

# ELPH I: Intersectoral Partnerships for Health Equity (HE)

PHABC, November 4, 2013

## Preliminary Document Analysis

Bernie Pauly, RN, Ph.D. Marjorie MacDonald, RN, Ph.D. Corrine  
Lowen, BA, MA, Erin Cusack, MA Student

# Partners

## BC Health Authorities

- Fraser Health
- Interior Health
- Island Health
- Northern Health
- Provincial Health Services Authority
- Vancouver Coastal Health

## BC Provincial Government

- BC Ministry of Health

## Universities

- University of British Columbia
- University of Northern BC
- University of Victoria

## Provincial Organizations

- Public Health Association of BC
- Public Health Ontario

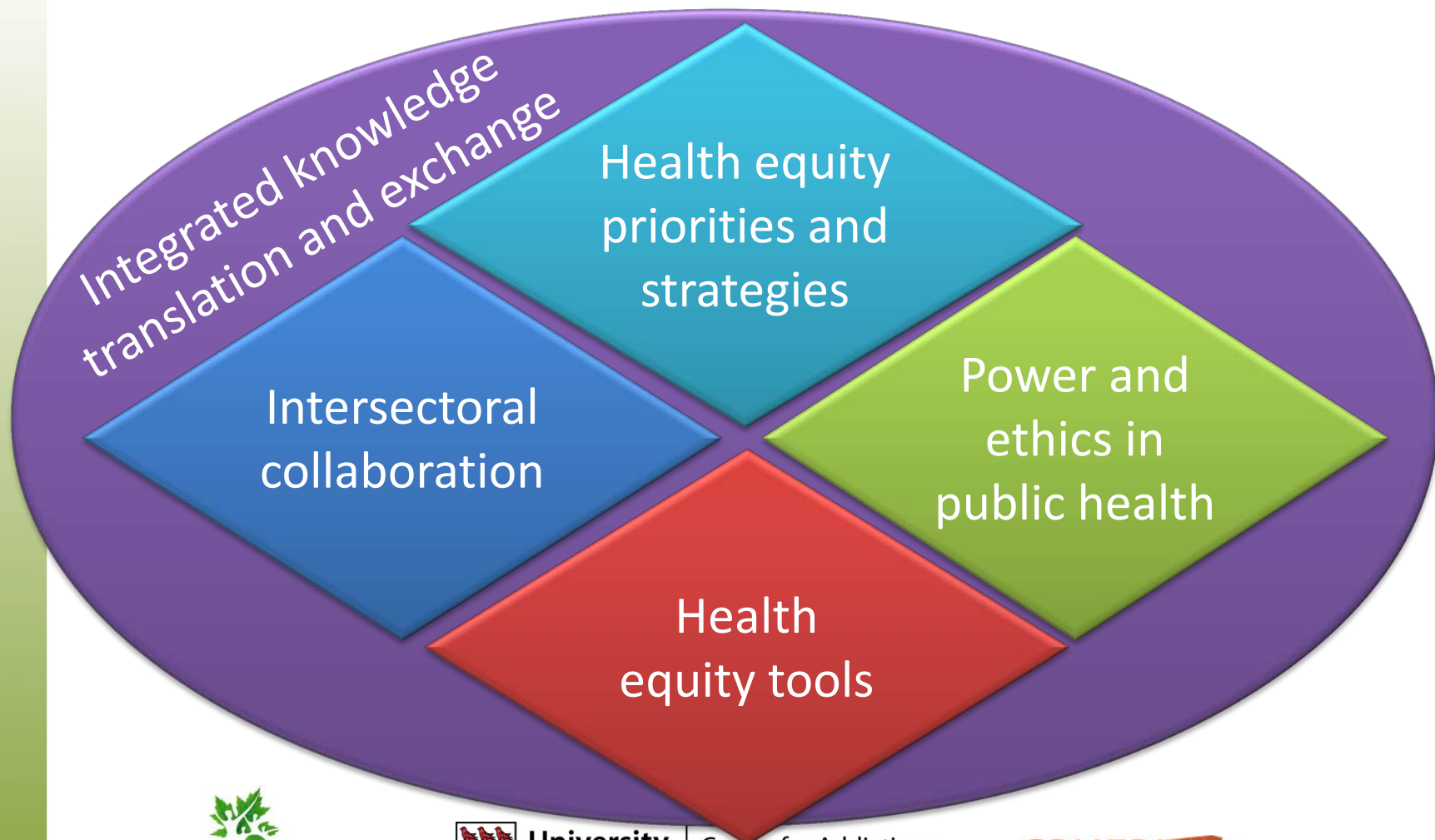
## National Organizations

- 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 inform learning about the integration of an equity lens in public health and to contribute knowledge of health inequities reduction.

# Four Inter-Related Studies over Five Years



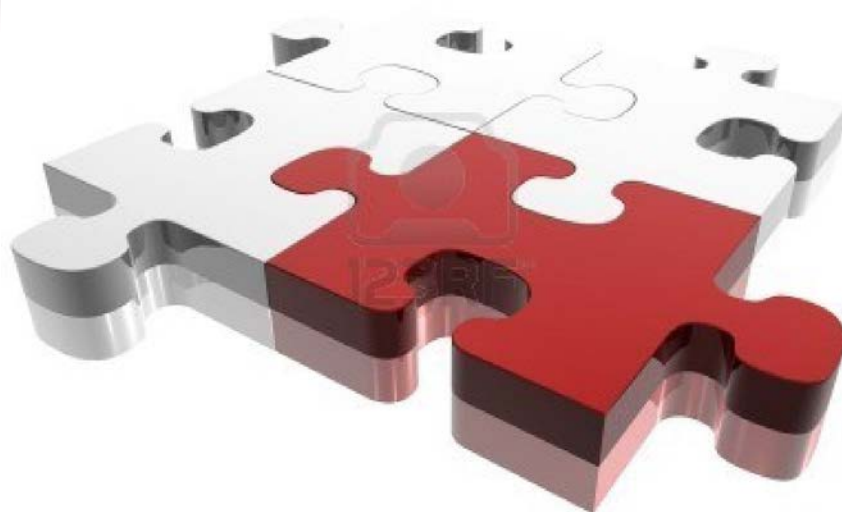


# Study 1

Health equity  
priorities and  
strategies

Identify and understand the contextual influences that promote uptake of HE as a priority in the health system and the extent to which health inequities associated with mental health and substance use are a priority for health systems

# Intersectoral Collaboration to Reduce Health Inequities



# The Work that Documents do (Freeman, 2006)

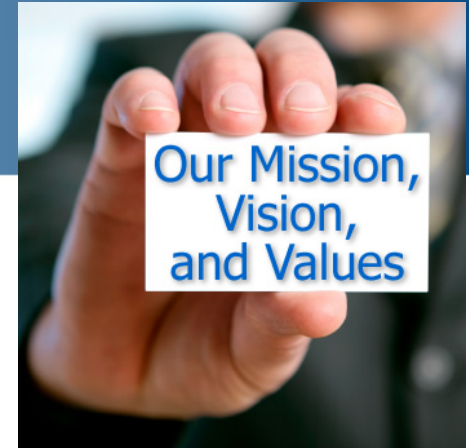
- Life of the document reflects the Life of the organization
- Track Implementation and Change over time (Baseline and Follow-up)
- What should/ does happen?
- Comparison and contrast with interviews





## Document Data Sources

- Ministry and HA Service Plans and Strategic Plans
- 18 documents from 6 HA's and the MOH
- Entered into NVIVO
- Inductively derived coding framework
- Baseline data collection





# Findings: Five Focus Areas

- Health equity (HE) in Health System Goals
- Specific groups identified
- Language used to talk about HE
- Strategies for Promoting HE
- Roles and responsibilities for HE

# Health System Goals

- HA Service Plan Goals aligned with MOH Goals
- Health System Goals reflect PH strategies (e.g. health promotion, disease prevention)
- HE is not necessarily a goal or value of health systems.
- HE is a strong value in Public Health Systems and Services (moral commitment to social justice)

# Specific Groups

- Catch All Terms: Terms used to describe or categorize various groups affected by HE, terms are not necessarily defined, and assumes everyone knows what they mean
- E.g. High Risk, Targeted, Vulnerable Populations, Priority, Marginalized, High risk, High needs

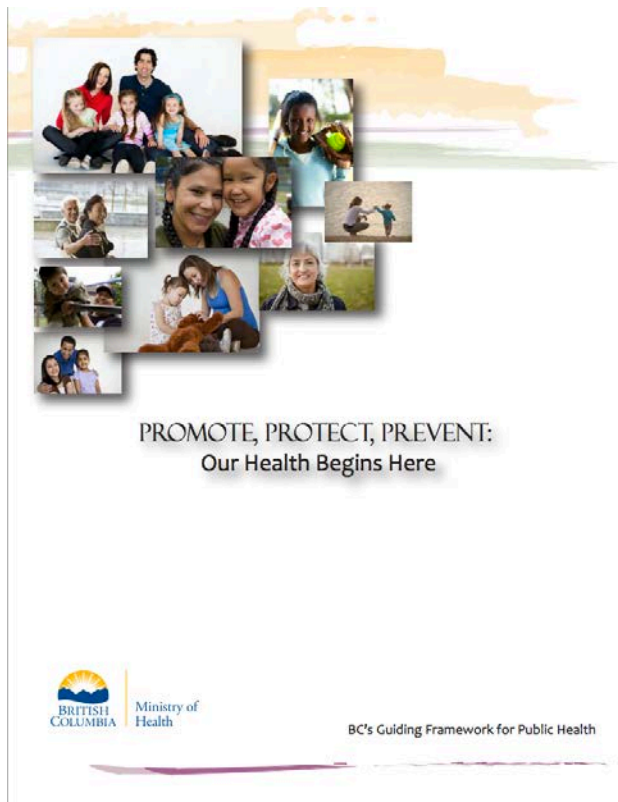
# Diverse Understandings of HE

- Addressing Conditions or Determinants of Health (e.g. housing, policy)
- Closing the Gap in Health
- Individual/Group Versus Structural Vulnerability
- Individual, Diverse or Special Needs
- Equitable Access: Closing Gaps in Services Removing Barriers

# Strategies For Promoting HE

- Partnerships and Collaborations\* (16 of 18 sources, all HA's and MOH)
- Partnerships within health (e.g. staff, physicians, acute care)
- Partnerships with patients, families, communities (especially Aboriginal), NGO's, municipalities, police, schools, Gov't).

# Intersectoral Collaboration



- “The public health system relies on collaborative partnerships in order to support service delivery in the province. Strong connections across all sectors and levels of government, within communities, schools and workplaces, with academia and community-based and non-governmental organizations (NGOs) are vital in order to shape the way programs are developed and delivered, improve access to services, influence which policies are adopted, reduce inequities and ultimately improve individual and community well-being.’ p.



# ‘Harnessing the Potential’

- Engagement of Partners
- Formal Consultation Processes
- Advisory Councils/Expert Committees
- Participation in Developing Policies and Programs
- Take Action Together (e.g. municipalities and schools)

# Roles & Responsibilities

## Role of PH in HE

- Surveillance, Protection, Prevention, Promotion (PH Strategies)
- Enact PHI's to ensure HE
- Collaborate with others in and outside the system
- Leadership for Promoting HE

## Partners in Other Sectors

- Expanding Access to Early Child Care Education'
- Poverty Reduction
- Family Friendly Policies in Workplaces and Community
- Increase Affordable Housing
- Food Security

# Discussion

- Value on partnerships and collaboration.
- Diverse understandings of HE are a challenge- no agreement on problem definition, common purpose, goals & values for IC.
- Nature of relationships vary. IC requires sharing power, decision making & resources.
- IC focuses on system not individual change

# Next steps

- Code Additional HA and MOH Documents
- Analysis of Aboriginal Health Plans in partnership with Centre for Aboriginal Health Research (CAHR)
- Analyze Phase I Senior Executive interviews
- **Recruiting for Phase I Managers and Staff interviews**
- Situational Analysis of each cases

# Phase I: Managers and Staff Interviews



Are you a policy analyst, manager or front-line staff member doing work related to mental health promotion, prevention of mental disorders or preventing the harms of substance use? We would like to interview you for a research project.

The interviews take approximately 1 hour. We will ask open-ended questions about your experiences at work.

To schedule an interview, please contact (researcher contact)

Main researcher: Dr. Bernie Pauly, University of Victoria  
 Funders: Canadian Institutes of Health Research and Public Health Agency of Canada

For more information about the study, Equity Lens in Public Health, please take a look at our website: [www.uvic.ca/elph](http://www.uvic.ca/elph)

(researcher contact)  
 (researcher contact)  
 (researcher contact)  
 (researcher contact)  
 (researcher contact)  
 (researcher contact)  
 (researcher contact)  
 (researcher contact)  
 (researcher contact)



**Program Managers and Staff doing MH Promotion and Prevention of Harms of SU.**

**Telephone or face to face interviews in each HA.**

**We need your help in fanning out information materials. .**

# Interview Contacts:

Corrine Lowen, [calowen@uvic.ca](mailto:calowen@uvic.ca)  
250 853 3228

Bernie Pauly, [bpaul@uvic.ca](mailto:bpaul@uvic.ca)