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HEALTH EQUITY LEADERSHIP

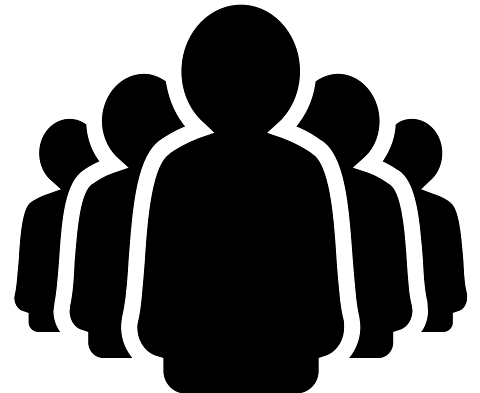
Health for All: Putting Equity into Practice

April 30, 2014

Moncton, NB

PUBLIC HEALTH LEADERSHIP

Leadership is about influence that moves individuals, groups, communities and systems toward achieving goals that will result in better health. (Betker & Bewick, 2012)



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APPRECIATIVE INQUIRY

- Asked questions about positive aspects of an organization to provide insight on what has worked well

- Interviews with 14 recognized public health leaders in Canada to identify:
  - successful leadership activities
  - the factors or conditions that support effective leadership on social determinants of health and health equity

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NCCDH. 2013.What contributes to successful public health leadership? An appreciative inquiry
Available at: http://nccdh.ca/resources/entry/leadership-app-inquiry

FINDINGS

Leadership on social determinants of health and health equity requires:

- Organizational support
- Bridging organizational activities with the community
- Professional competency

What contributes to successful public health leadership for health equity? An appreciative inquiry. Available at: http://nccdh.ca/resources/entry/leadership-app-inquiry

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ORGANIZATIONAL SUPPORT

- Leadership commitment (e.g., board of directors and senior corporate leadership)
- Budget allocation for smaller agencies, research and staff development
- Human resources policies/strategies that support health equity activities
- High quality population data collection including data evaluation
- Contribution to and adherence to external health equity policy / standards

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BRIDGING ORGANIZATION ACTIVITY WITH COMMUNITY ACTION

- Being part of and accepting public health role in community action
- Partnering and engaging with champions, community organizations and agencies that share health equity values

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PROFESSIONAL COMPETENCY

Knowledge

- Inspiring teachers, formal education and expert peers
- Theoretical frameworks & structural view of society/sources of inequality
- Personal study and continual updating regarding best practices, research and current data

PROFESSIONAL COMPETENCY

Skills

- Interpersonal / people skills
- Communication skills
  - Breaking down issues (e.g., poverty) into manageable activities
  - Advocacy activities
- Facilitation skills
  - Multiple strategies
  - Adapt approaches to context.
- Taking advantage of opportunities and working effectively within policy environments

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PROFESSIONAL COMPETENCY

Attitudes

- Moral conviction
- Risk taking
- Passion, energy and motivation

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GROUP DISCUSSION
(10 MINUTES)

Introduce yourself at your small table

- *What surprised you in what you heard about leadership?*
- *Is there anything missing from this picture of leadership?*

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PUBLIC HEALTH ROLES FOR HEALTH EQUITY

1. **Assess & report** on: a) the existence & impact of health inequities, & b) effective strategies to reduce these inequities.
2. **Modify & orient** interventions & services to help reduce inequities, with an understanding of the unique needs of populations that experience marginalization.
3. **Partner** with other government & community organizations to identify ways to improve health outcomes for populations that experience marginalization.
4. **Lead, support & participate** with other organizations in policy analysis & development, & in advocacy for improvements in the determinants of health.

10 PROMISING PRACTICES TO REDUCE SOCIAL INEQUITIES IN HEALTH

- **Intersectoral action**
- Targeting with universalism
- **Purposeful reporting**
- Social marketing
- Health equity target setting
- Equity-focused health impact assessment
- Competencies/organizational standards
- **Contribution to evidence base**
- Early childhood development
- **Community engagement**

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Sudbury & District Health Unit 2009

http://nccdh.ca/resources/entry/10-promising-practices-guide

POPULATION HEALTH STATUS REPORTING

- A "Learning Circle" to help modify population health status reporting to advance equity

What is a health status report and why is it important?

"A report that doesn't get used won't help us to advance health equity."

Selecting health status indicators

"... every indicator has advantages and disadvantages and needs to be considered in context. There is no such thing as a "perfect" health inequality indicator."

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Learning Together Series

NCCDH. (2013-14). Learning Together Series. http://nccdh.ca/resources/entry/population-health-status-reporting

POPULATION HEALTH STATUS REPORTING

- A knowledge translation tool that seeks to:
  - Effectively disseminate information
  - Facilitate intersectoral collaboration by demonstrating links between sectors
  - Result in action
- An iterative process
- Requires a culture of using evidence to inform decisions

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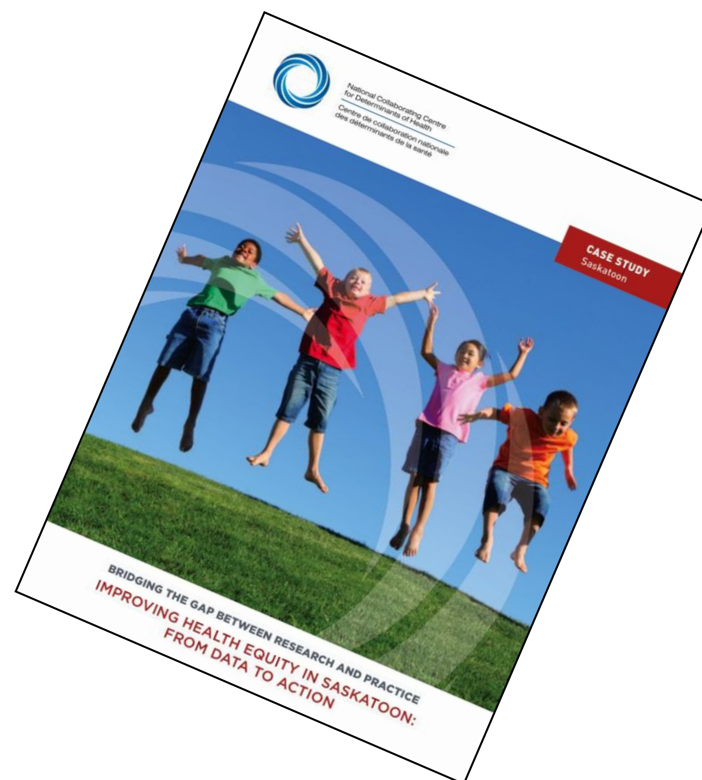
PURPOSEFULLY REPORTING: SASKATOON'S EXPERIENCE

Driving health equity work through population health status reporting



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NCCDH. (2012). Improving health in Saskatoon: From data to action
http://nccdh.ca/resources/entry/casestudy-SK

CASE STUDY

- Problem-base learning
- Presentation: Description of the context, issues addressed, activities undertaken
- Group work: Think critically about the information presented – analyze, synthesize, and consider solutions

One of four developed for a workshop hosted by NCCDH and the Canadian Institutes of Health Research (CIHR) Institute of Population and Public Health in Toronto, ON Feb 14-15, 2012

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Improving Health in Saskatoon:

from Data to Action

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The health picture by SES in Saskatoon

- Data collected prior to 2005 indicated that health was fairly good and improving
- Data averaging was hiding serious discrepancies between neighbourhoods
- 2005 Public Health Observatory collected data by neighborhood
- *2006* ***Health Disparity by Neighbourhood Income*** article pointed to serious discrepancies between 6 lowest income neighbourhoods and the rest of the city

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2006 report showed .....

Compared to others in the city, people in the ***6 lowest income neighbourhoods*** were:

- **15 X** more likely to have a teen give birth
- **5 X** more likely to have an infant die in its first year
- **15 X** more likely to attempt suicide
- **14 X** more likely to have Chlamydia
- **34 X** more likely to have hepatitis C
- **7 X** more likely to have gonorrhea
- **2 X** as likely to have diabetes.

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The challenge

The SHR team suggested the following targets to local partners

- Reduce poverty in households from **17% to 10%** in 5 years (by 2013)
- Reduce poverty among children from **20% to 2%** in five years (by 2013)

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Partners and Decision-Makers

- Regional Intersectoral Committee (RIC)
- Public Health Observatory as part of SHRegion
- Health care partners
- Community organizations
- Residents of Saskatoon

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GROUP WORK

(12 minutes)

Given the range of partners and decision-makers involved, how would you engage people in action to reduce poverty and improve everyone's health?

How would you present your case to the RIC members? What arguments would you use to urge them to action?

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LARGE GROUP CHECK-IN

(3 minutes)

What surprised you in the discussion you just had?

What connections or ideas stood out for you in the discussion?

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Engaging the Public and Presenting the Case to the RIC

- Verified data
- Identified evidence-based solutions
- Looked for a common agenda
- Consulted with the community
- Provided economic arguments
- Gave RIC members advance data

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SHR data November 2008

4 POVERTY IS HARD ON PEOPLE'S HEALTH

People in Low-Income Neighborhoods are:

398% more likely to suffer from diabetes

138% more likely to contract COPD

134% more likely to contract heart disease

185% more likely to face mental illness

...And, the list goes on

Health disparities due to poverty are the direct result of substandard living conditions, inadequate access to nutritional food, and increased stress associated with making ends meet.

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PUBLIC HEALTH ADVOCACY

- Strategies, actions and proposed solutions to influence decision-making
- Credible health voice, data, partnerships
- Social determinant of health examples:
    - Supporting a program/service; or preventing it's demise
    - Advocating for healthy public policies & moving upstream

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HEALTH AUTHORITY TOOLS

- AHS's Discussion Paper – Roles, skills, challenges of advocacy in public health

- VCH's Guidelines - Outline expectations, tools and resources

Public health advocacy

Vancouver Coastal Health Population Health: Advocacy Guideline and Resources

Purpose

The purpose of this document is to provide Vancouver Coastal Health (VCH) staff with guidelines, parameters and resources for undertaking population health advocacy within our health authority.

What is Population Health Advocacy?

Advocacy represents the strategies devised, actions taken and solutions proposed to influence decision-making on a particular cause/issue. The purpose of advocacy is to create positive change for people and their environments. Individuals, organizations, businesses and governments can all engage in advocacy activities. As seen in Appendix 1, advocacy efforts range from those on behalf of an individual to efforts directed at bringing about policy change.

Population health advocacy is directed at actions to improve the overall health of a population. Generally, this is done through addressing the many social conditions that impact the health of populations, such as early child development, income, education, gender, etc. These conditions are often referred to as the *non-medical or social determinants of health (1).*

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A CINDERELLA STORY

- "… advocacy remains a Cinderella branch of public health practice. Advocacy is often incandescent during its limited time on stage, only to resume pumpkin status after midnight. Routinely acknowledged as critical to public health, it is seldom taken seriously by the public health community, compared to the attention given to other disciplines"
  – Chapman, S. *Advocacy for public health: A primer*. Journal of Epidemiology and Community Health 2004, page 361.

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FRAMING FOR POLICY ADVOCACY

1) Emphasize the social dimensions of the problem
2) Shift concepts of primary responsibility away from the affected individuals to those whose decisions affect these conditions
3) Use evidence, knowledge, facts in easy to follow language, with identifiable ideas and stories
4) Present policy alternatives as solutions
5) Demonstrate practical -- and popular -- appeal of policy options

ADVOCACY AUDIENCES

- Primary: people/organizations with the power to make the desired changes
- Secondary: people who can be mobilized to apply pressure
- Tertiary: general public

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INTERSECTORAL ACTION

- The solutions to health inequities lie outside the health sector
- To intervene on the social determinants of health partnerships are required
- Strong relationships, common understanding, shared objectives

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WHAT'S THE EVIDENCE? INTERSECTORAL ACTION

- *What is the impact/effectiveness of intersectoral action as a public health practice for health equity?*

- Rapid systematic literature review

– Total of 17 articles included: 1 systematic review, 14 quantitative studies & 2 qualitative studies

– Difficult to determine how observed outcomes relate to intersectoral action

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SUMMARY STATEMENT

ASSESSING THE IMPACT AND EFFECTIVENESS OF INTERSECTORAL ACTION ON THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY: AN EXPEDITED SYSTEMATIC REVIEW

This is a summary statement written to condense the work of an expedited systematic review (NCCDH, 2012). The intent is to provide an overview of the findings and implications of the full review. For more information on individual studies included in the review, please see the review itself.

ISSUE

Intersectoral action for health refers to 'actions undertaken by sectors outside the health sector, possibly, but not necessarily, in collaboration with the health sector, on health or health equity outcomes or on the determinants of health or health equity (Public Health Agency of Canada & World Health Organization, 2008, pg. 2). Intersectoral action recognizes that the social and economic factors influencing the health of the population, described as the social determinants of health (Mikkonen & Raphael, 2010; Public Health Agency of Canada, 2011) lie outside the sphere of the health sector, falling within the purview of other sectors. As such, action within and between sectors, at the local, regional, provincial, national, and global levels, is needed to influence the social and economic landscape that enables the health and well-being of the population (Federal Provincial and Territorial Advisory Committee on Population Health, 1999).

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NCCDH. 2012. Assessing the impact and effectiveness of intersectoral action on the social determinants of health. Available at: http://nccdh.ca/resources/entry/assessing-the-impact-and-effectiveness-of-intersectoral-action-on-the-SDOH

GENERAL IMPLICATIONS OF THE REVIEW

Intervene in early childhood

- positive effect for children, especially for early literacy among children of low-income mothers

Upstream interventions

- improve housing and employment conditions, evidence of impact for other social determinants of health is limited

Midstream interventions

- employment/working conditions, child literacy, dental health, housing, and organizational change

Downstream interventions

- increase access to oral health services, immunization rates, appropriate use of primary health care services, and referrals from school readiness checks.

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COMMUNITY ENGAGEMENT

- Involving the community in the development, implementation of policies, programs and services
- Empowering communities, building relationships
- Interventions are more likely to be appropriate and responsive

COMMUNITY ENGAGEMENT FRAMEWORKS

- Reference guide with 16 frameworks to support the identification and application of frameworks to you organization/project
- Community processes unfold differently – frameworks can support & guide activities

NCCDH (2014). A guide to community engagement frameworks for action on the social determinants of health and health equity. Available at: http://nccdh.ca/resources/entry/a-guide-to-community-engagement-frameworks

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BREAK

Saskatoon's experience
Challenges of working with partners

- Ongoing communications
- Power struggles
- Resource issues
- Working with many partners
- Involving those affected by poverty
- Credibility gap
- Letting go

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Community partners

"This research is nothing new. This is my community. I know the abject poverty my neighbours endure!"

"My group has been fighting poverty for decades. What's public health sticking their noses in here for?"

"We're a small group. It will take a lot of our resources to work with all the partners around the table, and besides, how will our voice be heard with groups like the health region and businesses represented?"

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Government partners

"We're used to dealing with roads, water, housing issues… How can we have any impact on health?"

"Here's another report on what's wrong with our city. How about giving us some resources to fix it?"

"How do we know that our efforts are going to make a difference? Improvements are probably because the economy is strong in Saskatoon right now."

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Health partners

"We're stretched to capacity already! Now we also have to deal with social problems in our city?"

"Residents really like the 'healthy active living' program I put on. They would be upset if it was cancelled, and my funds were moved to an equity program."

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Residents

"You don't have to tell me about this! I'm on welfare. They should have given the money to people like me, instead of wasting it on committees and meetings."

"We take care of our poor in Saskatoon. The differences in health in this report just can't be true!"

"I know what living in poverty feels like, but – talk to a big, official committee about it? I don't think I could do that."

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GROUP WORK

(20 minutes)

How would you overcome the issues raised by different partners in the process?

- Ongoing communications
- Power struggles
- Resource issues
- Working with many partners
- Involving those affected by poverty
- Credibility gap
- Letting go

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Addressing Partner Challenges

Community partners

- Appreciated the request to help
- Wanted to get on with solutions
- Facilitated community discussions

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Addressing Partner Challenges

Government and health partners

- Data and consultations highlighted the connections between
  - their work and health
  - their role in improving health

Saskatoon residents

- Thought even small differences in health due to income were unacceptable
- Supported interventions that helped children

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Actions to Date

Reducing health disparities is a priority for Saskatoon Health Region and the city

- Making the case to shift funding from acute care to health determinants
- Program and policy changes
- SDH approach now part of city-wide strategic plan

Creation of the Saskatoon Poverty Reduction Partnership

- Website has visual network representation
- Starting Point videos
- Action groups: Plan to end homelessness, Engaging the business & faith communities, and Aboriginal employment

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Actions to Date

Evolution of the work of the Population Health Observatory

- Level of stakeholder involvement
- Level of user interaction with data
- Pre-release and interpretation of data to inform recommendations
- Keeping recommendations alive through research, consultation, follow-up and reflection

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Our Journey – Improving with Each Step

- Health Status reporting since 2000…an evolution!
- Approaches: What have we tried?
- Successes: What's most useful from the framework?
- Challenges
- Opportunities

March 28, 2014 CHNET-Works! Fireside Chat

How do I get a health status report off the shelf? Moving equity into action!

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Tools for discussion - Example

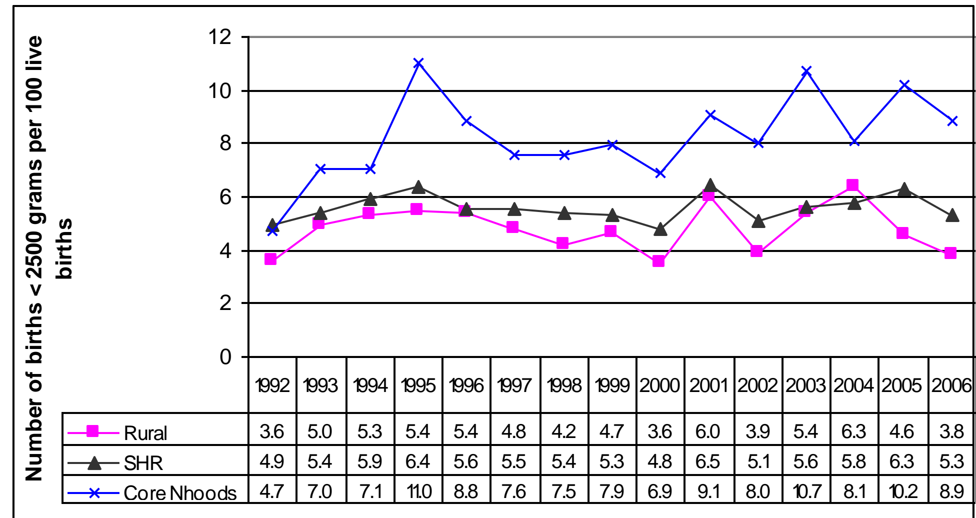
Indicator, Definition

Questions:

- What does the data show you and what does it mean to you?
- How important is this issue in SHR?
- What other types of information would be helpful for you to interpret this indicator?
- How can we reduce the disparity between these groups?

Things to think about:

- How many people are affected by this indicator?
- How dramatic an issue is this?
- For how long do people feel the effects of this?
- Think about the factors that contribute to low birth



	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Rural	3.6	5.0	5.3	5.4	5.4	4.8	4.2	4.7	3.6	6.0	3.9	5.4	6.3	4.6	3.8
SHR	4.9	5.4	5.9	6.4	5.6	5.5	5.4	5.3	4.8	6.5	5.1	5.6	5.8	6.3	5.3
Core Nhoods	4.7	7.0	7.1	11.0	8.8	7.6	7.5	7.9	6.9	9.1	8.0	10.7	8.1	10.2	8.9

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Tools for discussion - Example

In what ways does this age group (children 0-6 years of age) affect you personally?

What are the primary early child health issues which you would like the report to address?

What gaps do you believe exist to provide program and service delivery to this age group?

What opportunities exist to deliver programs and services to this age group?

Do you have a good news story you would like to share with us? Please explain.

We are planning to use a variety of presentation methods once the report is complete. Which mechanisms do you think work best (presentation, one page summary, video etc)?

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Example:

Info Graphics
April 2014

Community View:
http://www.communityview.ca/index.html

About the Data | One Page Summary

Newcomer Population

Definition:
In this analysis, the term Newcomer is used which is also referred to as 'Immigrant' by Statistics Canada Census and National Household Survey's. Immigrant is a person who is or has ever been a landed immigrant/permanent resident. This person has been granted the right to live in Canada permanently by immigration authorities. Some immigrants have resided in Canada a number of years while others have arrived recently (see Recent Newcomers below). Immigrant excludes non-permanent residents, which are persons from another country who have a work or study permit or who are refugee claimants, and any non-Canadian born family member living in Canada with them.

Recent Newcomer in this analysis is an immigrant who arrived recently (i.e. within the past five years). Newcomer in 2011 is someone who landed in Canada between Jan 1, 2006 and May 10, 2011. Newcomer in 2006 was someone who landed in Canada between Jan 1, 2001 and May 10, 2006.

Calculation:
Percent newcomer population = Immigrant population divided by total population in private households.

Recent newcomer population = total recent immigrant population in private households in 2006 and 2011.

Source:
Statistics Canada, National Household Survey 2011. Statistics Canada Census 2006.

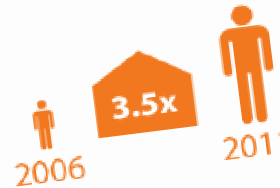
Limitations:
National Household Survey (NHS) 2011 is voluntary and is subject to a higher non-response rate than previous census. Based on information from other data sources, evidence of non-response bias does exist for certain populations and for certain geographic areas. Comparisons between 2011NHS and 2006 Census should be done with caution.

Reference:
Statistics Canada. Immigration and ethnocultural diversity in Canada. National Household Survey, 2011. Ottawa: Statistics Canada; 2013.

Geographies:
Often the most reported geography is for those people living within Saskatoon Health Region boundaries. However, in some cases, those living in Saskatoon and rural areas of the Health Region are also reported. Saskatoon means those people living within city of Saskatoon boundaries. 'Rural Saskatoon Health Region' reflects those living within the health region boundaries, but outside city of Saskatoon boundaries. Saskatchewan and Canada are also used as comparators depending on data availability.

2011

10% of our Region's population is newcomers.



2006 2011

Newcomers to our Region have more than tripled.

Phillipines 37%
China 8%
India 5%

Recent newcomers' country of origin.

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Policy and Program Changes

- Personal income tax threshold changes
- Increase in minimum wage
- Increased funding for affordable housing
- Inner city schools have more health services
- Increased mental health and physical activity promotion in inner city schools

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GROUP WORK

(10 minutes)

What are the elements that led to the SHR's success?

How could you apply those elements to your own situation?

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LARGE GROUP CHECK-IN

What were the "ah-ha!" moments for you today?

What ideas are you planning to use?

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CONNECT WITH NCCDH

- Visit our website
- Sign up for our monthly e-news
- Connect with others in the online Health Equity Clicks: Community
- Attend our webinars
- Participate in networking events and workshops

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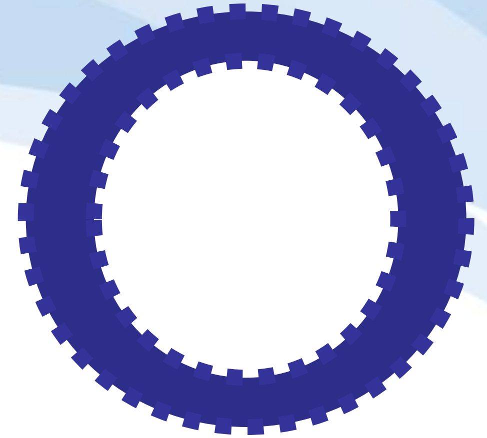
CIRCULAR QUESTIONS



Form two circles one inside the other.
You will find yourself directly across from one other person. One person facing "out" and the other "in." Finish the sentence that appears on the screen.

1) Stay curious & dig deep

2) Switch roles - one ding

3) Move two spaces to the right - two dings

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WHAT KEEPS ME GOING IN THIS WORK IS…

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SOMETHING I THINK I WILL START DOING IS…

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SOMETHING I WILL NEVER GO BACK TO IS...

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AN INNOVATIVE PROJECT THAT GIVES ME CONFIDENCE WE ARE TRANSFORMING IS …

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THANK YOU!

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THANK YOU

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