Health Equity in the Maternal and Child Health Sector:
Considering and applying health equity principles and tools

Presenters:
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Learning Goals

• Increase understanding of:
  – Health equity
  – Health equity in the maternal and child health sector
  – Health Equity Impact Assessment (HEIA)
  – Case examples of HEIA application
What is health equity?

The absence of health inequities or disparities.

**Health inequities** or disparities are differences in the health outcomes of specific populations that are systemic, patterned, unfair, and actionable.

Health Equity

• People belonging to certain population groups experience disparities
  – Health status
  – Access to services
  – Quality of care received

• Creating equal opportunities for good health for all

Source:
<table>
<thead>
<tr>
<th>Category</th>
<th>Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Life</td>
<td>Income, Early Childhood Development, Disability, Education, Social Exclusion, Social Safety, Net, Gender, Employment/Working Conditions, Race, Aboriginal Status, Safe and Nutritious Food, Housing/Homelessness, Community Belonging</td>
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<tr>
<td>Your Health Care</td>
<td>Access to Health Care, Health Care System, Wait Times</td>
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<td>Your Biology</td>
<td>Biology, Genetics</td>
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<tr>
<td>Your Environment</td>
<td>Air Quality, Civic Infrastructure</td>
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</table>

These are Canada's Social Determinants of Health #SDOH


www.healthnexus.ca
Sameness vs. Fairness


www.healthnexus.ca
How can we reduce inequities?

- Health equity literacy
- Healthy public policy
- Organizational culture / practices
- The Health Equity Impact Assessment
Why does health equity matter?

Child well-being is better in more equal countries

Wilkinson & Pickett, The Spirit Level
Why does health equity matter?

• Indigenous health
  – Racism, trauma
  – Self-reported health
  – Burden of PTSD, suicide, other mental health conditions

HEALTH EQUITY IN THE MATERNAL AND CHILD HEALTH SECTOR
Source: Building Resilience in Young Children: Booklet for parents of children from birth to six years. Available

www.healthnexus.ca
Health Inequities in Ontario

- Poor breastfeeding outcomes\(^1\)
  - Immigrants
  - Visible minority groups
  - Less educational attainment
  - Low income or unemployment

- Childhood obesity\(^2\)
  - Poverty
  - Quality of early childhood development
  - Built environment / neighbourhoods

Health Equity Tools

• Inventory of various health equity tools
  – Purpose
  – Who should use it?
  – Description

• Today’s tool: Health Equity Impact Assessment
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](http://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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</thead>
<tbody>
<tr>
<td>a) Populations*</td>
<td>a) Determinants of Health</td>
<td>b) Identify ways to</td>
<td>c) Identify ways to</td>
<td>d) Identify ways to</td>
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<td></td>
<td>b) Identify determinants and</td>
<td>reduce potential</td>
<td>improve mission</td>
<td>share results and</td>
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<td>health inequities to</td>
<td>negative impacts</td>
<td>success for each</td>
<td>recommendations</td>
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<td>be considered alongside</td>
<td>and amplify the</td>
<td>mitigation</td>
<td>to address equity.</td>
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<td></td>
<td>the populations you identify</td>
<td>positive impacts.</td>
<td>strategy identified.</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, mental, deaf, hard-of-hearing, visual, intellectual, developmental learning, mental illness, addictions/substance use, etc.)</td>
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<td>Ethno-racial communities (e.g., racialized or cultural minorities, immigrants and refugees, etc.)</td>
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<td>Francophone (including new immigrant francophones, deaf communities using LSGH/HSF, 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/Gender communities</td>
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<tr>
<td>Rural/remote or inner-urban populations (e.g., geographic/social isolation, underserved areas, etc.)</td>
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<tr>
<td>Sex/gender (e.g., male, female, woman, non, 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** (i.e., Aboriginal women).
Why conduct an HEIA?

Denmark’s National Strategy to Reduce Social Inequalities in Health (2007)
5 Steps in HEIA

- Scoping
- Impacts
- Mitigation
- Monitoring
- Dissemination
Step 1: Scoping

1A Identify Population Groups
- What population groups are most likely to experience inequities?
- What population groups can your program impact?

1B Identify Determinants
- What social determinants of health affect the population groups you’ve identified?
- Are there any determinants particular to your program?
Step Two: Impacts

- What unintended positive impacts might occur as a result of your program?
- What unintended negative impacts might occur as a result of your program?
Step 3: Mitigation

- What can you do to maximize the positive and minimize the negative potential impacts of your program?
  - Modifications to the program
  - Additional strategies
  - Additional research, outreach, consultation
Step 4: Monitoring

• How will you know if the modifications you have made had the intended affects?
  – Statistics and data collection
  – Evaluations, surveys
  – Focus groups, interviews (internal, external)

• What was the actual outcome of conducting the HEIA?
Step 5: Dissemination

• Who do you need to communicate with, and what do you need to tell them?
  – Internal staff/management
  – Those you consulted during the HEIA
  – External stakeholders
A Case Study using the HEIA Tool

Calling New Parents program

Project Summary
Through interactive group facilitation led by a public health nurse, Calling New Parents seeks to provide advice, information and links parents of children 0-6 months to community services. The program seeks to increase breastfeeding duration; promote positive social-emotional and physical well-being of parents and children; promote positive parenting

Objectives for Conducting the HEIA:
To ensure that the Calling New Parents program does not increase or perpetuate inequities. May also identify equity based improvements in program: design, deliver, attended and impact on health inequities

Methodology
Literature review and internal focus groups
### Step 1: Scoping

#### 1a) Populations:
- Aboriginal peoples
- Ethno-racial communities
- Homeless/under-housed
- Low income
- Sexual orientation
- Teen mothers

#### 1b) Determinants:
- Income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, healthy child development/biology & genetic endowment, culture, health services

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*Note: The terminology listed here may or may not be preferred by members of the communities in question and should be used only after consultation with those communities.*
Step 2: Potential Impacts

Positive
- None identified

Negative
- Teen moms feel social excluded & therefore won’t attend the group

More info needed:
- Why are teen moms not attending (e.g., age difference, lack of comfort, format/environment of the program etc)

*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 (i.e., Aboriginal women).
Step 3: Mitigation Strategies

- Conduct an environmental scan to identify existing resources for teen mothers
- Shift to a drop-in program at an Ontario Early Years Centre
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
Helpful Resources

• Learn more about HEIA on our website http://en.healthnexus.ca/topics-tools/health-equity-topics/heia

• Watch a short video on HEIA https://www.youtube.com/watch?v=D21HNjPxXz0

• Read this introductory resource http://www.hclinkontario.ca/images/AT_A_GLANCE_HEIA_FINAL.pdf

• Join the HEIA Community of Interest https://knowledgex.camh.net/ke_workspace/heia_coi/default.aspx
Questions?
Thank you!