

# **Developing and Testing Indicators to Guide Health Equity Work in Public Health**

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of the LDCP-Health Equity Indicators team

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***Disclaimer:***

- The views expressed in this report are those of the research team and do not necessarily reflect those of Public Health Ontario.

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# Background

- *Ontario Public Health Standards* (OPHS, 2008) and *Ontario Public Health Organizational Standards* (OPHOS, 2011)

Boards of health required to have a strategic plan and ensure that, within it, they describe how equity issues will be addressed in the delivery and outcomes of program and services

*However....*

**Lack of program standards that *clearly define* the health equity mandate for local PH agencies**

# Overall Purpose

- To provide local boards of health with a **rigorously tested and comprehensive set of indicators that is relevant to their work to address health inequity** as required by OPHS and OPHOS. The indicators will be feasible for application at the local level where boards are active and accountable.

# Methodology- Phase 1

- **Systematic (scoping) review/synthesis** of the literature
  - Few evidence-based, validated indicators identified
- **Consultation** with health equity experts [N=13]
- **Online** team decision-making process
- **Core set of indicators** for field testing identified

# Methodology- Phase 2

- Exploratory, multiple case study design

Table 1. Description of test sites

Pilot Test Site	Governance	Peer Group
Site 1	Regional council acts as the board	A (urban/rural mix)
Site 2	Autonomous board	C (sparsely populated urban/rural mix)
Site 3	Autonomous board	E (mainly rural)
Site 4	Semi-autonomous board	G (metro centre)

# Data Collection & Analysis

- Data collection took place over a **16-week** period (**2 rounds** of data collection at test sites + telephone focus groups)
- Analyzed worksheets submitted for each indicator and focus group transcripts



# Health Equity Indicator User Guide for LPHAs

- 15 indicators, organized by ‘Health Equity Roles for PH’ (NCCDH, 2010) + 1 new role (we added)
  - Role 1 - Assess and Report (N=4)
  - Role 2 - Modify/Orient (N=3)
  - Role 3 - Engage in Community & Multi-Sectoral Collaboration (N=2)
  - Role 4 - Lead/Participate and Support (N=2)
- New role that we added:*
  - Role 5 – Organization/System Development (N=4)

# Example: Role 2 – Indicator 2

- Does your Public Health Agency employ a mechanism to ensure that operational planning includes a health equity assessment of programs and services provided by the health unit, at least annually (or with any updates)?

Yes  No

- a) Does the Public Health Agency provide a standardized health equity assessment tool for staff to use in the assessment of programs and services?

Yes  No

If yes, please provide a list of tools used.

- b) Have any Public Health Agency programs or services been modified as the result of a health equity assessment?

Yes  No

If yes, please list and describe:

# Example: Role 4- Indicator 2

Please indicate in which SDoH area(s) public health unit staff have been engaged in cross-sectoral advocacy for policy development:

- Aboriginal or indigenous identity
- gender
- disability
- housing and homelessness
- early life / early childhood development
- income and income distribution
- education

- race
- immigration status
- employment and working conditions
- unemployment and job security
- social exclusion
- food insecurity
- social safety net
- health services (access to care)

# Example: Role 5 – Indicator 4

- Do performance appraisals (or your organization's equivalent processes) for your public health agency's staff require health equity goals be included?

Yes  No

If no, what other mechanisms are being used to reflect or appraise staff member's health equity goals?

# What we learned from test sites...

## *Feasibility*

- **Barriers**

- Availability and quality of data sources
- Time and resource capacity
- Competing priorities

- **Facilitators**

- Organizational support for health equity work
- Relationships

# What we learned from test sites...

## ***Relevance***

*“good to have as a **guideline or primer** to encourage health units to look at and use and include in our own performance measurements and data collection and look at the indicators of **what we should look at and focus**”*

# What we learned from test sites...

## *Applicability*

- Showed need for a strong, organizational approach to health equity activities
- Prompted for future planning
- Helped participants to think about doing things differently
- Emphasized need for internal communication

# Recommendations

- **Use** the indicators (User Guide and Worksheets) as a self-assessment tool and to document and share experiences
- **Create** a centralized repository where LPHAs could access the materials
- **Conduct** further evaluation of the indicators



# Study Limitations



- Limited sample size
- Strict timelines
- Unable to determine reliability of indicators

# Conclusion

- Deliberate, systematic and iterative process of indicator development
- Process of evaluating health equity-related activity within PH organizations is still in the early stages
- Internal mechanisms of data collection, storage and communication still require attention
- These indicators are one tool that will be available to LPHAs to strengthen organizational capacity for health equity action

