Equity Focussed Planning

March 18th 2014 • 1:00 – 2:30 p.m.

Suzanne Schwenger, HC Link
Sophie Rosa, Public Health Ontario
Andrea Bodkin, Health Nexus
Today’s Agenda

• Terms and concepts
• Health Equity Impact Assessment (HEIA)
• Evidence & Practice-Based Planning Model
• Case studies
• Questions and Discussion
Why are some people healthier than others?

Some population groups are healthier than others, not by personal choice, but because of social, economic and environmental circumstances, over the course of their lives.

*Chief Public Health Officer’s Report on the state of public health in Canada, 2008*
Denmark’s National Strategy to Reduce Social Inequalities in Health (2007)
The Health Gradient

Individually oriented preventive action

Health hazards

- Environmental health hazards
- Lack of education
- Inadequate food and nutrition
- Unemployment
- Poor Housing
- Poverty

Source: adapted from Making Partners: intersectoral action for health.
Inequality vs. Inequity

Health inequalities are differences in the health status of individuals and groups. The reasons for these differences range from biology and genetics to broad social and economic factors.

Health inequities are differences in health that are unfair and avoidable because they result from social and health conditions, policies and practices that can be changed.

*Equity means fairness.*
Health Equity

• **Health equity** is the absence of unfair systems and structures that cause health inequalities.
• Health equity seeks to reduce these inequalities and to increase access, opportunities and health outcomes for all.
• Not all inequalities are avoidable, but changing systems and structures can help us reduce those that are.
The Health Equity Impact Assessment Tool

### HEIA Template

The numbered steps in this template correspond with sections in the HEIA Workbook. The workbook with step-by-step instructions is available at www.ontario.ca/healthequity.

<table>
<thead>
<tr>
<th>Step 1: SCOPING</th>
<th>Step 2: POTENTIAL IMPACTS</th>
<th>Step 3: MITIGATION</th>
<th>Step 4: MONITORING</th>
<th>Step 5: DISSEMINATION</th>
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<tbody>
<tr>
<td><strong>a) Population</strong>&lt;br&gt;Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.</td>
<td><strong>b) Determinants of Health</strong>&lt;br&gt;Identify determinants and health inequities to be considered alongside the populations you identify.</td>
<td><strong>Unintended Positive Impacts</strong></td>
<td><strong>Unintended Negative Impacts</strong></td>
<td><strong>More Information Needed</strong></td>
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<tr>
<td>Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)</td>
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<td>Age-related groups (e.g., children, youth, seniors, etc.)</td>
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<td>Disability (e.g., physical, visual, deaf, or hard of hearing, mental or emotional, developmental, learning, mental illness, addiction/substance use, etc.)</td>
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<td>Ethno-racial communities (e.g., Indo-Canadian or cultural minorities, immigrants and refugees, etc.)</td>
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<td>Francophone (including new immigrant francophones, dual language using English and French, etc.)</td>
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<td>Homeless (including marginally or under-housed, etc.)</td>
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<td>Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.)</td>
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<td>Low income (e.g., unemployed, underemployed, etc.)</td>
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<td>Religious/faith communities</td>
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<td>Rural/inmetropolitan or urban populations (e.g., geographically/socially isolated, underserved areas, etc.)</td>
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<tr>
<td>Sex/gender (e.g., male, female, women, men, trans, transgender, two-spirit, etc.)</td>
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<tr>
<td>Sexual orientation (e.g., lesbian, gay, bisexual, etc.)</td>
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<tr>
<td>Other: please describe the population here.</td>
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*Note: The terminology listed here may or may not be preferred by members of the communities in question and there may be other populations you wish to add. Also consider intersecting populations (e.g., Aboriginal women).*
HEIA Community of Interest

- Canadian Mental Health Association (CAMH)
- Centre for Addiction and Mental Health (CAMH)
- Health Nexus
- Public Health Ontario
- Wellesley Institute
- Evidence Exchange Network (EENET)
Why conduct an HEIA?

- Legal or funding requirements
- Raise awareness of health inequities
- Provide evidence/data regarding inequities
- Makes your health equity work more “workable” and ultimately, makes your clients lives easier
Planning health promotion programs with an equity lens

Sophie Rosa
Health Promotion Consultant, Public Health Ontario
The 6 steps to planning a health promotion program

- **STEP 1**: Manage the planning process
- **STEP 2**: Conduct situational assessment
- **STEP 3**: Set goals, population(s) of interest and outcome objectives
- **STEP 4**: Choose strategies and activities and assign resources
- **STEP 5**: Develop indicators
- **STEP 6**: Review the plan

Feedback → Implementation → Evaluation
Step 1: manage the planning process
Step 1: manage the planning process

1. Participation
2. Time
3. Money/resources
4. Data-gathering
5. Decision-making
Step 1: manage the planning process

1. Participation
   Which priority groups will be represented in planning team
2. Time
3. Money/resources
4. Data-gathering
5. Decision-making
Step 1: manage the planning process

1. Participation

2. Time

How much time will be invested to address health equity in program planning

3. Money/resources

4. Data-gathering

5. Decision-making
Step 1: manage the planning process

1. Participation
2. Time

3. Money/resources
   - How much resources will be invested in applying the HEIA tool to program planning

4. Data-gathering
5. Decision-making
Step 1: manage the planning process

1. Participation
2. Time
3. Money/resources
4. Data-gathering
5. Decision-making

What data do we need to ensure we are planning our program through an equity lens?
Step 1: manage the planning process

1. Participation
2. Time
3. Money/resources
4. Data-gathering

5. **Decision-making**

How will data on **vulnerable populations** be used to reduce health inequities?
Step 2: conduct a situational assessment
Step 2: conduct a situational assessment

1. Key questions
2. Data-gathering plan
3. Data collection
4. Data analysis
5. Dissemination
6. Recommendations
### Step 2: conduct a situational assessment

<table>
<thead>
<tr>
<th>1. Key questions</th>
<th>Step 1 Scoping</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Data-gathering plan</td>
<td>• Populations</td>
</tr>
<tr>
<td>3. Data collection</td>
<td>• Social Determinants of Health</td>
</tr>
<tr>
<td>4. Data analysis</td>
<td>• Other programs/initiatives (Step 3 Mitigation)</td>
</tr>
<tr>
<td>5. Dissemination</td>
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<tr>
<td>6. Recommendations</td>
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</table>
Step 2: conduct a situational assessment

1. Key questions
2. Data-gathering plan
3. Data collection

4. Data analysis
5. Dissemination
6. Recommendations

Step 2 Potential impacts
• Unintended positive impacts
• Unintended negative impacts
• More information needed
Step 2: conduct a situational assessment

1. Key questions
2. Data-gathering plan
3. Data collection
4. Data analysis
5. Dissemination

6. Recommendations

Step 3 Mitigation

- Recommendations to reduce negative impact and amplify positive impacts
Step 3: set goals, population(s) of interest and objectives
Step 3: set goals, population(s) of interest and objectives
Step 4: choose strategies and activities and assign resources
Step 4: choose strategies and activities and assign resources

**Strategies**

- The **means** through which changes will be made.
- Examples:
  - Create supportive environments
  - Build healthy public policy
  - Health communication
  - Self-help/mutual support
  - Community mobilization

**Activities**

- Describe the specific **ways** that the strategy will be applied
- The **actions** to be taken within a certain time period
- Examples:
  - Peer screening and training program
  - Campaign
  - Curriculum development and delivery
  - Using a checklist to screen
Step 4: choose strategies and activities and assign resources

| Unintended positive impact #1 | Strategy #1 | Activity #1 |
|                              |            | Activity #2 |
|                              | Strategy #2 | Activity #1 |
|                              |            | Activity #2 |

| Unintended positive impact #2 | Strategy #1 | Activity #1 |
|                              |            | Activity #2 |
|                              | Strategy #2 | Activity #1 |
|                              |            | Activity #2 |

| Unintended negative impact #1 | Strategy #1 | Activity #1 |
|                              |            | Activity #2 |
|                              | Strategy #2 | Activity #1 |
|                              |            | Activity #2 |
Step 5: develop indicators
### Step 5: develop indicators

<table>
<thead>
<tr>
<th>Unintended positive impact #1</th>
<th>Strategy #1</th>
<th>Activity #1</th>
<th>Indicator #1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Activity #2</td>
<td>Indicator #2</td>
</tr>
<tr>
<td>Unintended negative impact #1</td>
<td>Strategy #2</td>
<td>Activity #1</td>
<td>Indicator #1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Activity #2</td>
<td>Indicator #2</td>
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</table>
Step 6: review the plan
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Strategies

• reflect a range of programming efforts delivered to the identified populations of interest/target groups

• focused on the reduction of health inequities?
Step 6: review the plan

**Strategies**
- reflect a range of programming efforts delivered to the identified populations of interest/target groups
- focused on the reduction of health inequities?

**Step 5 Dissemination**
- Case study
- Evidence summary
- Presentations
- Communities of practice
The 6 steps to planning a health promotion program

Step 1: Scoping
Step 2: Potential Impacts
Step 3: Mitigation
Step 4: Monitoring
Step 5: Dissemination

STEP 1: Manage the planning process
STEP 2: Conduct situational assessment
STEP 3: Set goals, population(s) of interest and outcome objectives
STEP 4: Choose strategies and activities and assign resources
STEP 5: Develop indicators
STEP 6: Review the plan

Feedback
Implementation
Evaluation
Applying HEIA: Lessons from the field

Andrea Bodkin
Health Promotion Consultant
Health Nexus Santé
Example: Shop Well, Eat Well

Grocery store tours conducted twice a year. Open to the entire community, promoted in store.

- **Method:** two staff involved in the program sat together and completed the template using a “brainstorm” approach
- **Result:** Underserved/underrepresented groups identified; mitigation strategies identified but no adaptations made due to lack of interest/support in the organization
- **Lessons Learned:** Ensure that institutional support & appetite for changes in place BEFORE conducting the HEIA!
Example: Nurse Chat

Free, drop-in program at local shelters and food banks provides information, referrals, screening & program promotion by public health nurses to expectant parents and young families with children 0-6 yrs

• **Method:** 3 month process included a literature review, focus groups with team members. External partners & clients involved in monitoring phase.

• **Result:** mitigation strategies are being implemented

• **Lessons learned:** Snr level support is important. Ensure that there is adequate funding/resource to conduct the HEIA and implement mitigation strategies
Example: 3M Health Leadership Award

This award program (Health Nexus and 3M Canada) recognizes leaders working in the social determinants of health. The HEIA focused on the communications outreach.

- **Method:** interviews with the team lead, focus groups with the project committee, key informant interviews
- **Results:** Mitigation strategies will be adopted to increase nominations from Aboriginal, low income and disabilities communities
- **Lessons learned:** asking the questions on the HEIA tool directed the conversation in a completely different way. Key informant interviews not only resulted in good ideas, but stronger or new relationships
Integrating Health Equity into your planning and programming

- Embed tools such as HEIA into your program planning process and vice versa
- Ensure that you have internal support to address health equity and apply mitigation strategies
- Get on the same page with terminology
- View addressing health equity as part of a comprehensive strategy
Contact Us!

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