC: BC Ministry of Health; 2006. Available from: www.vch.ca/media/Evidence_Review_Healthy_Living_Tobacco.pdf
4. Centre for Addictions Research of British Columbia. Vancouver Coastal Health tobacco strategy 2006-2010. Vancouver, BC: Vancouver Coastal Health; 2006.
5. Centre for Addictions Research of British Columbia. Tobacco reduction in the context of mental illness and addictions: a review of the evidence. Vancouver, BC: Provincial Health Services Authority; 2006. Available from: www.carbc.ca/Portals/0/propertyagent/558/files/17/tobaccolitrev.pdf
6. Vancouver Coastal Health. Best practices for tobacco control: 2012 highlight document. Vancouver, BC: Office of the Chief Medical Health Officer; 2012.
7. Vancouver Coastal Health. Tackling health inequities in Vancouver Coastal Health. Vancouver, BC: Vancouver Coastal Health; 2011. Available from: www.vch.ca/media/pophealth-tackling-health-inequities.pdf

Contact Information
National Collaborating Centre for Determinants of Health (NCCDH)
St. Francis Xavier University
Antigonish, NS B2G 2W5
nccdh@stfx.ca
tel: (902) 867-5406 fax: (902) 867-6130

www.nccdh.ca
@NCCDH_CCNDS

We gratefully acknowledge the staff at Vancouver Coastal Health Authority who supported the preparation of this case example. This document was researched and written by Dianne Kinnon. National Collaborating Centre for Determinants of Health staff, specifically Hannah Moffatt and Miranda Elliott, provided guidance throughout all phases of the project. Megan Aston, Dalhousie University, and Arlene Rose, Health PEI, provided external peer review.

The National Collaborating Centre for Determinants of Health is hosted by St. Francis Xavier University.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health. (2014). *Learning from practice: Targeting within universalism at Vancouver Coastal Health.* Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

ISBN: 978-1-926823-80-5

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Determinants of Health (NCCDH). The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available in its entirety in electronic format (PDF) on the National Collaborating Centre for Determinants of Health website at: www.nccdh.ca

La version française est également disponible au : www.ccnds.ca sous le titre *Apprendre par la pratique : ciblage dans un cadre d'universalité à la Vancouver Coastal Health*