Social Inequities in Health and the Sudbury & District Health Unit: Building Our Path for the Next 10 Years
10-Year Sequential Action Guide to Achieve the SDHU Health Equity Vision
Organized according to the 10 promising practices determined through the SDHU CHSRF EXTRA Fellowship 2008-2010
O: December 20, 2010 R: January 13, 2011

Overall system enablers:

*Board of Health endorsement of vision

*Commitment to report back to Board of Health on progress

*Documented success of knowledge brokering strategy to translate knowledge into action

*Synergies exist with other organizational drivers (e.g. strategic plan and priorities, OPHS planning path, performance management and organizational standards, accreditation); these synergies can be further leveraged

*History of and ongoing commitment to function as a teaching health unit

*Provincial and federal-level enablers (e.g. increasing attention to SIH and health impact assesement evident from work of OAHPP, MOHLTC, CMOH, NCCs)

*Strength of many existing community partnerships (e.g. HCO work, SPC)

*Timing - agencies within public health increasingly support work on SIH and there is a concomitant interest in effective interventions or action steps

Specific tasks/concepts as overall enablers:

*Write up "tear off" or "one pager" sheets on each of the promising practices and include concrete public health example(s)

*Determine resource allocation (i.e. FTE, operating)

*Develop cross-cutting "memory jogger" resources/strategies (e.g. standing agenda items, story-telling opportunities, management and/or all staff email "question of the week", etc.)

*Develop internal communication strategy/plan regarding the vision document and this action guide

*Carefully consider change management strategies as we move forward with implementation of actions within organization

*Carefully consider leadership approaches for complex problems as we move forward with implementation of actions (e.g. umbrella strategies, minimum specifications, generative relationship, PDSA rapid cycles)

Action Guide: *Intended to help answer the question, "What are the key <u>new</u> or <u>enhanced</u> activities in which the SDHU needs to engage in order to advance the 10 promising practices and achieve our vision?"*

Promising Practice	Sequence within a 10 year window *Noting that many factors will influence the precise timing and feasibility of each step, this sequencing is intended to map out the <u>relative</u> staging of each step*		
	Initial Steps	**Intermediate Steps**	**Distant Steps**
1. Targeting with Universalism			
Staff development	Staff development - general re importance of a balance between universal and targeted strategies ("shifting the curve and leveling up"); and specific re how to assess (and mitigate)if a specific targeted strategy will be effective without unintended negative consequences; apply lessons learned from knowledge brokering initiative; identify staff development needs unique to different staff groups *(see also contribution to evidence base PP)*	Staff development - as before AND identification of specific staff competencies required such that SDHU shift in practice is supported (e.g. literature appraisal, community engagement, advocacy);	Staff development - ongoing as before
Management development	Invest in key management strategy to ensure understanding and leadership from this group - begin with "early adopters"	Continue management investment and establish "manager mentors"	

External stakeholders		External stakeholder/partner awareness raising so that SDHU shift in practice is supported AND information sharing so that SDHU practice can be informed by partners' practices *(see also social marketing PP)*; (consider potential role of web site)	External stakeholder/partner awareness raising as before AND so that partners may examine their own practices and SDHU practice can be enhanced/modified *(see also social marketing PP)*
Priority population assessment	Health status and determinants reporting to systematically identify priority populations in general *(see also purposeful reporting PP)*	Ongoing reporting AND further data drill down as identified by specific program (and geographic) areas *(see also purposeful reporting PP)*	Further refinement of priority population needs through situational assessments involving community stakeholders and priority populations
Program planning	Program planning process review to ensure specific prompts and tools are developed to assist planners to ask questions relevant to this PP - to ultimately guide practice (e.g. equity and accessibility checklist to address potential access barriers)	Refine and share our program planning process and tools with other health units	Further refinement based on evaluations
Evaluation	Evaluation tools development - such that specific questions re this PP are asked and impacts measured; create tools that can be readily used by program planners (e.g. standard evaluation tool to assess barriers) *(see also contribution to evidence base PP)*	Corporate initiative to implement evaluation across selected programs and distill generalizable recommendations	Implement recommendations to improve programming
Deepening our understanding	In addition to "one pager", develop resources that further our collective understanding of universal and targeted policies (i.e. external of others) that positively or negatively impact health equity (e.g. long form census, physical activity rebates)	Continue this development and create opportunities to dialogue with staff and management (e.g. conversation cafés, SharePoint wiki's)	

2. Intersectoral Action

Evidence review and competency development	Review and synthesize the evidence for effective intersectoral action; identify substantive areas for competency development in consultation with staff re specific/practical needs (e.g. effective parternship development and management, scope of authority, common organizational messages/values) *(see also community engagement PP)*	Staff and management development specific to program areas; includes acknowledgement of organizational support for the time required to invest in meaningful intersectoral action	
Program planning	Program planning process review to ensure planners proactively (and in a coordinated/consultative fashion) review OPHS and seek opportunities for effective intersectoral action	Refine program planning process based on evaluations	Continued refinement and assessment
Environmental scan and action	Community/stakeholder mapping of health unit parternships; identification of gaps in parternships across sectors; identification of opportunistic events/partnerships (e.g. post-secondary institutions, multicultural society, First Nations)	Proactive engagement with sectors with whom we do not traditionally work in order to build relationships and add a health perspective to issues (e.g. built environment, research hub) *(see also EfHIA PP)*	

Mobilization		Create an event(s) with the explicit goal of assisting other sectors to understand the health significance of their programs/decisions (e.g. "community champion" recognition program or link with the HCC, Canadian Nursing Association reporter award for health reporting) *(see also EfHIA PP and social marketing PP)*	Launch initiative
Organizational support	*(As noted above in competency development and as supported by strategic priorities)* Communicate support for the concept in general for all (teams and corporate level)		

3. Equity-focused Health Impact Assessment (EfHIA) **priority - following social marketing**

Establish organizatoinal structure and supports	SDHU lead to be identified and engage in training; responsible for developing action plan and resource recommendations; specific deliverables to be determined in consultation with working group (internal and external members possible)	Action plan details and related support TBD	
Implementation	*(plan will be contingent on the recommendations of the EfHIA lead)* Note that there appear to be provincial ministry and agency and national (NCCHPP) initiatives underway which may facilitate the SDHU uptake of this strategy	Internal implementation; promote/market EfHIA externally; seek opportunities that arise *(see also intersectoral action and social marketing PPs)*	External implementation - pilot and marketing
Staff development	Staff development - general orientation to EfHIA	Staff development - general orientation to SDHU actions with EfHIA so that staff can identify opportunities internally and externally for assessments	
Evaluation	*(see also contribution to evidence base PP)* Explore evaluation options for determining the utility or impact of HIAs (acknowledgement that this is a challenging area - seek advice/support from experts/others working in this field)	Evaluation framework for internal assessments (e.g. measures of uptake, acknowlege challenges in assessing)	Evaluation framework for external assessments (public policy experts may be helpful in this part of the assessment)

4. Social Marketing **top priority - as is an enabler for other strategies**

Establish organizational structure and supports	SDHU lead to be identified (and working group) to develop a corporate strategy that enables the other PPs; resources to be identified (reserves as possibility)	Strategy and related support TBD, however, concept is to raise general public and agency/sector awareness re SIH and actions in support of leveling up	
Staff Development	Staff development - re general competencies in social marketing for team use AND awareness of organizational initiative under development (will help to enable leveraging of same at team level)		
Implementation and evaluation		Concept of internal pilot (not yet determined)	Concept of external pilot; determine mechanisms for assessing if/how partner agencies are shifting their practice

5. Early Child Development

Maintenance and investment	Continue investment in HBHC program (despite provincial funding pressures) and other family health programming; continue leadership and funding commitment to Triple P	Further engagement with Triple P; ensure programming aimed at increasing resiliency
Program planning and evaluation	Ensure program planning incorporates equity considerations	Ensure evaluations incorporate equity considerations
Advocacy	Seek opportunities for advocacy re child health programming in general and from an equity perspective in specific (including concepts of resiliency and mental health); continue advocacy re policies and practices that are supportive of breastfeeding	

6. Purposeful Reporting **priority as informs other PPs**

Data gathering	Develop a "baseline" report on health status and behavioural risk factors by socioeconomic variables for internal use; develop strategies/resources for knowlege transfer re data internally; consider use of GIS as a tool	Develop strategy for gathering additional information or further information from this data - i.e. to help understand local mechanisms or pathways (e.g. qualitative initiatives, RRFSS, data consortium initiative)	Collection of additional data as identified; identify additional data sources required
SIH messaging	Develop key messages regarding the "causes of the causes" *(see also social marketing PP)*	Proactively seek opportunities to increase general awareness of this perspective (countering mass media messages re individual choice/victim)	
Reporting	Develop a proactive plan for corporate level reporting and for integration of key messages in all program reporting (media etc.)	Purposefully share information with community partners and community (ongoing)	
Evaluation		Develop evaluation framework to determine effectiveness of transmitting key messages from health equity perspective	Implement evaluation

7. Competencies and Organizational Standards

Human resources strategy	Explore the development of a human resources strategy (recruitment of staff, volunteer program) that is based on increasing identified SIH-related competencies, ethno-cultural and socio-demographic diversity (through concepts of affirmative action)	Strategy TBD
Competency-based professional development	Staff development strategy that is based on a thorough assessment of SIH-related competencies, including the explicit values-base of this work	Implementation and evaluation of strategy; explicitly involve external partners regarding thier opinions and expectations

Incentives and tools	Proactively seek opportunities/events to encourage work "beyond the program plans" to level up (e.g. Louise Picard Public Health Research Grants equity-component, internal recognition awards, highlights in internal communiqués, practical lunch and learns re challenging issues)	Implement and monitor	
Program planning	Review the program planning process for opportunities to explicitly address socio-cultural issues and needs, based on evidence-informed practice		

8. Contribution to Evidence-Base

Evaluation	Establish an organizational evaluation framework that addresses questions related to effecive public health practice to improve health equity (process and outcome evaluations)	Engage in such evaluations in a systematic manner to incrementally contribute to the knowledge base; Ensure publication and dissemination wherever possible	
Research	Identify key organizational research questions relate to equity and seek opportunities to engage in these inquiries (external partners, LPPHRG, Sudbury Health Research Coalition)	Ensure publication and dissemination wherever possible	
Enablers	Identify key partnerships that may enable further contribution to evidence-base (e.g. NCC-HPP, LU cross appointees, OAHPP, PHIRN, NICE, residents in Community Medicine, WHO, RePHS, Sudbury Health Research Coalition)		
Staff development	Identify opportunities to increase staff skills in research and evaluation (especially in ability to identify relevant research questions)	*(see also competencies and organizational standards PP)*	

9. Community Engagement (*Note that for this PP, community engagement refers to engaging citizens as compared with the sector/agency focus of the intersectoral action PP*)

Program planning	Review program planning process to ensure that relevant stategies are incorporated by planners re this PP; these should include opportunities to engage with citizens to increase their understanding of, and ability to act on, social inequities in health AND to increase the relevance of SDHU programming (community voice in programs)	Continued review and assessment of experiences	
Staff development	Identify opportunities to increase staff skills in community engagement	*(see also competencies and organizational standards PP)*	

10. Health Equity Target Setting

Target setting and evaluation process	Develop a process for setting health equity targets that are based on data *(see also purposeful reporting PP)* ; ultimately these should be "community owned" and supported by the board of health	Ongoing evaluation and monitoring	Ongoing evaluation and monitoring

Community engagement	Develop a process for community adoption and engagement re targets (acknowledge that there is much to be learned from other jurisdictions re pros and cons of this type of work - the process of engagement itself may be more important than the targets)	Establishment of community champion and fora re health equity targets