



National Collaborating Centre  
for Determinants of Health

Centre de collaboration nationale  
des déterminants de la santé

## LEARNING FROM PRACTICE: TARGETING WITHIN UNIVERSALISM AT SUDBURY & DISTRICT HEALTH UNIT



### 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 levelling the health gradient if the structural causes of disadvantage are not addressed.<sup>1</sup>

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. 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.<sup>2</sup>

This practice case, created by the National Collaborating Centre for Determinants of Health, in collaboration with the staff from Sudbury & District Health Unit demonstrates the application of targeting within universalism in Canadian public health practice. Look for other documents about targeting within universalism in the Learning from Practice Series.

The School Health Promotion Team's work at the Sudbury & District Health Unit is an example of universal health promotion support and resources, combined with additional resources for selected schools that require more support. The following description of the School Health Promotion Program is intended to improve understanding of the concept and application of targeting within universalism by exploring the development, implementation, and renewal of this approach.

This example highlights:

- a partner-based approach to identifying and working with school communities for comprehensive school health;
- allocation of additional staff time and resources to select schools to address inequities; and
- a multi-year strategy based on building relationships and responding to community needs.

### THE SUDBURY & DISTRICT HEALTH UNIT'S CONCERTED EFFORTS TO ADDRESS HEALTH INEQUITIES

The Sudbury & District Health Unit (SDHU) is one of 36 public health units in Ontario. Through its main office in Sudbury and four other offices in the districts of Sudbury and Manitoulin, the SDHU delivers provincially legislated public health programs and services to approximately 200,000 people living in 19 municipalities.

The SDHU has focused on social determinants of health and health inequities since 2000. This orientation was reinforced by the *Ontario Public Health Standards 2008*,<sup>3</sup> which explicitly acknowledge the responsibility of public health to address the social determinants of health and reduce health inequities. In 2008, the SDHU was awarded a research and intervention grant from the Canadian Health Services Research Foundation Fellowship (Executive Training in Research Application –

EXTRA). The SDHU conducted a review and analysis of the literature for practices to reduce social inequities in health.<sup>4</sup> The initiative resulted in the implementation of the SDHU Health Equity Steering Committee in 2009 and Health Equity Office (now the Health Equity Knowledge Exchange and Resource Team) in 2011. Both teams work together to build and support the capacity of the health unit and the community to reduce social inequities in health. One outcome of the research and intervention project was the publication of a report entitled *Research-oriented Decision-making to Guide Local Public Health Practice to Reduce Social Inequities in Health*.<sup>5</sup> "Targeting with Universalism" is one of the 10 promising practices to reduce social inequities in health identified in this document.



### THE SCHOOL HEALTH PROMOTION PROGRAM

The SDHU's School Health Promotion Team offers a universal program to 114 elementary and secondary schools spread across eight school boards. It also offers targeted, more intensive involvement with selected schools. The overall goal of the program is to "co-create the health and wellness of school communities."<sup>6</sup>

The School Health Promotion Team is comprised of public health nurses, a dietitian, a health promotion worker, program assistants, and a health promoter. Team members use a comprehensive school health approach, working with principals, teachers, parents, community partners, and students to address issues of concern to them. As part of the universal program, each of the 114 schools is assigned a public health nurse. The team focuses on working with adult influencers, such as teachers, school staff, and parents, by providing curriculum-linked resources, consultations, and training sessions. The team also works with the entire school community to implement programs, work towards healthy policy, and increase skill-building opportunities for students. These initiatives help students gain the abilities they need to make healthy decisions and reduce risk-taking behaviours. The targeted aspect of the program is delivered in schools identified jointly by SDHU and the school boards as being in need of additional support. The term "CORE schools" is used to describe these schools instead of "priority schools" in order to avoid stigmatizing by identifying some schools as worse off than others. The school boards select CORE schools based on the following criteria:

- schools in neighbourhoods of low socio-economic status or rural/isolated communities;
- schools with populations that experience marginalization (e.g., lone-parent families, cultural minorities); and
- schools with lower provincial standardized test scores in reading, writing, and mathematics.

In selecting CORE schools, public health program staff also assess the school's readiness to work comprehensively, for which SDHU adopted the Ministry of Education's Foundations for a Healthy School framework.<sup>7</sup> The components of this

framework include quality instruction and programs, a healthy physical environment, a supportive social environment, and community partnerships. The team has learned that having a school champion and staff who are ready for change is key to success.

The overall program focuses on building supportive social and physical environments for children and youth at all schools. The School Health Promotion Team uses youth engagement and experiential learning methods in working with students, teachers, and parents on issues of concern to the school community. The schools identified as CORE are offered additional resources and more intensive involvement from public health staff to co-create increased well-being and resiliency among students. The CORE program starts with a consultative needs assessment and commitment of a project team that includes school staff and an SDHU nurse. There is a weekly commitment to connect with a youth engagement group at the school. SDHU staff work with students to identify issues at their school and design and implement a comprehensive plan to address the selected issues school-wide.

### A LONG-TERM APPROACH

A major aim of the targeting within universalism program's approach is to improve resiliency among students and build the skills that can help them make healthy decisions throughout their lives. For example, students and staff in one school began by creating a garden that supplies vegetables to the cafeteria. The project involved student engagement and working with community partners. In the 2012-13 school year, SDHU worked intensively with 11 CORE schools, dedicating considerably more staff time and resources compared to universal schools.

The School Health Promotion Team manager meets semi-annually with school boards to monitor relationships and activities. The manager also engages in regular evaluation and annual work planning to assess progress towards goals and provide support to program staff who often work in challenging and changeable environments.

“We need to keep reminding ourselves that time spent in reflection isn’t wasted time. A feedback loop is essential to your practice.”

PROGRAM STAFF MEMBER

Expected long-term outcomes of the program:

- “increase in priority schools capacity to identify and address emerging health issues via a comprehensive school health approach
- increased sense of community connectedness (within school and with neighbourhood and greater community)
- increase in [number and enhancement of] school/school board policies and programs that contribute to supportive physical and social environments
- school community partners have an increased capacity to create safe and supportive environments that prevent chronic disease, injury and substance misuse and promote reproductive health, child development and sexual health”<sup>6</sup>

## OVERCOMING OBSTACLES

A shift in thinking was required to adopt a comprehensive school health approach. In the past, school-based public health programs were often “clinical” and focused on individual lifestyles and personal health practices. Public

health nurses provided health information and resources for “healthy living” to students and teachers. The new approach recognizes that comprehensive school health is about working with the whole school community on a wide range of issues.<sup>8</sup> Reducing health inequities centres on engaging youth and is more about relationship building and community development.

Balancing resources across all schools continues to require close attention and may sometimes present challenges. Program staff acknowledged the need for constant monitoring and assessment at the school level to find the right balance in how resources are distributed between universal schools (i.e., in general receiving less intensive support) and CORE schools (i.e., in general receiving more intensive support). Team members also acknowledged that programming must meet the changing and sometimes conflicting needs of schools, school boards, the public health unit (SDHU), and the provincial ministries (Health and Long-Term Care, Education). In addition, sometimes political needs or emerging issues can alter programming. The program is monitored continuously to ensure all four components of the comprehensive school approach are achieved. The team has learned through trial and error and informed their practice with the use of research evidence. Team members feel that building relationships with schools and working comprehensively has been more effective than previous models of service delivery.

## 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](http://www.nccdh.ca)



### PROGRAM SUPPORTS AND CHALLENGES

School Health Promotion Team staff identified the importance of the following supports for their program:

- a solid evidence base for the comprehensive school health approach and for building resiliency in youth;
- an organization-wide, long-term commitment to reducing health inequities in the health district;
- high-level support from the school boards and strong relationships in the school boards, built with hard work over time; and
- a relatively stable and cohesive program staff.

Challenges with the program include:

- working collaboratively with eight school boards that have different cultures and priorities;
- ensuring there is continual understanding and support within the health unit for the larger investment in CORE schools, including shifting priorities and public health drivers (i.e., financial constraints);
- the need to form long-term relationships in a community in which there is continual turnover in students and staff; and
- the need for individuals to remain flexible and able to respond to the changing needs of schools.

### LESSONS LEARNED

Program staff members emphasize that their work is more of an approach than a program, one that emphasizes engagement, empowerment, and a comprehensive view of health. This targeting within universalism approach demonstrates a public health intervention intended to “level up.” In other words, the objective of the targeted approach is to disproportionately improve the health of more disadvantaged groups, while the universal components contribute to the health of the overall population through broad health promotion efforts.<sup>9</sup>

Staff in the SDHU program recommend the following key elements when using a targeting within universalism approach:

- *Flexibility* – “Be flexible, be patient, be willing to ‘course correct’ when what you are doing isn’t working.”
- *Communication* – “Keep talking. Explain what you are doing both internally and externally to make sure you build and maintain leadership support.”
- *Inclusion* – “Be careful about the language you use so you aren’t stigmatizing and stereotyping the people you are working with.”



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