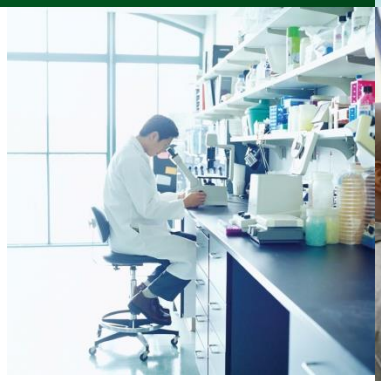
Towards Reducing Health Inequities: A Health System Approach to Chronic Disease Prevention



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Acknowledgements

Project Manager
Meredith Woermke (PHSA Population & Public Health)

Project Steering Committee:
Paola Ardiles, Chair (BC Mental Health & Addiction Services)
Lydia Drasic (PHSA Population & Public Health)
Carole Gillam (Vancouver Coastal Health Primary Care)
Dr. Andrew Kmetic (PHSA Population & Public Health)
Dr. John Millar (PHSA Population & Public Health)
Ann Pederson (BC Women's Hospital & Health Centre and the BC Centre of Excellence for Women's Health)
Meredith Woermke (PHSA Population & Public Health)

Final Edits and Content Review:
Tannis Cheadle (PHSA Population & Public Health)

Project Advisory Group

Sherry Bar
Victoria Lee
Lex Bass
Paul Beckett
Eric Kowalski
Gail Butt
Veronic Clair
Dominic Fung
Joan Geber
Caryl Harper
Julie Kerr
Ted Bruce
Trevor Hancock
Mel Krajden
Joanne Mills
Judi Mussenden
Sylvia Robinson
Helena Swinkels
Lesley Varley
Fiona Walks
Laurie Woodland
Kelly McQuillen
Donna Murphy-Burke

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Presentation Outline

- **Project overview and approach**
- **Introduction: making the case for reducing health inequities**
- **Equity in Health Care Framework**
- **Barriers Identified by Project Working Groups**
- **Five key Recommendations for Action**
- **Everyone has a role!**
- **Questions and Comments**

Reducing Health Inequities:
A Health System Approach to Chronic Disease Prevention Project

Project Goal:

- To collaboratively identify the actions the *health system* can take towards reducing health inequities.

Project Activities:

- Overall Approach: engaging health authority, government and community
- Project Advisory Group
- Workshop aimed at public health practitioners, researchers & policy makers
- Environmental scan of activities in BC aimed to reduce inequities/Literature Reviews
- Strategy & Partnership Building Forum
- Three Specific Population Working groups
- Final Discussion Paper

Health Inequities - Definition

- Differences in health status among population groups that are deemed to be unfair, unjust, or preventable, as well as socially produced and systematic in their distribution across the population (Commission on Social Determinants of Health, 2007)
- Inequities generally exist along two major gradients: *socioeconomic status* and *geographic status (e.g., urban vs. rural location)*
- Inequities also appear as differences across: ethnicity, gender, age, and disabilities

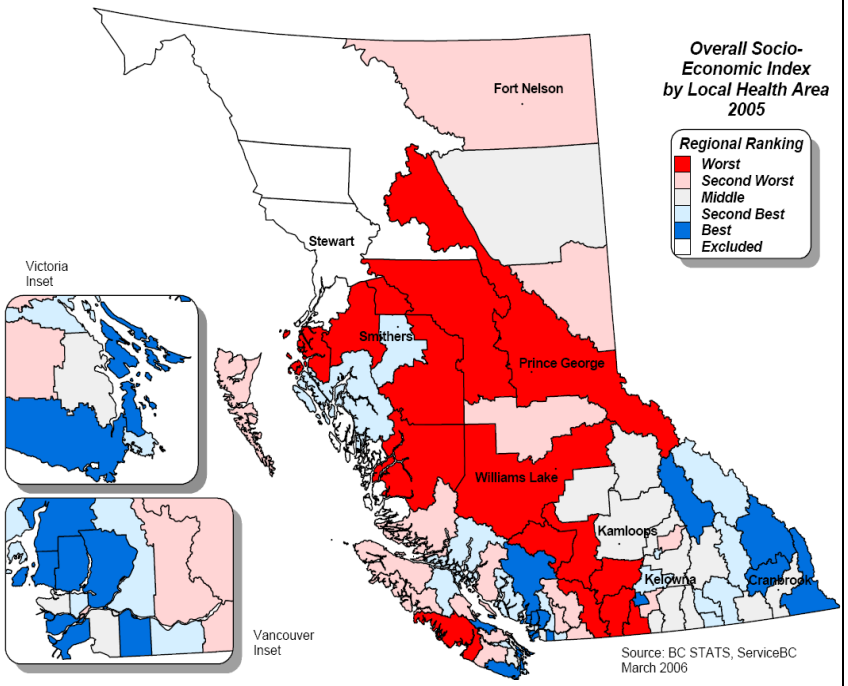
Introduction: making the case

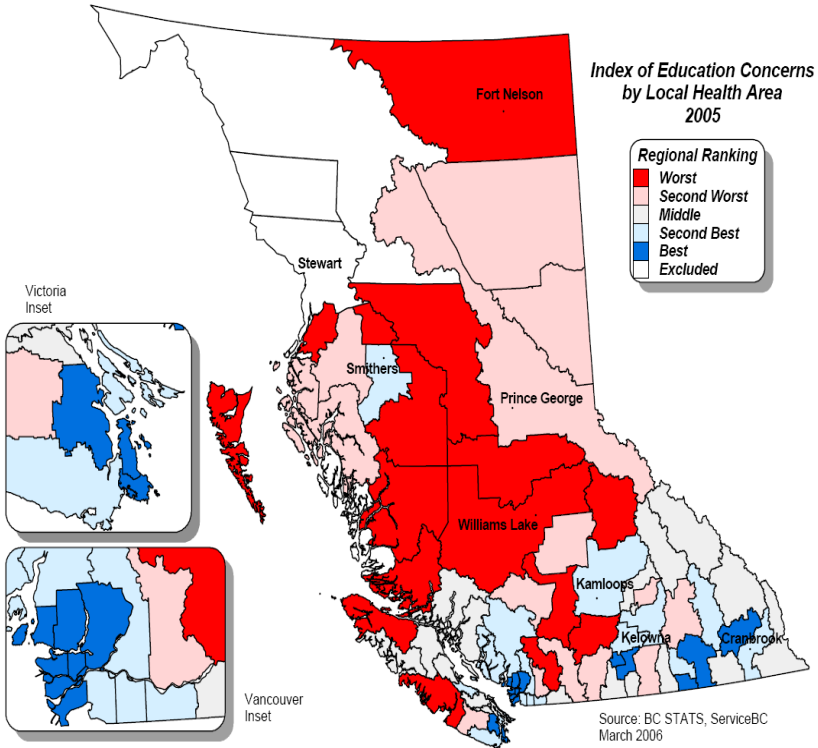
Health inequities:

- contribute to poor health within BC
- associated with significant and wide-reaching health, social and economic costs
- cost BC an estimated $2.6 billion annually (Health Officers Council of BC, 2008)

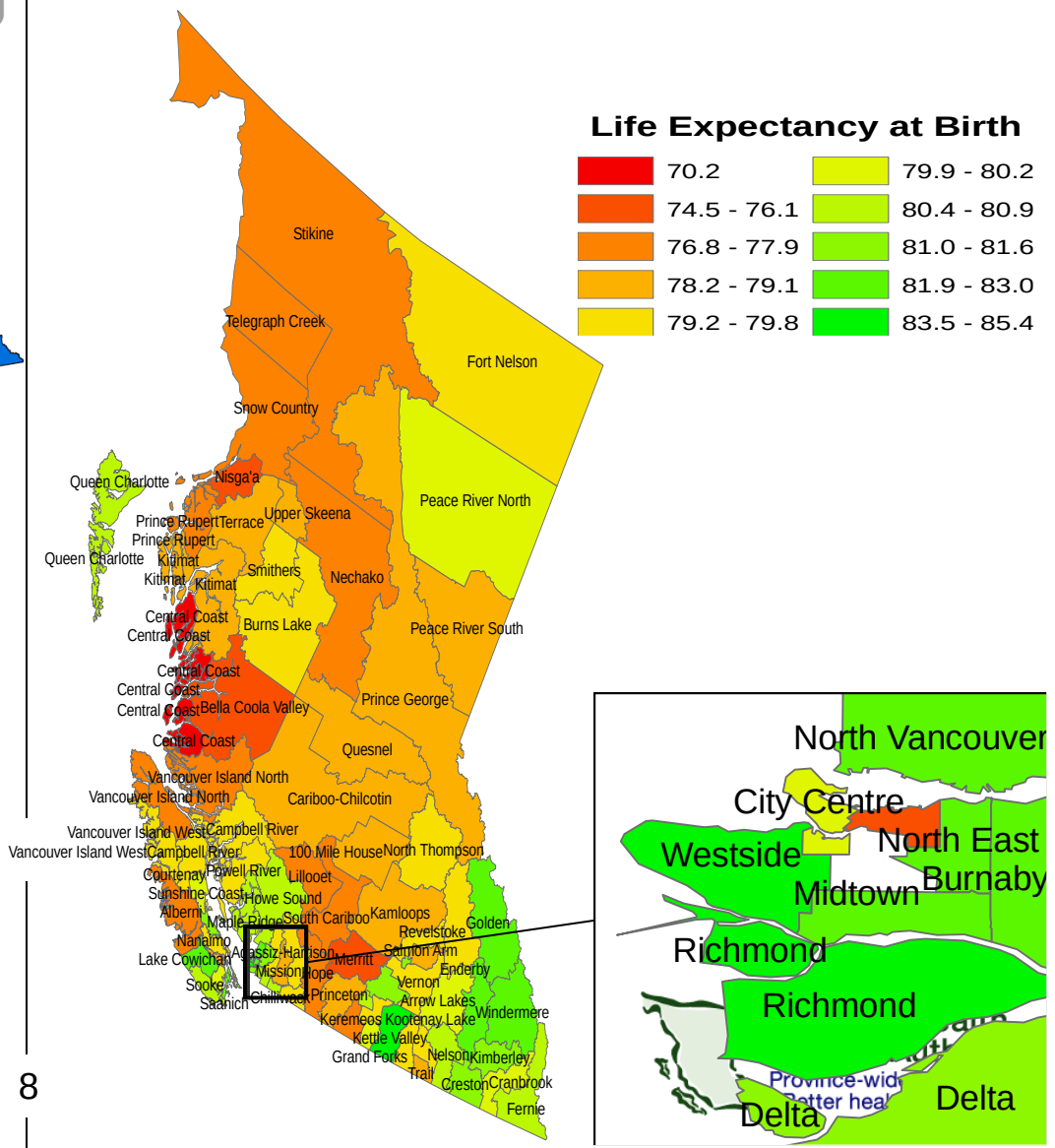
Differences in prevalence of chronic disease (and life expectancy) among various groups including:

- children and families living in poverty
- people with mental health and substance use issues
- Aboriginal people
- immigrants and refugees





LE_0 for BC Total Population (2001-2005) by Local Health Area (LHA)



(Data source: BC Health Data Warehouse and BC STATS)

Inequities and Chronic Disease

Figure 13. Self-perceived mental health as excellent or very good among BC men and women (2005)

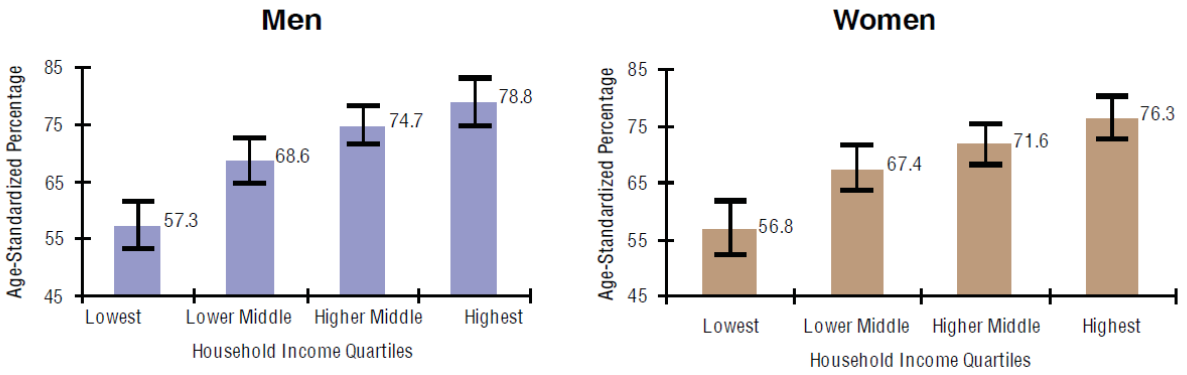
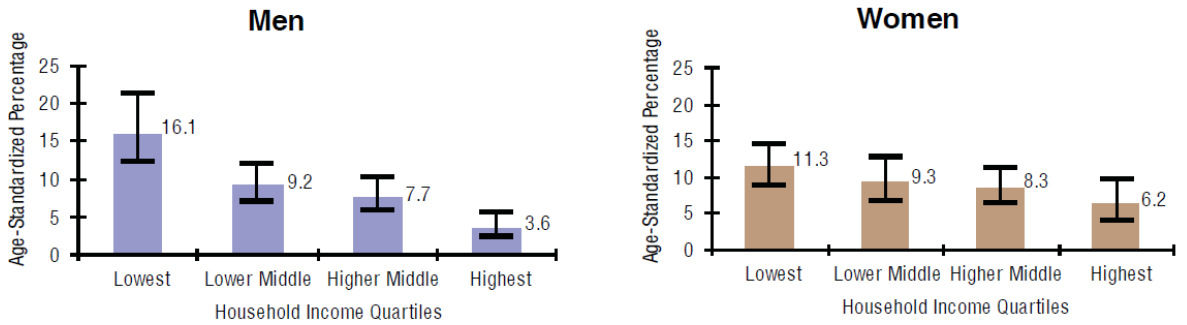


Figure 11. Prevalence of diabetes among BC men and women in relation to gross household income (2005)



Source: Health Inequities in BC Discussion Paper, 2008

Released by Health Officers Council of BC

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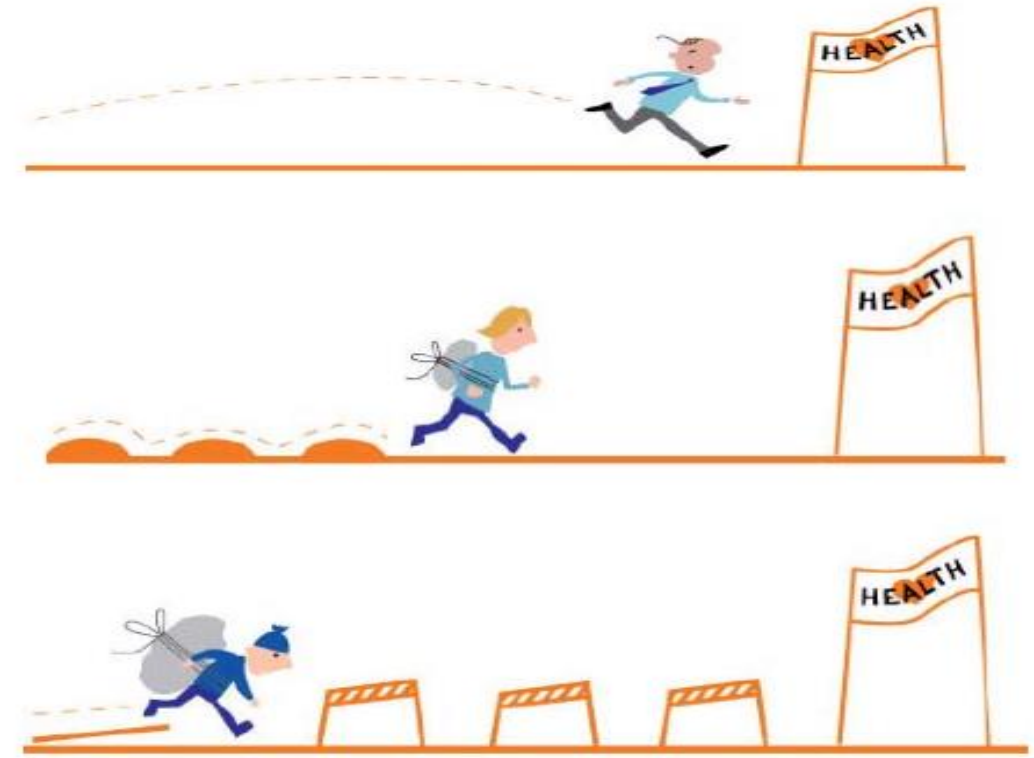
How can the health system respond?

- *The Health System has an important role to play in achieving more equitable health outcomes for populations through the design, organization, and management of its programs and services (Health Council of Canada, 2010b)*

- *Equity in health care refers to the distribution of health resources; that they are allocated proportionately to need as well as the provision of services that meet the values of cultural beliefs of distinct system users (Hopkins 2009; Waters, 2000)*

Target specific populations or address common barriers/solutions?



People figures from Norway's National Strategy to Reduce Social Inequalities in Health, 2007.
http://www.regjeringen.no/pages/1975150/PDFS/STM200620070020000EN_PDFS.pdf

Focus:
Three underserved populations were identified:

- immigrants
- refugees
- individuals transitioning into and out of the corrections system

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Equity in Health Care Framework

Availability

Whether health promotion, disease prevention and curative services are provided within the health system

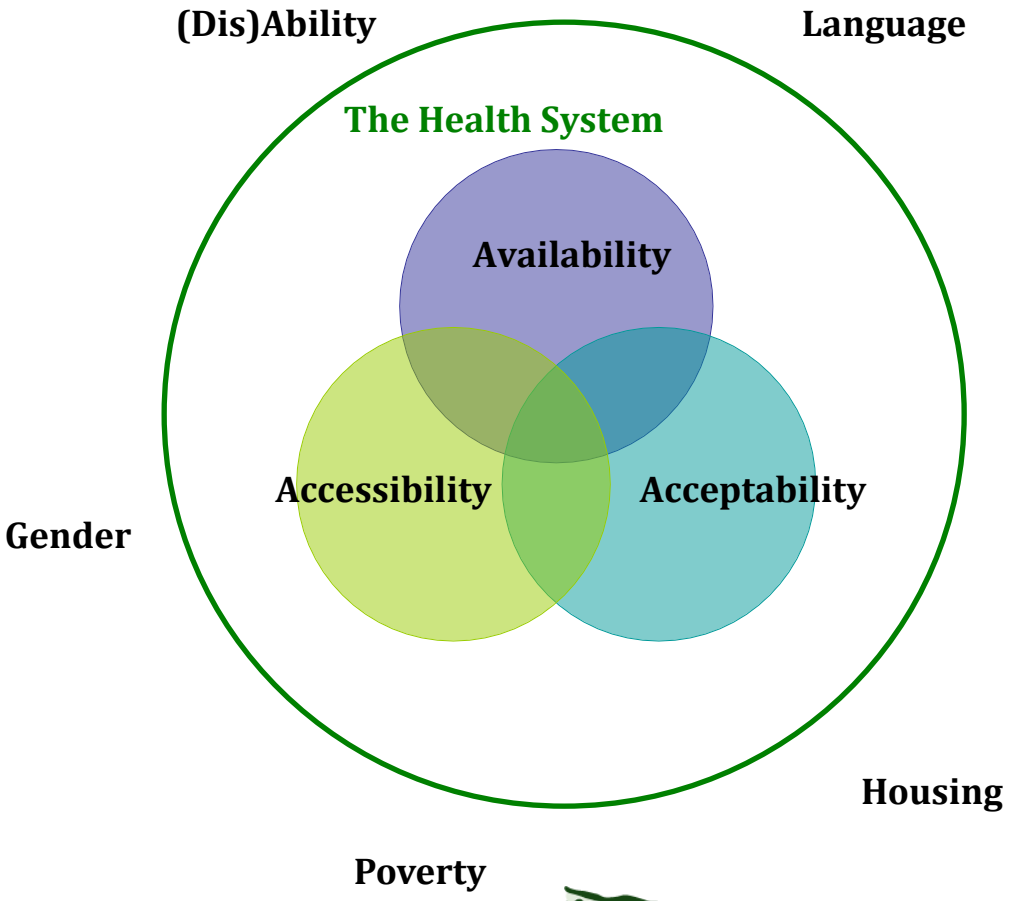
Accessibility

Extent to which the health system is designed and delivered in such a way that users can navigate the system, identify, and access services.

Acceptability

Patient-centered care

Extent to which services are provided in a way that meets the needs of distinct cultural, linguistic, ethnic, and social groups



(Adapted from: Baum, 2009; Bowen, 2001)

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Barriers to Health Care (Identified by Project Working Groups)

Barriers Affecting the Availability of Services:

- Limited attachment to health care providers for underserved populations due to stigma, cultural and language barriers.

- Unavailability of extended health care services, due to financial barriers and minimal access to language interpretation services.

Barrier Affecting the Acceptability of Services:

- Lack of culturally competent health services; limited understanding of how stigma and social exclusion affects the health care of underserved populations.

Barriers Identified by Working Groups (continued)

Barriers Affecting the Accessibility of Services:

- Complexity of the health care system leads to navigation/health literacy challenges.
- Geographic barriers and operational barriers limit the accessibility of health services and programs.
- Discontinuity and limited partnerships between health services and other services (community/settlement/social).
- Broader SDOH (including transportation, housing and child care) which significantly impact the extent to which individuals are able to use and navigate the health system.

Five key recommendations for action

1. Develop health equity targets and plans in consultation with communities and community members and actively monitor and measure their impact on health inequities by:

- Building on current initiatives to utilize health equity assessment tools to coordinate the design, implementation and evaluation of ongoing and future policies, programs, and services

Recommendations (continued)

2. Improve health literacy by:

- increasing the capacity of health care providers to communicate effectively with health system users and to respond to their diverse needs

- supporting opportunities to increase the capacity of underserved or inappropriately served groups to better access, understand, communicate, evaluate, and act on health information and services

Recommendations (continued)

3. Increase equitable access to prevention and curative services for underserved populations by:

- Enhancing the availability of community-based primary health care services
- Building on existing specialized, population-focused primary health care services

Recommendations (continued)

4. **Develop intersectoral collaborative and knowledge exchange mechanisms to inform existing programs and the development of new health promotion, primary prevention, and self-management support programs that are culturally competent by:**

   - Promoting communication and coordination between the health system and stakeholders, including community members, for dialogue and joint problem solving

Recommendations (continued)

5. Increase the capacity of the health system to better serve the needs of BC's culturally and linguistically diverse population by:

- Ensuring that policies, programs, and services are culturally competent
- Providing skill-based cultural competency training opportunities for health system providers to improve communication with users and to respond to their diverse needs

What did the project accomplish?

- Shared information on current BC initiatives and recent policy directions that support the health system's role in reducing HI
- Identified issues within the health system in BC that may be creating HI contributing to chronic diseases
- Improved understanding of what the health system can do in terms of the design and delivery of services, with emphasis on prevention
  - Outlined 5 recommendations for action to address the barriers faced by underserved populations
  - Identified 27 specific opportunities for relevant actions the health system/actors can take
  - Identified relevant equity tools, resources, frameworks and local activities and initiatives to build upon
- Identified opportunities for further dialogue and action

Final Message: Everyone has a role

Senior Health Executives

- make a strategic commitment for action
- provide organizations/staff with support to incorporate the types of strategies identified into health policy, planning and service delivery

Health Program or Service Managers

- contribute to the development & measurement of health equity targets,
- influence and lead health literacy efforts, and encourage cultural competency among their staff

Front Line Health Care Providers

- increase competencies to provide culturally competent services
- support patients/families in their efforts to better understand health info & services

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Questions & Comments

For more information please visit:

http://www.phsa.ca/HealthProfessionals/Population-Public Health/Centres-For-Population-Public-Health/RHIProject.htm