National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

CASE STUDY
Saskatoon

BRIDGING THE GAP BETWEEN RESEARCH AND PRACTICE

IMPROVING HEALTH EQUITY IN SASKATOON: FROM DATA TO ACTION

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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

This case study is one of four case studies that illustrate the application of social determinants of health (SDH) in public health. Each of the case studies reflects a different geographical region of Canada. The case studies were developed as a knowledge exchange tool to support a workshop hosted by the National Collaborating Centre for Determinants of Health and the Canadian Institutes of Health Research Institute of Population and Public Health in Toronto, Ontario on February 14-15, 2012.

To enable learning and possible implementation of the processes discussed at the workshop, the four case studies were developed. Each case study includes a description of the context, issues addressed, activities undertaken and the possible application of the approach to public health work.

The process used to develop the case studies is outlined in *Bridging the Gap between Research and Practice: methodology for case study development.*

Other case studies in the series include:

- Building Leadership Competency in Public Health: Taking advantage of changes in health delivery in Québec
- Empower the Community: New Brunswick's Approach to Overcoming Poverty
- Making the Case for Health Equity Internally: Winnipeg's Experience

All documents are available at www.nccdh.ca

Introduction

This case study profiles the process used by Saskatoon Health Region to document and address health inequities in that city. Health Disparity in Saskatoon: Analysis to Intervention[1] incorporates a number of health studies, including neighbourhood-level health data, and explores policy options to address the underlying social determinants of health. The health team used local data as the basis for engaging a wide range of partners and Saskatoon residents, to plan and implement programs and policies that would begin to address the vast differences in health between residents of the city's poorest and richest neighbourhoods. They faced, and were able to overcome, a number of challenges, as described in this case study.

The Health Picture in Saskatoon

Health data collected and presented as part of ongoing surveillance in Saskatoon made it appear that the health of residents was fairly good, in fact, improving. But did that show the true picture? It turned out that data averaging was hiding what public health people knew - there were pockets in the city where the health of residents was falling further and further behind.

In 2005, Saskatoon Health Region's Population Health Unit (which later became the Public Health Observatory) collected health data by neighbourhood. It pointed to serious health differences between the six lowest income neighbourhoods and the rest of the city. A comprehensive research study was launched, including *Health Disparity by Neighbourhood Income*[2], aimed at clearly establishing which determinants were independently associated with health disparity.

The results of the research uncovered substantial disparities in health on a number of fronts.[3] For example, the infant mortality rate in Saskatoon's low income neighbourhoods was over five times higher than in the rest of the city – a worse gap than in developing nations. Compared to higher income residents, people in the six lowest income neighbourhoods were:[4]

- 15 times more likely to have a teen give birth
- 5 times more likely to have an infant die in its first year of life
- 15 times more likely to attempt suicide
- 14 times more likely to have Chlamydia
- 34 times more likely to have Hepatitis C
- 7 times more likely to have Gonorrhea
- twice as likely to have diabetes.

Behaviour was shown to have limited independent association with health outcomes, as risk behaviours are often part of the cycle of living in low income.

Children aged 10-15 years in low-income neighbourhoods were:[5]

- 19 times more likely to be using marijuana
- 11 times more likely to be smoking
- twice as likely to be using alcohol
- more than twice as likely to be depressed or anxious.

To build on the research from the original neighbourhood health study, a five-year Canadian Institutes of Health Research grant was obtained to study health disparity in Saskatoon in further detail. This grant supports the ongoing Student Health Survey, which continues to provide rich data.[6]

The Issue

Powered by meaningful, comparative local data – a key benefit of public health observatories[7] – the Saskatoon Health Region set out to investigate which determinants of health were independently associated with health disparity in Saskatoon. These studies demonstrated that in Saskatoon, income often had the strongest independent association with health disparity. Reducing poverty was one of the 46 policy options put forward by the Saskatoon Health Region, so a key challenge was to focus investment on those initiatives most likely to help them address poverty, specifically to:

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

Presenting to the Decision-Makers

The Saskatoon Health Region presented the data from the *Health Disparity* report to Saskatoon's Regional Intersectoral Committee. This 30-member committee had representatives from four municipal departments, seven provincial ministries, two federal agencies, researchers, Aboriginal organizations and a dozen community-based groups. All were senior members of their organizations, with decision-making powers.

Recognizing that the disparity in health status was shocking, Dr. Cory Neudorf, Saskatoon's Chief Medical Health Officer, and the team of researchers, saw that they had a responsibility to the community and health care partners to involve them in the decision-making process. Many organizations in Saskatoon had been working hard to address poverty and other social determinants of health for a long time, and Dr. Neudorf wanted to eliminate a reaction of, "yet another study about how bad things are." He acknowledged that many of the solutions were based in the community, and recognized how important it was to have community buy-in to effect change.

Discussions began with over 60 governmental and non-governmental organizations.

Saskatoon's community-based organizations had a good understanding of the situation in the inner-city. They saw the abject poverty of many of their constituents. Still, the extent of the disparity was shocking, particularly to those not working at the street-level. Rather than get defensive and question why the health region was finally getting involved in these critical issues, the community took the opportunity to learn about the data before it was publicly announced. Many appreciated the request to help Saskatoon Health Region communicate the results effectively. Most importantly, community members expressed a desire to move ahead and get on with solutions.

The formal process to address inequities began with a presentation by Saskatoon Health Region to the Regional Intersectoral Committee. It started a discussion on the implications of the research and the impact of releasing it. The committee was very supportive of publicly announcing the data. At the same time, they were sensitive to concerns that the focus would be on health care providers and political leaders in the region. Everyone was conscious of using the opportunity to move forward, and not waste energy by laying blame for a lack of attention to the social determinants of health in the past.

Preparing to Break the Bad News

Before presenting the results of the Health Disparity report to the public, Saskatoon Health Region staff ensured they had the proper information, which included:

Verified data –The Saskatoon Health Region team held another 100 consultations with government agencies and community organizations to fill in the data with local information and determine priorities for moving ahead.

Evidence-based solutions – Staff initially reviewed over 10,000 abstracts and articles, narrowing in on 300 articles to form their evidence-based policy solutions. National and international best practices were compared to local approaches being used. Staff then presented the data from the literature review to community groups, and national and international experts for their take on policy options.

Economic arguments – Significant savings in healthcare could be met if the socioeconomic position of change to residents living in poverty were improved. People from low income neighbourhoods were 27-33% more likely to be hospitalized and 36-45% more likely to receive a medication.

A common agenda – The organizations involved all had their own agendas and priorities. The challenge was to position health equity as an approach that supported all their work. Issues were described in a way that recognized and supported ongoing efforts to improve the quality of life in neighbourhoods, and pointed out that work that was not obviously related to health equity (education, for example), supported a healthier community in the long run.

Presenting the Case

In addition to having strong, local data and the economic argument to address health inequities, it is important to:

- **Personalize the issue –** Present stories and images to leverage the power of the data within a context that decision-makers can relate to.
- **Use language that resonates with the audience –** "Health equity" may need to become "equity" or "a healthy community", depending on the group being addressed.
- **Knowing what the public thinks is valuable –** Public support is important to help decision-makers set priorities for action.
- **Show how the issue affects everyone –** People need to see themselves in an issue. The public may want to see personal stories; decision-makers need evidence; educators will look for the role of learning opportunities, and so on.

Partners and Stakeholders

Getting a good look at the data gave members of the Regional Intersectoral Committee the opportunity to talk about their knowledge of the situation, what they have done already to address issues and what they were planning to do in the future. A number jumped into the consultation process, organizing community discussions on the results. Several played key roles to facilitate ongoing dialogue and encourage other organizations to get involved in developing solutions.

■ **The United Way**, already a leader in the community, emerged as a unifying organization in the process. Its Board of Directors made the conscious decision to use the disparities research as an opportunity to open dialogue with small community groups. Given its standing in the community, the United Way was able to take a very public stance on the issue. They also became involved in adding to the data through community research.

■ **Other municipal departments** were able to see the connection between their work and health, a relationship that had been nebulous, at best. While the city was used to addressing the environment in strategic planning, the social environment did not figure prominently in decision-making. Police and fire services had always been involved in the social fabric of their communities, but the health disparities report dramatically highlighted the role of community services in improving the social environment. For example, using the report, the manager of community services was able to map how the department's work in housing had a direct impact on health. It provided the foundation to bring the social determinants of health into the strategic planning process at City Hall.

■ **Researchers** at the university and affiliated institutions lent credibility to the health disparities process. Changes in the curriculum at the University of Saskatchewan resulted in a long-term change that will shape future health professionals. In the Community Health and Epidemiology program, graduate students now meet to discuss what community action they can take to contribute to improving health equity through the social determinants of health. In an innovative approach to health professional education, medical students dedicate their required 24 hours of Community Service Learning to creating the social conditions required for health, through the Students Wellness Initiative towards Community Health (SWITCH).

Engaging Stakeholders

- **All stakeholders must have a voice –** to allow for collaboration and avoid competition.
- **People with lived experience must play a major role –** from participatory research through to action on issues that affect them. Personal experience enriches the evidence.
- **Finding common ground is essential for collaboration –** Ask all parties: "What do you agree with in this report?"
- **Continue to consult with the public –** In addition to gauging opinion, new partners and new opportunities for fundraising may be found.

■ **Community-based organizations** provided the much-needed link directly to the people most affected by the *social* determinants of health – families living in poverty. Saskatoon Health Region and its partners felt strongly that the voices of community members needed to be heard around the table. Consultation efforts were honed to provide an environment where they felt comfortable to speak, and knew that their voices were being heard. Being brought to the table by a trusted community resource person contributed greatly to that process.

■ **The Public** was engaged in the process before the health disparities data was announced. Saskatoon Health Region conducted a cross-sectional random survey of 5,000 Saskatoon residents to assess their knowledge of health determinants, and their support for various types of interventions to address income and socioeconomic status. The results showed that while Saskatoon residents understood most of the determinants of health, they did not recognize the magnitude of the health differences between income groups. Once the situation was presented to residents, most expressed the view that even small differences in health status between income groups were unacceptable, and had a strong desire to support interventions that addressed health disparity, particularly those that supported children.

Communicating the Results

Saskatoon Health Region devoted considerable effort preparing to announce the results of its research – discussion with community partners, public opinion polling, and identification of past and future actions.

The Message - The announcement of the *Health Disparity* report focused on potential solutions, offered as: "...46 *policy options* that local health, education, municipal and provincial government agencies *should consider* in an effort to reduce health and social disparities in Saskatoon." It noted that, "These (negative) consequences are *avoidable* and *can be successfully addressed*," and were able to say that, "Many of the evidence based policy options presented already *have strong public support*, including a wide range of general support from agencies and community groups."

The Announcement – The report was launched at a press conference at an inner city school, with representatives of the school board, the Tribal Council, city government, social services and the United Way present. School board directors, community groups and the Saskatoon Health Region acted as equal spokespeople. This approach emphasized that a broad community – not just the health region – was concerned about health equity.

Media preparation – Prior to the release of the Health Disparity report, staff from the Saskatoon Health Region met with editorial boards and journalists, providing them with advance copies of the Health Disparities report, and holding technical briefings to provide them with context and help them interpret the report. Saskatoon Health Region asked that they join a pro-active effort to address the issues identified, and not sensationalize them. Health and community partners also prepared for media interviews, getting their particular stories and perspectives ready to share.

The Outcome

Despite all the preparation, the reaction to the public announcement of the health disparities report was decidedly mixed. Councillors who represented the affected neighbourhoods were discouraged. Some residents and community groups felt targeted. However, where a specific action plan was presented to address an issue, it positioned the report as the basis for reinvestment in the community.

Judging from the coverage, the media preparation paid off. Saskatoon's main daily newspaper ran a series of articles on various aspects of the report on its front page for three consecutive days. CBC television did a weekly mini-documentary on the determinants of health, and covered local announcements.

Overcoming Challenges

- **Offer ample, varied communications –** Ample, transparent, two-way communication is especially critical when dealing with a complex subject such as the social determinants of health, and a process that is political. A variety of opportunities for discussion, from community meetings, to social media, to one-on-one conversations, should be provided to meet everyone's needs, including varying literacy levels. Strongly established relationships go far to ease communication issues. Communicating common messages from many different perspectives adds to their power.
- **Develop trust –** To avoid having community-based organizations feel overwhelmed by a potential imbalance of power, it is important to adhere to the values of collaborative work, taking time to develop trust among the partners. In Saskatoon, the most appropriate partners took the lead on different initiatives; groups shared the spotlight in announcements; and the broader community was involved in developing action plans.
- **Build collaboration into the budget –** Intense, collaborative work can be a real burden, particularly on small organizations. Funds for consultation processes need to be built into the budget, including value and recognition for individuals affected by poverty and smaller community groups. Saskatoon Health Region had no dedicated personnel to coordinate the research, communications and policy efforts, but made the project a priority and were able to shift personnel from other areas.
- **Reorient programs towards equity –** Staff and community partners are often 'attached' to existing programs. They may have feedback that the community appreciates them. Re-direction of resources to programs that support health equity better may be challenging. It may be possible to apply an equity approach to existing programs. If not, consultation, communication and creativity will be required to adjust programs and budgets to facilitate their acceptance by community members and staff.
- **Plan for change among partners –** Dealing with the bureaucracy associated with multiple partners and levels of government is challenging, as is working with new people as personnel change. Multi-sectoral projects must be carefully designed to allow for variable engagement by various partners.
- **Involve those affected by poverty –** Community-based organizations can help engage people with 'lived experience' in poverty, in a meaningful way. Their roles must be specific and recognize the value they bring. Consultations must address barriers to participation (child care, transportation, etc.) and should be structured to ensure all voices are heard.
- **Match action to public priorities –** Research has demonstrated that before moving ahead, it is important to determine the match between proposed actions and public values and priorities. The survey of residents conducted in Saskatoon helped partners determine what recommendations would have the most public support, before options were announced.

Actions to Date

Having successfully raised the profile of the issue, staff in Saskatoon was under considerable pressure to produce results on health equity, or risk losing the confidence of the community.

A health priority - Since publication of the report in 2008, the Saskatoon Health Region has made reducing health disparity one of its organizational priorities. It has fully adopted a social determinants of health approach, and is now focused on documenting improvements and making the case for a shift in funding from acute care to health determinants. It is working primarily on program and policy changes from a health system perspective. At the municipal level, the process has been credited with providing the foundation to bring the social determinants of health into the strategic planning process at City Hall.

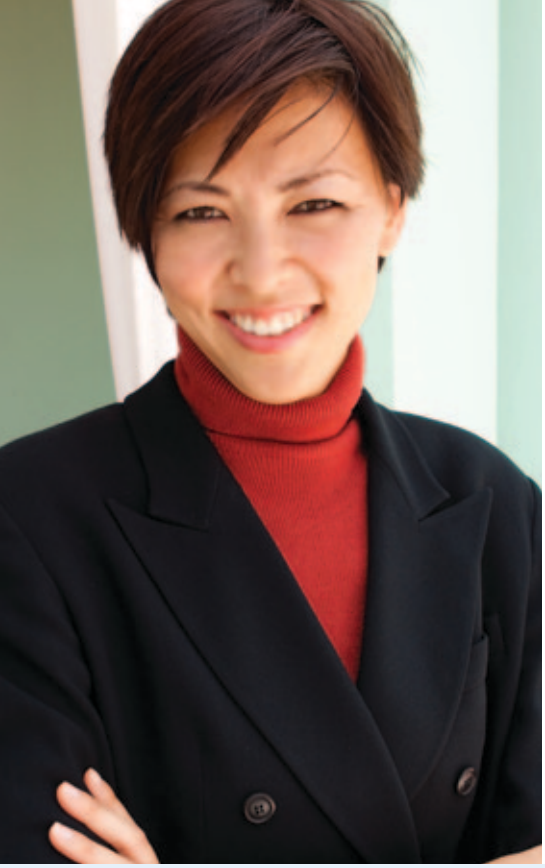
Strategy developed - The Regional Intersectoral Committee has sponsored a poverty reduction partnership, co-chaired by Saskatoon Health Region and United Way members. It is comprised of a 15-member leadership group, including representation from businesses, and community and faith organizations, to give broad direction. They meet quarterly and have released a preliminary strategy entitled "From Poverty to Possibility to Prosperity". A coordinating sub-group oversees the day-to-day development of the strategy. Broader community engagement occurs once or twice a year with a consistent turnout of at least 150 people.

Working groups – Two groups, focused on Aboriginal Employment and Affordable Housing, have been formed, including business and faith leaders, people living in poverty, and members of non-governmental organizations and First Nations communities. They have produced a report summarizing best practices in Aboriginal employment, upon which to build a plan.[8]

Communicating with broad audiences - A website has been created to document progress of the effort, with regular newsletters. A detailed inventory has been created of policy and program changes that have taken place since the release of the health disparities study that are relevant to the 46 policy options presented, with special focus on the 17 policies that had broad-based support from all stakeholder groups, and were judged to be of highest priority.

Concrete Actions - The collaborative work has already resulted in policy and program changes that affect the city's low-income neighbourhoods, including:

- The personal income tax threshold for low income people has changed:
  - the personal tax credit amounts (exemption) has been increased by $4000 (personal and spousal)
  - the child tax credit has been increased by $2000
  - a low income tax credit has been created, including increasing the threshold where tax credits begin to be reduced (to $28,335 from $13,935).



Elements of Success in Saskatoon

- **Leadership –** A respected, independent, visible leader was in place to sell a social determinants of health approach to senior management, to establish the political will so critical to success. That enthusiasm carried through to engage community partners, the media, the business sector and the public.
- **Relationships –** The approach used by Saskatoon Health Region, of recognizing the valuable work in the community, and engaging people affected by poverty, built on existing bonds between individuals and organizations to create working relationships of mutual respect and accountability.
- **Research –** The comprehensive research conducted by Saskatoon Health Region at the neighbourhood level provided the local connection and credibility required to move the issue forward. It also bolstered the advocacy work of other organizations, bringing the power of strong data to their messages.
- **Community culture and spirit –** Saskatchewan's spirit of collaboration and innovation on health issues was considered a foundation to success and sustainability of the process.
- **Multi-sectoral approach –** Spelling out the mutual gain and collective benefits of adopting a social determinants of health approach helped find common solutions among the many traditional and new partners in Saskatoon.
- **Timing –** Patience and tenacity were required to find the right time to effect change. Saskatoon Health Region could not have led the health equity process if the community partners had not been ready.

- Minimum wage was increased from $8.60 an hour to $9.25, in May 2009.
- Funding for affordable housing and investment in several inner city schools has increased.
- Health services have been increased in inner city schools, including public health, primary care and a paediatric clinic.
- Efforts to improve immunization coverage in the inner city have increased.
- There is increased programming for mental health promotion and physical activity promotion in schools in the inner city.

Efforts continue in Saskatoon, with consultations on-going to improve social services programs and funding. Presentations have been made to provincial policy makers in areas such as health, education, and social services, and to various senate committees federally.

The Saskatoon Health Region Public Health Observatory is preparing an update to the health disparities study, including trends among 15 years of data. They are also involved in evaluating the overall approach and partnership, and conducting research on the impact of interventions introduced to date. The Public Health Observatory is ensuring that the results of its health disparities research is reaching intended audiences through innovative knowledge translation methods, with funding support from the Canadian Institutes of Health Research.

Public health practitioners have a huge role to play in the transition to an approach centred on the determinants of health. They can support the effort through public education and advocacy, and can influence research by helping to determine key issues, and bring clarity to the evidence base. In implementing programs, public health practitioners must ensure that programming is balanced between population health and targeted interventions, providing customized approaches to disenfranchised populations when required. Proper evaluation and monitoring will build the evidence base to support future health equity efforts.

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?
- Given the range of partners and decision-makers involved in health equity work, how would you engage them in the process, to get the 'buy-in' required for success?
- How would you overcome the issues raised in this case study?
  - Ongoing communications with a wide range of stakeholders
  - Developing trust among partners
  - Resource issues
  - Dealing with change within the partnership
  - Involving those affected by poverty
  - Matching action to public priorities
  - Reorienting existing programs towards health equity
- How would you apply the "Elements of Success in Saskatoon" to your own situation?

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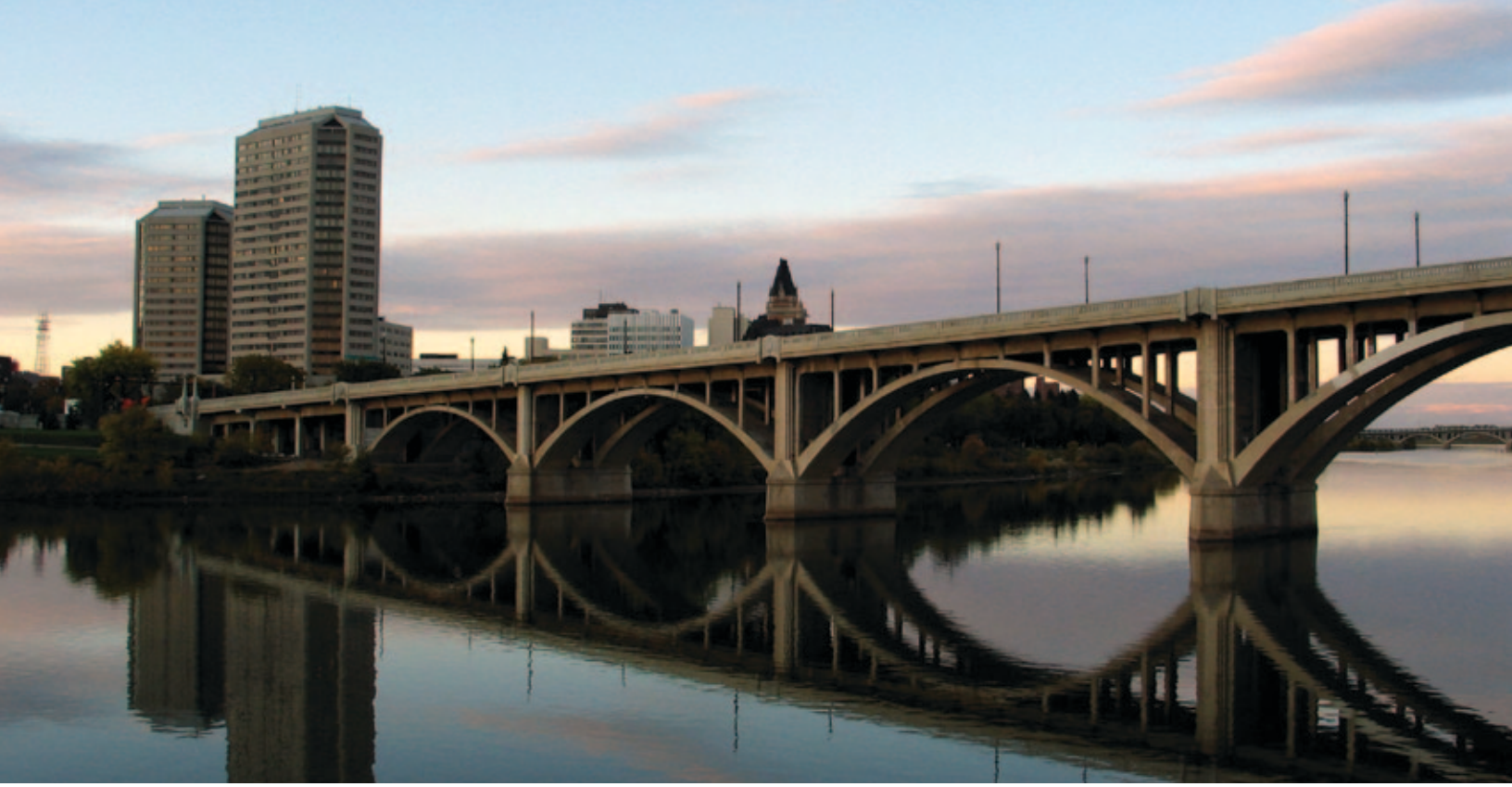

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