



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

LEADERSHIP FOR
HEALTH EQUITY

ALBERTA HEALTH SERVICES **ESTABLISHING A PROVINCE-WIDE SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY APPROACH**



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ABOUT THE NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH

The National Collaborating Centre for Determinants of Health is one of six National Collaborating Centres (NCCs) for Public Health in Canada. Established in 2005 and funded by the Public Health Agency of Canada, the NCCs produce information to help public health professionals improve their response to public health threats, chronic disease and injury, infectious diseases, and health inequities.

The National Collaborating Centre for Determinants of Health focuses on the social and economic factors that influence the health of Canadians. The Centre translates and shares information and evidence with public health organizations and practitioners to influence interrelated determinants and advance health equity.

About the case study

Leadership is an important factor in advancing health equity, as shown in the results of the National Collaborating Centre for Determinants of Health (NCCDH) 2010 environmental scan,¹ the 2008 Chief Public Health Officer's report², and many other related reports. Strong and visionary leadership is a common trait among jurisdictions that have stepped ahead in health equity work.

To expand on the evidence about effective leadership practices and supporting or limiting factors, the NCCDH has undertaken a Public Health Leadership Initiative.

Its purpose is to identify

- factors that influence effective individual and organizational public health leadership to address the social determinants of health and advance health equity, and
- effective strategies and tools to develop public health leadership for action on the social determinants of health and health equity in Canada.

Case studies profiling examples of effective leadership to address the social determinants of health and health equity in Canada are a key part of this initiative. This case study, part of a series, looks at Alberta Health Services. It describes the process used to establish a province-wide health equity strategy, notes challenges still to be overcome, and identifies several factors that contribute to the success to date of Alberta Health Services.

A mandate to reduce health inequities

Alberta Health Services is the organization in the Canadian province of Alberta mandated to provide province-wide comprehensive health services.

It promotes wellness and provides programs and services across the continuum of care to Albertans, as well as to many residents of southwestern Saskatchewan, southeastern British Columbia, and the Northwest Territories. Health equity is identified as a strategic priority for Alberta Health Services.

With this clear mandate to reduce health inequities, Alberta Health Services established targets to improve equity in population health outcomes. The health equity and social determinants work is led by the Promoting Health Equity team within Population and Public Health portfolio which reports to the Executive Vice President and Chief Medical Officer, Clinical Operations. Because of the work on health equity

in the province prior to its formation in 2008, Alberta Health Services started operations with strong leadership, champions and a structure prepared to rollout equity programming across the province.

Once established the Alberta Health Services provided the provincial framework, leadership, and network to support pre-existing programs and activities, and to support staff to build on these experiences. The Promoting Health Equity team has been encouraged in their work by a real readiness to embrace health equity considerations and approaches throughout the province, at all levels and parts of the health system.

As with much of the health equity work in Canada, the efforts at Alberta Health Services are a work in progress. While Alberta Health Services is off to a good start, they face a number of challenges to establish a health equity focus throughout all programs and service delivery locations, province-wide.

History of health equity work in Alberta

A strong history of health equity work exists throughout Alberta. For some time there have been people and processes dedicated to addressing health inequities. For example, in 2005, Dr. Brent Friesen, Calgary Region's Medical Officer of Health, issued the province's first health report describing "social districts", with health data presented by neighbourhood income³. The report showed a clear gradient in health outcomes, where health improved as income increased. From then on the former Calgary Health Region (as of 2008 a part of Alberta Health Services and renamed the Calgary Zone) focused on health equity, with a clear strategy and established community partnerships. The coming

together of like-minded leaders throughout the city of Calgary led to a number of collaborative initiatives between health, community agencies, and the business community. For example, the establishment of a poverty reduction initiative, and programs for child and Aboriginal youth development. There were similar processes, focused on poverty reduction, occurring in other cities in Alberta, including Edmonton, where the former Capital Health Region (now the Edmonton Zone) collaborated with local groups, like the Edmonton Social Planning Council. For nearly a decade, health professionals in Alberta have been making concerted efforts to address poverty and other social determinants of health.

Developing a province-wide health equity strategy

Capturing the right evidence

Upon its formation in 2008, the Alberta Health Services Promoting Health Equity team was tasked with developing a strategy to advance health equity, and to roll it out across the province. In the initial stages efforts were focused on capturing the right evidence to build the strongest arguments possible for a health equity approach in Alberta.

These efforts included a range of actions. Data showing health inequalities that existed in Alberta were documented through health status reports. Evidence of the impact of inequities, and the best way to reduce the gap, was gathered through an extensive national and international review of the literature. An internal scan of activities to address inequities across Alberta Health Services was conducted, to build on and honour the work already in place. Interviews with leaders in health equity within Alberta Health Services and across

the country took place, and events were staged to hear from experts and review ideas that fit the Alberta context.

Engaging broadly

At the same time, support for a health equity focus was building in the organization. A Promoting Health Equity Steering Committee with broad representation was established in 2011, which was made up of senior leaders throughout the organization, with representation from public health, primary care, as well as acute and long-term care, and a representative from each of the zones, priority clinical areas, and corporate support areas.

Establishing the framework

With this groundwork in place, the team developed the Promoting Health Equity Framework⁴ which provided the foundation for the strategy, a long-term plan of action. The Promoting Health Equity Framework articulates the vision, goal and purpose of the strategy; identifies foundational concepts

Alberta Health Services' Promoting Health Equity Strategy

Vision

An organization that advances health equity

Goal

To reduce inequities in population level health outcomes

Purpose

To cultivate a shared responsibility for promoting health equity within and beyond Alberta Health Services

Foundational Concepts

- Health is a resource for everyday living
- Social justice
- Nothing about us without us
- Accountability
- Social gradient in health
- Universal and targeted approaches



We did our homework in advance, so as it turned out, the framework was readily accepted as an appropriate approach for the organization. ”

DELAINE JOHNSON, MANAGER
PROMOTING HEALTH EQUITY TEAM

and strategies; and outlines an intersectoral process to identify priorities in health equity. Documents on policy action and the development of indicators accompany the framework.

Within the Promoting Health Equity Action Plan there are three focus areas: foundation building, organizational action, and multisectoral action.

Foundation building

Gaining support of senior leadership

With a framework prepared, the work shifted to gaining support for the strategy from senior leadership in Alberta Health Services. Once achieved the team went out to the broader organization to engage practitioners. Communicating the strategy was one of the initial challenges that the Promoting Health Equity team faced. To provide the required leadership, the team needed an effective way to communicate the strategy so that it gained support from all

levels of the organization and beyond – from senior leadership, to strategic planners, front-line managers and practitioners, to community partners. They needed the strong endorsement of senior leadership and a way to translate that mandate into practice, to give health equity meaning on a day-to-day basis.

The Executive made health equity a strategic priority of the organization in April 2012. They recognized that the greatest needs and demands on the health care system are from people who are impacted by inequities the most, and they were committed to developing a more sustainable approach to health care. The team presented the Promoting Health Equity Framework and supporting evidence to the Executive Committee and Board of Directors of Alberta Health Services. Data showed clear differences in health status, geographically and between income groups. The framework was adopted without changes.



They [senior managers] clearly understand the importance of identifying inequities and using universal as well as targeted approaches to reduce them.



PATTI RESTOULE, DIRECTOR, HEALTH PROMOTION AND DISEASE & INJURY PREVENTION AND MEMBER OF THE PROMOTING HEALTH EQUITY LEADERSHIP GROUP

Dr. Gerry Predy, Senior Medical Officer of Health had been appointed as the lead for health equity for the organization and was given a seat on the Executive team about a year before the framework was presented. Having a credible health equity champion at the Executive table was important to gaining senior leadership support.

Once strong endorsement from the top was received, the Promoting Health Equity team focused on communication on two fronts: keeping health equity on the agenda for senior leadership, and spreading the word throughout the organization. They made over 20 presentations to – inform, consult and engage senior leadership within the five health delivery zones in Alberta Health Services and all major health portfolios (for example seniors health, addiction and mental health, primary and community care, and strategic clinical networks such as diabetes, nutrition and obesity, and cancer care).

Discussions with senior management explored the feasibility of the strategy and challenges that may arise in implementing it. Support for the plan by senior managers has been very positive.

Developing common ownership of health equity

The team expects that, in three to five years, there will be changes in concrete measures that demonstrate the effect of incorporating social determinants of health and health equity considerations into their work. But first, their region-wide leadership efforts focused on raising awareness of the strategy and developing a common understanding of the concepts of health equity and the social determinants of health with all groups throughout Alberta Health Services.

The overall goal of the Promoting Health Equity Strategy is to reduce inequities in health status. To make this happen, all Alberta Health Services programs need to incorporate social determinants of health and health equity analysis into their planning. With the many priorities that health teams face every day, the Promoting Health Equity Strategy has to be positioned as a component of existing programs, rather than something new that must be added. For example, to help meet efficiency goals in emergency services, Alberta Health Services is considering changing its intake process and applying a health equity lens. With clients who frequently access emergency services,



questions would routinely probe their living conditions and access to a family physician. This would lead to steps to connect them to appropriate community services to improve their living or socio-economic conditions and thereby preventing unnecessary visits to the emergency department.

Engagement plans and learning resources are being developed to involve and get feedback from staff across the organization on the framework and action plan. A key component to engaging staff will be creating messages that facilitate a shared understanding of the key health equity concepts in ways that “speak” to all staff, at all levels of the organization. Engagement and communication plans will build on successes, using plain language and storytelling approaches that vividly explain what makes people healthy. Staff will be included in the development of the tools and strategies, either individually or through focus groups to ensure that the messages crafted resonate with them.

With more than 90,000 employees, it will be challenging to ensure that everyone in Alberta Health Services understands the health equity message. In addition to newsletters and an internal website, zone leaders will be encouraged to embed health equity in meeting agendas and other avenues of communication. As much as possible, existing processes will be used to reach front-line staff, to ensure delivery of services to clients is not impacted. For example, short information sessions and online technologies, such as websites and video conferencing, may be used.

Building health equity leadership capacity

Building on the support shown by senior leadership, members of the Promoting Health Equity team are working to develop leadership throughout Alberta Health Services to carry the health equity message to every part of the organization. In early 2012, over 80 leaders from within Alberta Health Services participated in *Champions for Health Equity: Leading the Way*, a day-long event where they had



the opportunity to learn from and share ideas with nationally recognized as well as internal health equity leaders.

The Medical Officers of Health of each zone were recruited to act as champions, both internally (in the organization) and externally. For example, as health status reports are released to the public, these champions will act as key spokespeople and use the opportunity to explain health inequities to the public. As public health leaders, Medical Officers of Health are in a good position to engage other leaders who do not have a public health background. These leaders can work with others to create a common understanding of how social conditions impact health, health budgets, and the sustainability of the health system. They can also bring an upstream perspective^a to those outside of health care on issues such as early childhood development, a key area of investment to reduce inequities⁵.

With the support and tools provided by Alberta Health Services, these leaders are embracing

their roles, to the point that one of the directors, Patti Restoule, is so encouraged she wants to “make strong equity champions of all staff”.

Taking organizational action

The initial focus was on building the foundation, to ensure that internal roles and responsibilities are clear and that capacity is built to meet those functions. As mentioned previously, Alberta Health Services is working to integrate health equity at all levels and in all programs. Steps to integrate health equity action in the organization include:

- **Health equity strategists:** These positions report centrally to the Promoting Health Equity team, but work closely with each zone and Strategic Clinical Network committees to address strategic health issues, such as cardiovascular disease, obesity, diabetes and nutrition, and addiction and mental health. This structure supports the role of the strategist as a liaison between health equity work and all areas of the organization.

^a The Alberta Health Services Glossary of Terms that accompanies the framework describes upstream factors or conditions as those that influence individual and population health and are usually beyond an individual’s direct control.



Tools are being introduced to staff, but they are questioning – and rightly so – how the tools will work for them,” says Patti Restoule. “We are open and willing to work with people to pilot and adapt, seek out or even develop new tools, until they work for all groups across the continuum of care, in various settings and management levels.”



- **Health equity measures** – Embedded in organizational performance measures beginning in the 2013/14 fiscal year, equity will become a key driver of performance measures in all zone plans. For example, immunization rates tend to be lower in poorer neighbourhoods, so measures will focus on reducing the gap between neighbourhoods.
- **A priority-setting tool** – Developed for use by senior leadership in zones, Strategic Clinical Networks and central strategy areas, when implemented this tool will ensure that health equity is integrated into the ongoing planning and priority setting processes.
- **Leadership performance agreements** – These agreements will include measures to reach health equity goals.
- **Cultural competency development opportunities** – Opportunities will be available to staff, with a focus on Aboriginal cultures.
- **Continuous quality improvement approaches** – Approaches will integrate health equity as another dimension of quality care.

- **Health Equity Impact Assessment (HEIA) process** – This process will be used to assess health equity considerations in services, initiatives, programs, projects or policies throughout the organization. The HEIA tool will be piloted to test its applicability across the continuum of care and at various levels within the organization.

Beyond its role as an assessment tool, the Health Equity Impact Assessment (HEIA) process will form the basis for creating opportunities for dialogue with staff about health equity. It will be implemented via facilitated sessions, where it is anticipated that the discussion will bring the concept of health equity alive for staff and result in leadership and action on the front-line.

While initial support for health equity has been strong, the “how-to” of implementation are still being developed.



Taking multisectoral action

While the initial focuses have been on building internal capacity and organizational action, Alberta Health Services is preparing to take leadership for multisectoral action which is essential to make a real difference in health equity. This leadership builds on the history of collaboration with other sectors and community groups in Alberta. Multisectoral work is focused in the following areas:

- **Health equity advocacy** - Medical Officers of Health of each zone have the knowledge and credibility to advocate for health equity across government sectors and in the community. For example, they are participating as active members in municipal poverty reduction initiatives. In the future, they will be the key spokespeople when health status reports are released to the public.
- **Connections with the voluntary sector** – Health data are important tools to support leadership for multisectoral action and community work. Staff will have health status reports and other tools to strengthen connections with the voluntary sector and influence community planning, housing, and other issues relevant to the determinants of health.
- **Community pilots** – Community engagement and involvement is seen as vital to finding solutions to local issues. The South Zone is planning to pilot the Health Equity Impact Assessment as a tool for consulting with communities on their health needs and priorities. Working with communities, zones will be able to build on the health status reports with more specific, local data which is critical to properly reflect the nature of individual communities. Local stakeholders, including physicians, staff, elected officials and informal leaders, can add to the health picture with their knowledge, and participate in a detailed consultation process to prioritize local health issues.
- **Inter-governmental work** – Alberta Health Services is working with Alberta’s Ministry of Health, the Ministry of Human Services and other departments that influence the determinants of health. Among other leadership efforts, this process is providing input to a government-wide social policy framework which is under development. The sharing of its Health Equity Impact Assessment is informing equity work across government.

Challenges in establishing a health equity strategy

Establishing a province-wide health equity focus for Alberta Health Services is not without its challenges, among them are:

- **Province-wide implementation** – Applying an equity lens to everything done at Alberta Health Services is a sweeping change. It affects all programs and locations within the organization: internal operations, interactions with government departments and levels, and external partnerships. While a health equity approach is being implemented in phases, the full rollout is a major endeavour that requires strong, visionary, and sustained leadership.
- **Managing expectations** – The flip side of success in raising awareness about the Promoting Health Equity Strategy is that “the floodgates have opened”. Staff and community partners who recognize the far-reaching impact of health inequities want to move forward on programs right away. Harnessing the enthusiasm, and implementing the actions in an evidence-informed and strategic way, requires the Promoting Health Equity team to keep people focused on its step-wise plan.
- **Data limitations** – A significant factor in successfully leading the implementation of a health equity approach is having accurate and accessible local data. While some local and zone data are available, sensitivity exists regarding the release of information that shows clear inequities, without strong programs in place to address them.
- **Common language** – In developing the framework, the Promoting Health Equity team took considerable time and effort to develop health equity language and definitions that were acceptable to all. In some cases, language was modified to gain internal support. While the language has gradually been strengthened throughout the province, some believe the inequity story needs to be told more boldly. Leadership to engage the support of the public and the media in health equity efforts will need strong and clear language.
- **Resources and support** – Meeting health equity goals can mean re-allocating budgets and other resources to health equity initiatives. Managers have expressed concerns that this could add stress to already limited resources and capacity. To address that, the Promoting Health Equity team is working hard to integrate equity into existing practices, and position it as a better, but not an additional, way to provide the right services to the right people.



Measuring success

To have gained support for health equity from senior leadership, strategic planners, front-line managers and practitioners, and community partners in such a short time, the Promoting Health Equity team are doing a lot of things right. Among the success factors are:

- **Strong, central mandate** – Alberta Health Services was formed with the province-wide mandate to address health inequity. Delivering the program province-wide makes it easier to align local or zone priorities.
- **Credible, broad leadership** – The Promoting Health Equity Strategy is led by a strong champion base and Steering Committee, and supported by an Executive Committee that includes representation from all services within the health system, from public health to palliative care.
- **Willingness to learn** – Most staff embrace the concept of health equity and resultant action because they witness very apparent inequities in health status in their day-to-day practice. They are happy to have the leadership of a dedicated team, and the resources and support to help them reveal and address health equity issues.
- **Strong spirit of cooperation and collaboration** – Whether internally or in the community, people recognize the importance of health equity and are ready and willing to collaborate on finding solutions.



? QUESTIONS TO CONSIDER

- How would you present the case for action on health equity to decision makers in your organization? What arguments would you use to urge them to action?
- To implement a health equity strategy in your situation or organization, what specific approaches would you consider to:
 - Develop a sense of common ownership
 - Find the evidence, expertise and resources required
- Having read about Alberta Health Services process, what elements of strength do you think you could apply to your own situation?
 - Build leadership
 - Manage expectations
 - Find common language that resonates with all involved

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