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Improving Health Equity in Saskatoon: Mobilizing local stakeholders

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Background

- Use of Health Status reports and special topic reports to document level of health inequities and social inequities in Saskatoon
- Intervention research projects launched:
  - To understand local drivers and identify current evidence-based policy options for health and other sectors to implement
  - To evaluate the outcomes of policy and program initiatives aimed at reducing these inequities
- Work with Health Region and the Regional Inter-sectoral Committee on:
  - A health system response to reducing health inequities
  - A community wide Poverty Reduction Partnership

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The Saskatoon Health Region timeline

- Local anti-poverty groups working for years at advocacy and awareness…limited progress, waning public interest
- 1998 MHO's Health Status monitoring by SES shows rates of many health conditions higher in inner city NBs than Northern Sask.
- 1999 – present -Work with Regional Intersectoral Committee to build Community View Collaborative
- 2006 Published Health Disparities study
- 2007 Published Survey results on public attitudes, awareness and support for policy change
- 2008 "Analysis to Intervention" research summary and 46 evidence based policy options published and used by RIC to form 3 new priorities
- 2009 Saskatoon Poverty Reduction Partnership formed to work on a Poverty Reduction Action Plan
- 2011 Launch of Action Plan

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Health Inequity Reporting

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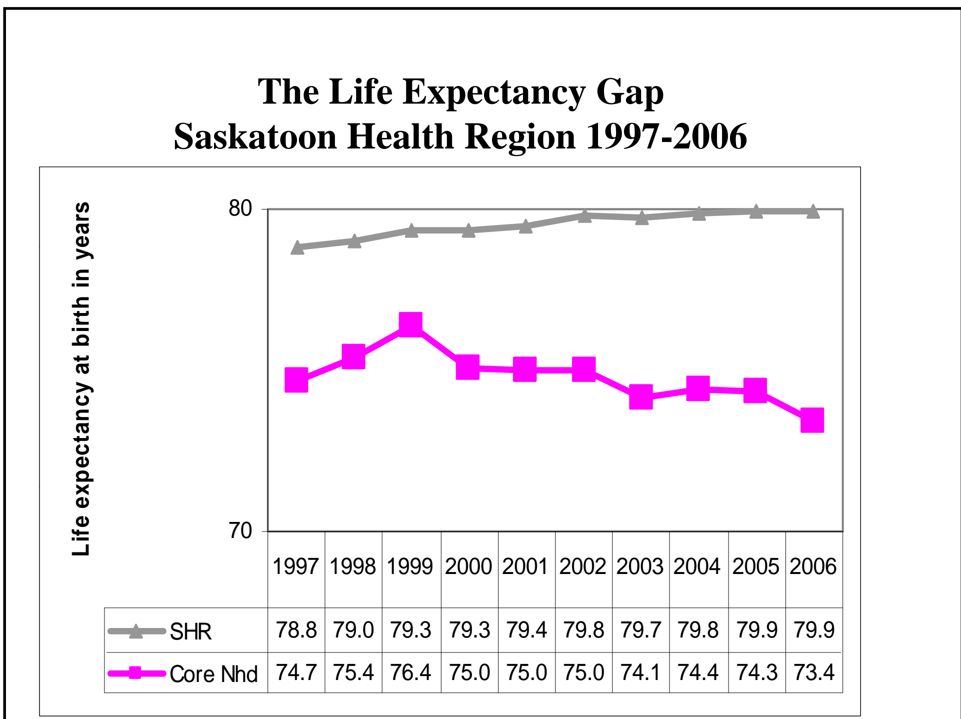

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
SHR	78.8	79.0	79.3	79.3	79.4	79.8	79.7	79.8	79.9	79.9
Core Nhd	74.7	75.4	76.4	75.0	75.0	75.0	74.1	74.4	74.3	73.4

Health System response

- Health Care Equity Audit tool developed and piloted in Public Health, Mental Health, Surgical services, Diabetes, Home Care at various levels
- Toolkit being developed based on these pilot studies
- Health Equity Surveillance System being developed along with standardized reporting and monitoring
- Adopting health equity measures into quality improvement processes for the health system and into system performance monitoring

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Levels of Action

1. Direct delivery of disease prevention and health promotion services by parts of the system
2. Integration of a population health approach into all parts of the system to improve health and healthcare equity
3. Advocacy and partnership with other sectors and organizations to improve health equity and the social determinants of health

Neudorf, 2012 – in press

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Integration into health system

- Examples of actions that help integration of a population health approach:
  - Invest in population health analysis capacity
  - Introduce healthcare equity audits across the health system
  - Perform health equity impact assessments on healthcare policy decisions
  - Put a population health specialist on your senior team

Neudorf, 2012- in press

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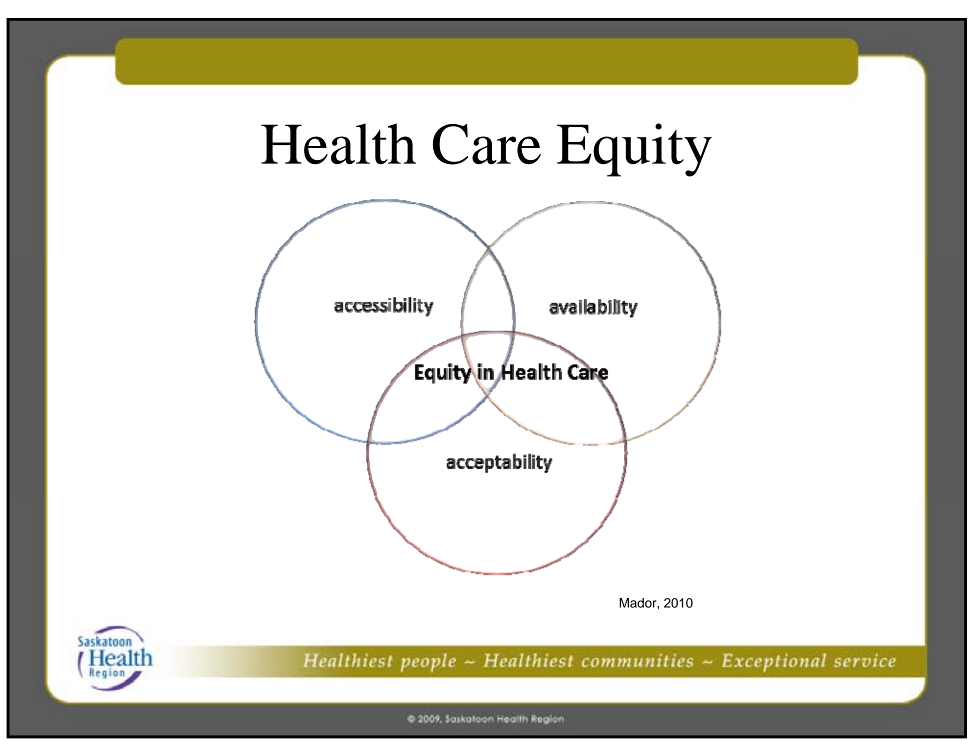
Health Care Equity
accessibility
availability
Equity in Health Care
acceptability
Mador, 2010
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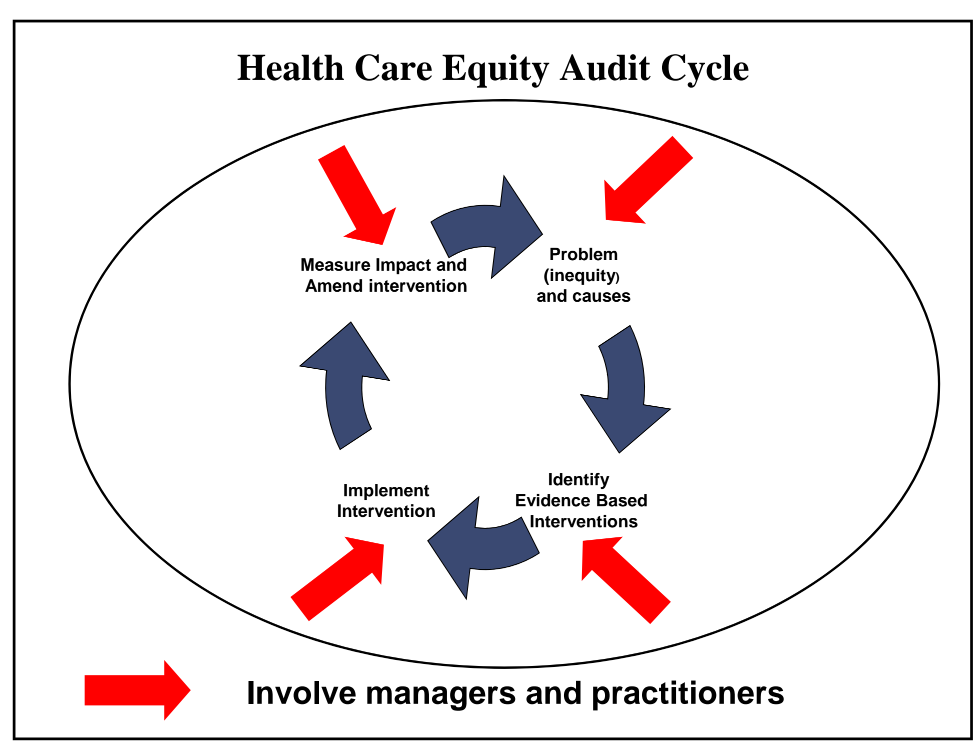

Health Care Equity Audit Cycle
Measure Impact and Amend intervention
Problem (inequity) and causes
Identify Evidence Based Interventions
Implement Intervention
Involve managers and practitioners

“Equal Service for Equal Need”

Dimensions of Service

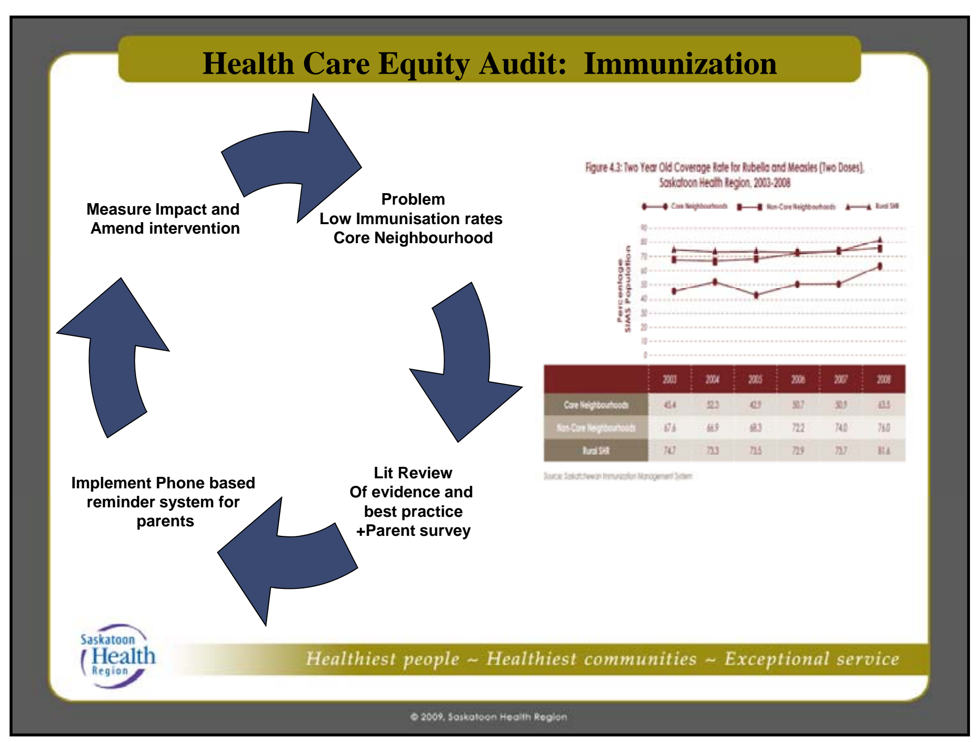
- Volume
- Quality
- Uptake

Dimensions of Equity

- Socioeconomic,
- Gender ,
- RIS,
- Age,
- Rural : Urban

The Use : Need ratio

Use of service / Need for Care = 1



Effective interventions to address health inequity

- Ensure culturally safe service provision
- Consider literacy and language diversity for public messaging and materials.
- Skill building and interactive components for behavioural interventions.
- Long term sustainable programming in communities
- Integrate social supports and inclusion of families in health programming
- Orientate service-provision within home, school, workplace, and community.
- Support housing initiatives and opportunities for integration of services
- Facilitate the formation of multidisciplinary teams, integrated services and case management for high risk and marginalized populations
- Integrate community health workers and lay health workers into the organization of care, particularly within ethnic and minority communities
- Standardize provider care systems to support equitable service provision
- Identify and address existing barriers to service which lead to inequities.
- Conduct healthcare equity audits and targeted literature reviews
- Develop evaluation frameworks

From Code, J. "Revisiting the Health Equity Evidence", SHR PHO, 2012

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Health Equity Surveillance vs Health equity report

Key questions:

- Are we being systematic?
- Are we collecting and collating all the required data?
- Are we using the correct analytic methods?
- Are we interpreting the results of our analysis and providing evidence-based recommendations and direction?
- Have we thought through our audiences and developed a dissemination plan?

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Health Equity Surveillance: A continuum of analytic approaches

- Start with descriptive epidemiology
  - cross-sectional data on a broad range of indicators
  - Ecologic design (small area data as a proxy for individual income or deprivation)
  - Rate ratios
- Analyse trends over time (stratified by SDOH and of SDOH)
- Introduce deprivation indices or multiple measures of SDOH, more data sources, including survey data collection
- Add complexity to analytic techniques: rate differences, regression, Gini coefficients, ….. Many new methods becoming standard practise for inequity analysis! (see “Health Inequalities: Morality and Measurement”)
- Add individual linked data and analysis techniques (CCHS, Health Administrative data, multi-level analysis
- Collect SDOH information directly and link to health administrative data

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Inter-sectoral response

- Saskatoon Inter-sectoral Committee receives “Analysis to Intervention” report (2008) and adopts 3 priorities for action:
  - Develop a Saskatoon Poverty Reduction Plan
    - Saskatoon Poverty Reduction Partnership (SPRP) co-chaired by Medical Health Officer and Dir. of United Way
  - Develop an Aboriginal Employment Strategy
    - Lead agency: Saskatoon Tribal Council, with participation from all major partners and businesses
  - Develop a Sustainable Housing Strategy
    - Health Region and United Way develop a “Plan to End Homelessness” and strategy with our Municipal government

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Saskatoon Action Plan to Reduce Poverty

- shared understanding of poverty in Saskatoon
- shared leadership across sectors
- integrates history of poverty reduction work
- broad goals with multi-year commitment by community partners
- updated on an ongoing basis
- input and commitment from community stakeholders
- Progress report on actions to date with gap analysis
- Follow up with a detailed data report, using 15 years of data, stronger methods, to analyze trends and focus on key drivers and prioritize actions

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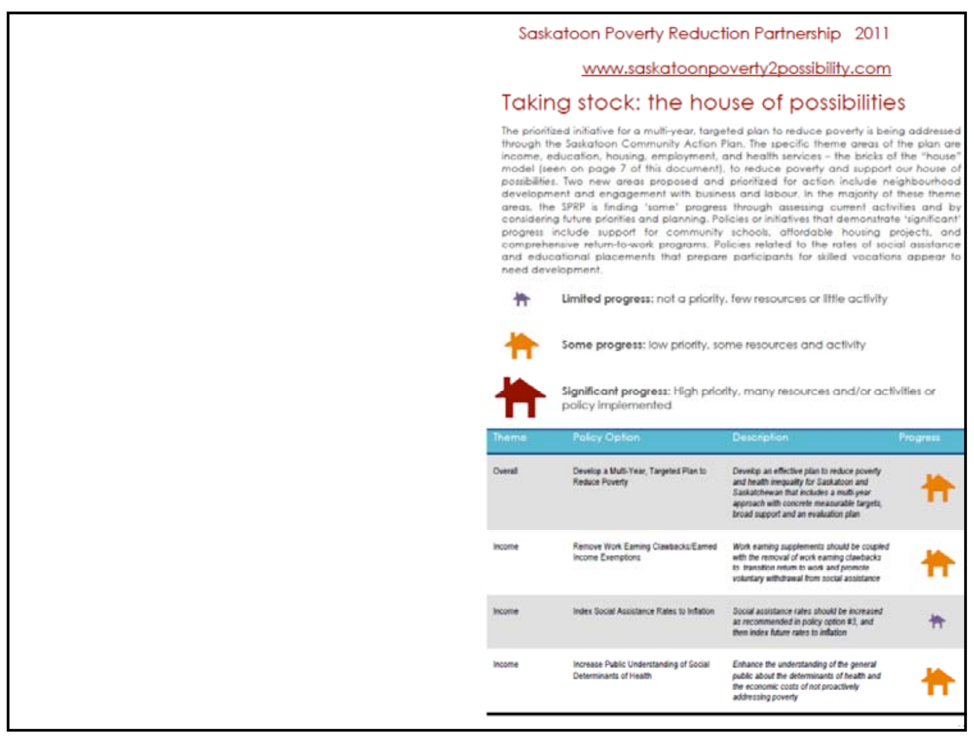

Saskatoon Poverty Reduction Partnership 2011

www.saskatoonpoverty2possibility.com

Taking stock: the house of possibilities

The prioritized initiative for a multi-year, targeted plan to reduce poverty is being addressed through the Saskatoon Community Action Plan. The specific theme areas of the plan are income, education, housing, employment, and health services – the bricks of the "house" model (seen on page 7 of this document), to reduce poverty and support our house of possibilities. Two new areas proposed and prioritized for action include neighbourhood development and engagement with business and labour. In the majority of these theme areas, the SPRP is finding 'some' progress through assessing current activities and by considering future priorities and planning. Policies or initiatives that demonstrate 'significant' progress include support for community schools, affordable housing projects, and comprehensive return-to-work programs. Policies related to the rates of social assistance and educational placements that prepare participants for skilled vocations appear to need development.

Limited progress: not a priority, few resources or little activity

Some progress: low priority, some resources and activity

Significant progress: High priority, many resources and/or activities or policy implemented

Theme	Policy Option	Description	Progress
Overall	Develop a Multi-Year, Targeted Plan to Reduce Poverty	*Develop an effective plan to reduce poverty and health inequality for Saskatoon and Saskatchewan that includes a multi-year approach with concrete measurable targets, broad support and an evaluation plan*	
Income	Remove Work Earning Clawbacks/Earned Income Exemptions	*Work earning supplements should be coupled with the removal of work earning clawbacks to transition return to work and promote voluntary withdrawal from social assistance*	
Income	Index Social Assistance Rates to Inflation	*Social assistance rates should be increased as recommended in policy option #3, and then index future rates to inflation*	
Income	Increase Public Understanding of Social Determinants of Health	*Enhance the understanding of the general public about the determinants of health and the economic costs of not proactively addressing poverty*	

Next Steps

- SPRP becoming self sustainable with broad based community participation including business and faith community, people living in poverty, government departments, NGOs
- Planning Housing First initiatives; Business sector and faith sector summits on poverty reduction actions they can undertake, and resources they can use to inform and act; Aboriginal support services for people moving to the city from reserves,

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Conclusions

- Public Health has a long history of pointing out the problems associated with inequity
- Increasingly, there is an expectation that we need to be the catalyst for change at the local level to improve health equity as well
- There is ample evidence for us to act within our own programs, but also to assist the rest of the health system in their response, and to support inter-sectoral action

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