Reducing Health Inequities: Innovative Public Health Approaches to Promote Health Equity

The Stories of Rural Health through Knowledge, Research and Collaborative Action Conference

November 14, 2013
Prince George
Partners

**BC Health Authorities**
- Fraser Health
- Interior Health
- Northern Health
- Provincial Health Services
- Vancouver Coastal Health
- Island Health

**Universities**
- University of British Columbia
- University of Victoria

**Provincial Organizations**
- Public Health Association of BC
- Public Health Ontario

**National Organizations**
- National Collaborating Centre on the Determinants of Health
- Public Health Agency of Canada
Purpose of ELPH

The purpose of this program of research is to guide and foster learning about the integration of an equity lens in public health and to contribute knowledge of ways to reduce health inequities.
Population Health Intervention

Public Health Renewal Processes

Exemplar: Healthy Minds; Healthy People (Promotion of MH, Prevention of MD and Prevention of Harms of SU)
ELPH Grant Goals

• Understand contextual influences
• Explore engagement across sectors
• Theoretical and practical utility of existing equity tools
• Understand ethical issues
Four Inter-Related Studies

- Integrated knowledge translation and exchange
- Prioritization of HE and strategies
- Intersectoral collaboration
- Power and ethics in public health
- Health equity tools
1. Has health equity been identified and prioritized?

2. What are the contextual influences on priority setting and health equity goals at the organizational systems level?

3. What strategies are proposed and implemented? How has the context influenced the selection of health equity strategies? What is the impact of the context?

4. What are the changes with respect to the above over time?
Study 1: HE Prioritization and Strategies

- Interviews/ Documents
- Situational analysis
- Expected Outcome:
  - Baseline Case Studies
  - Two Year Follow-Up
  - Comparisons
Phase II Interview Recruitment

• Who?
  – Policy analysts, managers or front-line staff members doing work related to mental health promotion, prevention of mental disorders or preventing hard of substance use.
Study 2

Intersectoral collaboration

1. Who do public health practitioners engage with inside of the health authority?

2. Who does public health engage with outside of the health?

3. Who are prominent actors/organizations in social networks for promotion of health equity?

4. What opportunities exist to strengthen?

5. How does this change over time?
1. What are the ethical issues encountered by practitioners?

2. How do public health practitioners navigate and manage these in their practice?

3. What can we learn to develop theoretical frameworks and public health ethics resources?
ELPH: PH Ethics and HE

Front-Line PH Policy and Practice
- PHN’s, MHO’s, MH and Addictions Workers
- Enact practice within policy context

PH Leaders (Practice and Policy)
- HA and MOH PH Leaders
- Policy Decision Makers
Assessing the Theoretical and Practical Utility of Health Equity Tools

Study 3

1. What health equity tools are available?
2. What is the theoretical relevance of available tools?
3. What is the practical utility of available tools?
Health Equity Tools 2013
Culturally Relevant Gender Application Protocol Workbook

Purpose
To promote equality for aboriginal women in health, social and economic outcomes through a process of empowerment.

Description
The Culturally Relevant Gender Application Protocol (CR-GAP) is a strategy for considering the interests and perspectives of aboriginal women in policy development and evaluation. Background information and a set of questions to support community engagement of Aboriginal women in policy development processes are included in the workbook. Engagement with aboriginal women is key to promoting health equity. The workbook is organized around the three intended outcomes: equity in participation, balanced communication, and equality in results. This strategy can be applied at any point in policy development or continuously throughout the process of developing, applying and evaluating policy.

Key words: Aboriginal, community development, empowerment, engagement, ethno-cultural considerations, evaluation, gender - women, policy development

Reference


Description
People Assessing their Health (PATH) is a process that uses community-driven health impact assessment to build the capacity of people to be active participants in the decisions that affect the well-being of their community. This process is meant to result in a customized tool for evaluating policies, programs or services likely to affect health in the community. The 42-page guide includes background and context for PATH and community health impact assessment, a case study, and practical instructions. The process involves a reflective, story-telling approach that is grounded in the principles of adult education and is distinctive in that it engages a community in developing the assessment tool (CHIAT) as a means for that community to initiate its own impact assessment. This is in contrast to traditional HIA in which communities are consulted rather than engaged.

Key words: community development, empowerment, evaluation, health impact assessment, program planning

Applications
This has been applied in Canada and India. The authors give one example in the document and further examples are provided by Cameron et al. (2011). See the Appendix for full reference.

Reference

Appendix 1 - Additional resources

**C.H.O.I.C.E.**


**Community Health Impact Assessment**


The Antigonish Women’s Resource Centre (AWRC): PATH Documents http://www.antigonishwomenscentre.com/reports.htm#path

**Culturally Relevant Gender Application Protocol**

*Gill, S. M., & De Silva, S. (2007).*
Participating in Concept Mapping

Welcome to Equity Lens in Public Health - Concept Mapping for Health Equity Tools

A health equity lens is a way of approaching public health policy and program development that promotes positive health outcomes for everyone, especially for those that experience poorer health as results of barriers such as low income, lack of education and lack of social networks.

In this exercise, we are interested in your ideas on what makes a health equity tool practical to apply when you are developing, implementing, and evaluating policies, programs, or services aimed at reducing health inequities. This will take approximately 10-20 minutes, depending on the number of answers you choose to provide.

• Sorting

Self-Register - Sign Up  Sign In
Anticipated Outputs for ELPH

- HE Tools Inventory Version 1.0/2.0
- Theoretical and Practical Guidance for Using Tools
- HE Tools Training Workshop
- Case Study Reports: Health Equity as a Priority (Baseline and Follow-Up)
- Social Network Analysis Reports (Baseline and Follow-up)
- PH Ethics Framework for Pop Health
- Policy Recommendations: Policy Forum
Opportunities to Participate

- elph@uvic.ca
- www.uvic.ca/elph
- Thank you!