# Use of Local Health Equity Data to inform program and policy change

Saskatoon, SK

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# Background

- Long history of monitoring health inequity in Saskatoon Region
- Promoting the use of data for program and policy change at three levels:
  - Internal to public health services (Creation of new department, QI initiatives, informed strategic planning, focused investment in supports for intersectoral work)
  - With the rest of the Health System (including intersectoral collaborations to promote equity)
  - With our intersectoral partners (research and literature reviews to inform policy priorities)
- Effectiveness tied to commitment to ongoing monitoring, research and repeated reporting to multiple levels of government and decision makers and the public
- Increased focus on knowledge translation, and tool development in last few years, evaluation of impact and comparative studies with UPHN (MTHIC and CSDUL) and partners in WHO Europe (HESRI project)

# Resources required for analysis and reporting to contribute toward HiAP

- Small-area data: the foundation
- Saskatoon Public Health Observatory gradually built up over 15 years to 12-14 staff including epidemiologists, GIS analyst, policy analyst, research assistants, knowledge transfer specialist, database analyst (Note: Saskatchewan Health Authority has split these functions between a Population Health Dept, a Digital Health and Analytics Dept and an Academics and Learning (Research) Dept
- University partnerships and cross-appointments for population health intervention research
- Linkages with other local public health units via the Urban Public Health Network



### Public Health Observatory Public Health Services

Evidence, Action, Equity: Making Population Health Information Count

#### **Evidence to Action** Evidence **Key Data** Health Research and **Bringing** External Data Partnerships Gathering Knowledge into Sources Surveillance **Evaluation** Action **Health Status** Routine Literature Applied Advocacy & Vital Stats Monitoring Reviews Research and Reporting (population Knowledge Environmental focus) Translation and Outbreak Scans Exchange Surveillance Policy and Health Best Practices Program Community Service Indicator Evaluation Support and Focus Utilization Development Surveys and Program Teaching ಂತ Monitoring Consultation Review Internal Professional **Determinants** Audit Development of Health

#### Partnerships for Action

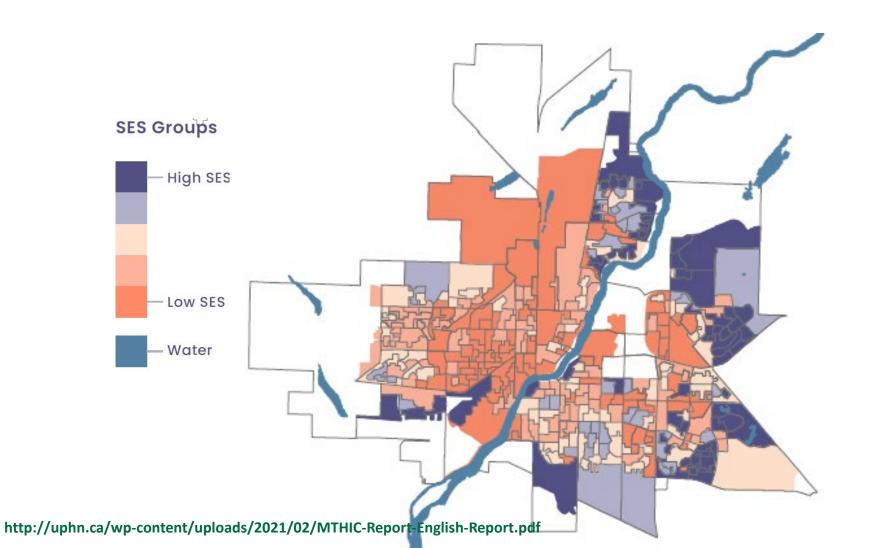
In partnership, we aim to improve health and reduce health inequity through surveillance, research, and knowledge transfer and exchange to inform decision-making, policy, and service delivery.

**HEALTHIEST PEOPLE** 

**HEALTHIEST COMMUNITIES** 

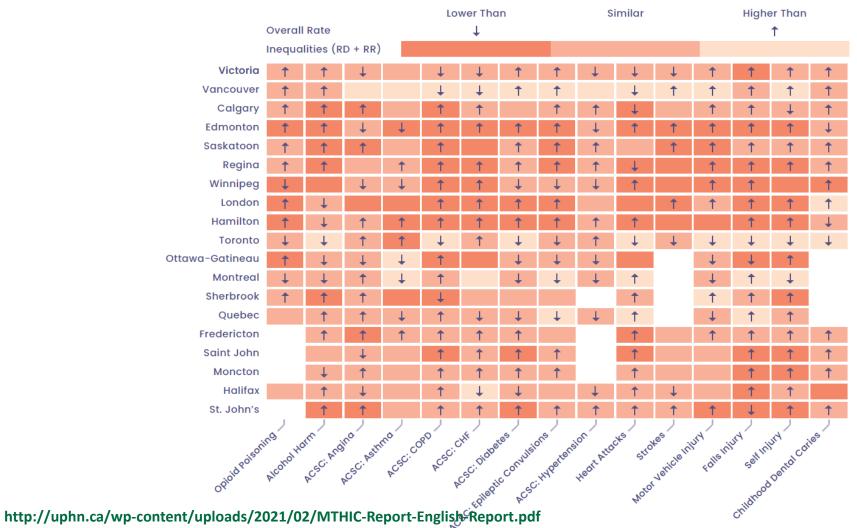
**EXCEPTIONAL SERVICE** 

# Measuring Trends in Health Inequalities in Urban Canada – Saskatoon 2021



### Measuring Trends in Health Inequalities in Urban Canada

Table 1 Differences in age-standardized rates and inequalities between each city and overall rate, health system use indicators, 2011-2015.



# Results (Intersectoral)

- -Intersectoral Committee priority setting: Plan to end homelessness, Poverty awareness campaigns by Poverty Reduction Partnership, Poverty Costs campaign, Aboriginal employment strategy, Early Childhood development strategy
- -Increased public awareness of impact of poverty on health and increased support for poverty reduction policies
- -Increased municipal and regional investments in areas highlighted in policy review (see report card of SPRP)
- -Municipal poverty reduction strategy
- -Provincial Poverty Reduction Strategy advisory group report and government speech from the throne

### FIVE BOLD STEPS

Recommendations for advancing health equity in Saskatoon Health Region (2015-16)

- QI– equity in Hoshin planning
- Organizational health equity strategy
- Health in all policies
- Organizational leadership

• QI – equity in Kaizen events

- Culturally safe services
- Client- and family-centred care
- Health promoting hospitals

Equitable Health Care Services

Knowledge

for Health

Equity

**Action** 

Health Equity
Culture

Intersectoral
Collaborations
to Promote
Equity

- QI- equity in all-of-government approaches
- Partnerships to address social determinants of health
- Community-oriented services

- QI equity in "True North" metrics and visibility walls
  - Health status reports
  - System and community needs assessments
  - Intervention evidence

**VISION** 

Health Equity Skilled Equity Champions

- QI- equity in KPO
- Representative workforce
- Representative client and family advisory councils
- Culturally competent workforce

SUPPORTS

- SLT sponsorship
- KPO support

**Position Statement** 

**Aboriginal Health Summit** 

We Ask Because We Care

**Embed Equity in Quality Improvement** 

Cultural Competency & Cultural Safety Framework

BOLD STEPS

CHALLENGES

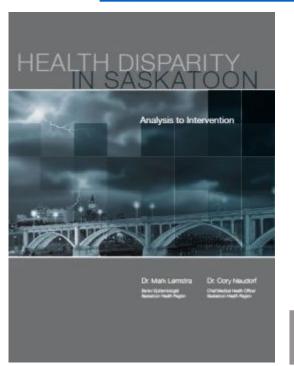
- Changing organizational culture
- Competing priorities

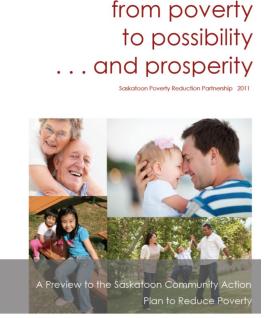
VALUES

- Better Health
- Better Care

# Reports for increasing public awareness & support, intersectoral action and advocacy

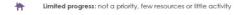
- Social media (twitter, blogs, youtube videos, websites), advocacy, and letter writing to politicians, presentations to policy committee of government
- http://www.povertycosts.ca/
- http://www.saskatoonpoverty2possibility.ca/





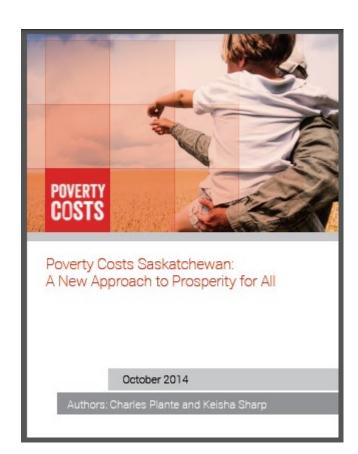
#### Taking stock: the house of possibilities

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.



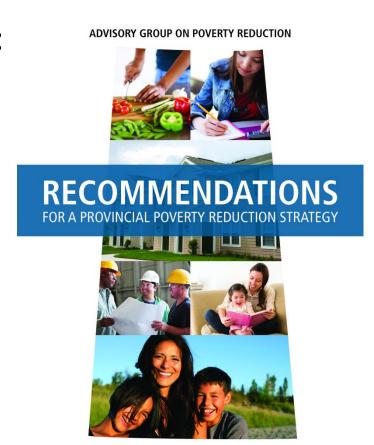


Theme	Policy Option	Description	
Overall	Develop a Multi-Year, Targeted Plan to Reduce Poverty	Develop an effective plan to reduce poverty and health inequality for Saskatoon and Saskatchewan that includes a multi-year approach with concrete measurable targets, broad support and an evaluation plan	th
ncome	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	46



# Outcomes at provincial level

- Recommendations in 6 areas for initial focus:
  - Income Security
  - Housing and homelessness
  - Early Childhood Development
  - Education and Training
  - Employment
  - Health and Food Security



### Health Equity Status Report Initiative (HESRI) WHO Europe

Fig. 3. Accountability, policy coherence, social participation and empowerment

Common goods driving health equity are dynamic and mutually reinforcing. Empowerment acts a catalyst to policy coherence, participation and accountability.



нарым опратов Europe



and empowerment

**Driving forward** health equity – the role of accountability, policy coherence, social participation

Table 1. Common goods and their benefits

Common goods	Benefits
Increased accountability	Helps identify actors and entry points for advancing health equity
	Holds governments and non-state actors, including corporations, to account with regard to their impact on health equity
	Removes barriers and obstacles to health equity (including policies and practices of other sectors)
Common goods	Benefits
Greater policy coherence	Ensures that progress on health equity is accelerated by local, national, regional and global policies working together
	Accelerates action on health equity by ensuring sectors work together to consider impacts on health equity and enhance the contribution of health equity to other sectors, ultimately enabling more successful and prosperous lives
Increased social participation	Raises awareness and recognition of the rights of those facing greatest disadvantage
	Ensures greater engagement with, and implementation of, policy
	Has an empowering effect for communities and individuals to take greater control over their destiny
Empowerment	Increases health and health equity by bringing people together and providing a sense of collective destiny and control
	Increases accountability of policies and initiatives
	Addresses the overall distribution of power in society

# HESRI Health Equity Policy Tool

Fig. 1. Policy action areas

Health services

**Employment and** 

working conditions

Income security and social protection

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Living conditions

Social and human capital Employment and working conditions

Table 1. Health Equity Policy Tool: policy action areas and their definitions		
Policy action area	Definition	
Health services	Policies that ensure the availability, accessibility, affordability and quality of prevention, treatment and health-care services and programmes	
Income security and social protection	Policies that ensure basic income security and reduce the adverse health and social consequences of poverty over the life-course	
Living conditions	Policies that equalize differential opportunities, access and exposure to living conditions and environmental factors that impact our health and well-being	
Social and human capital	Policies that improve human capital for health through education, learning and literacy; and policies that improve the social capital of individuals and	

mental demands, and exposure to unsafe work

communities in a way that protects and promotes health and well-being

conditions, including availability, accessibility, security, wages, physical and

Policies that improve the health impact of employment and working

## Next Steps

### Saskatchewan and Saskatoon:

- SPRP "12 Bold Ideas to eliminate poverty in Saskatoon" campaign and renewal
- Basic Income Guarantee coalitions advocacy
- Embedding health equity into QI work in Health Authority
- Ties to Wicihitowin conference and TRC Calls to Action, anti racism actions
- New Intersectoral partnership tables (eg CSWB Partners Table, Early Years Coalition, Housing strategy, etc)

### Canada

- Health Inequalities Reporting Initiative (PHAC)
- Canadian Network for HiAP
- UPHN project grant on "What Really Makes Canadians Sick?" (Multilevel estimation of the relative impacts of social determinants on income-related health inequalities in urban Canada: Toward a new Canadian Social Determinants Urban Laboratory)

### Conclusion

- Public Health can be a catalyst in improving health equity by committing to on-going monitoring and reporting
- Public Health can model the use of the data through health equity action on their own decision making and program change
- Public Health can develop tools for:
  - using this information in the rest of the system by incorporating an equity approach into quality improvement and
  - to intersectoral groups through literature reviews and articulating evidence informed policy options



### Collaborators









URBAN PUBLIC HEALTH NETWORK
RÉSEAU CANADIEN POUR LA SANTÉ URBAINE



