



Smarter Caring for a Healthier Canada: Embracing System Innovation

Health Equity Population Health Perspectives

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What is Required to Address Health Inequities?

- Describe health inequalities and health inequities
- Understand social causation (e.g. how social stratification gets “under our skin”)
- Implement and learn from upstream population health approaches





Socioeconomic Health Inequalities in Rural and Urban Manitoba (Martens, Brownell et al., Sept, 2010), Manitoba Centre for Health Policy

- widened over time (n=12)
 - Premature mortality rate and PYLL
 - Teen pregnancy
 - Diabetes (age 19 and older)
 - Ischemic heart disease
 - Cervical cancer screening
 - Cumulative mental illness (rural only)
 - Hospitalizations for TB (rural only)
- similar over time (n=10)
 - Under 5 mortality
 - Multiple sclerosis
 - Continuity of care (urban only)
 - Dementia
- narrowed over time (n=1)
 - Breastfeeding (urban only)





Human Early Learning Partnership

<http://www.earlylearning.ubc.ca/>

- Mapping disparities in the social, language, cognitive and physical development of children on a provincial scale

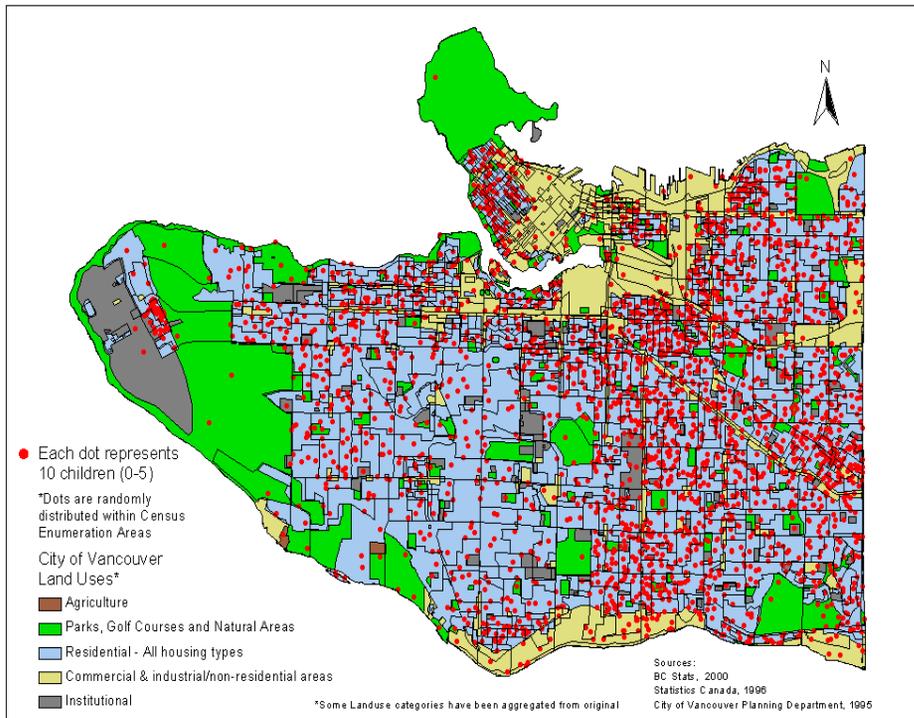


Community Asset Mapping

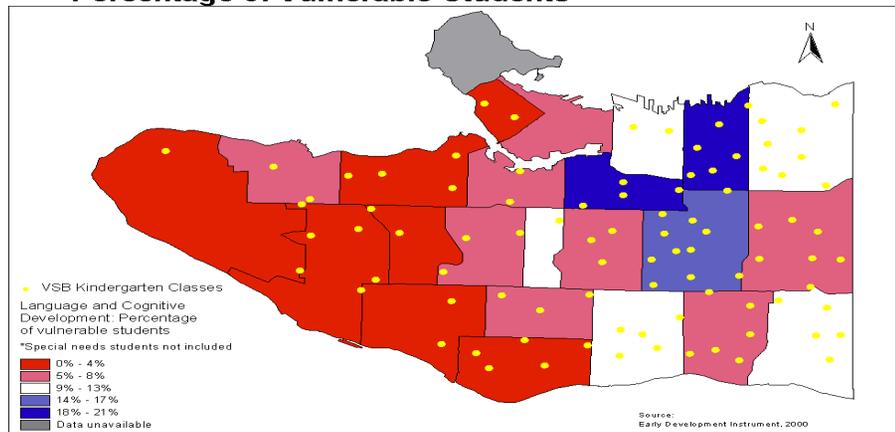
(Early Years in B.C., Hertzman et al.)

http://secure.cihi.ca/cihiweb/products/ece_van_e.pdf

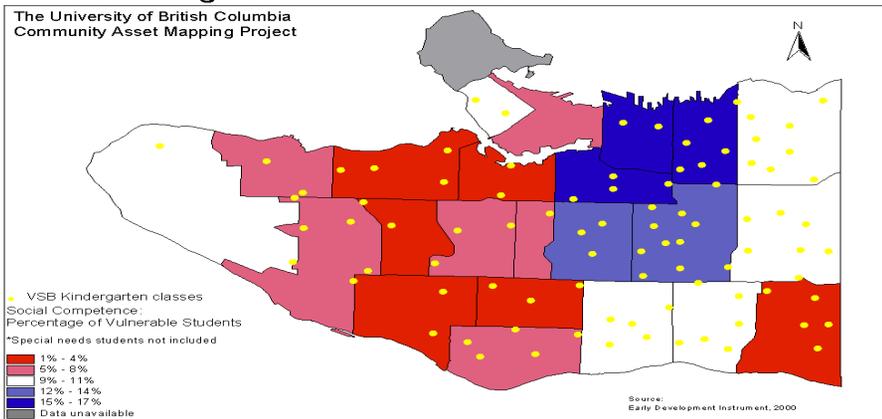
A.1/Where do children (0-5) live in Vancouver?



B.1/Language and Cognitive Development: Percentage of Vulnerable Students

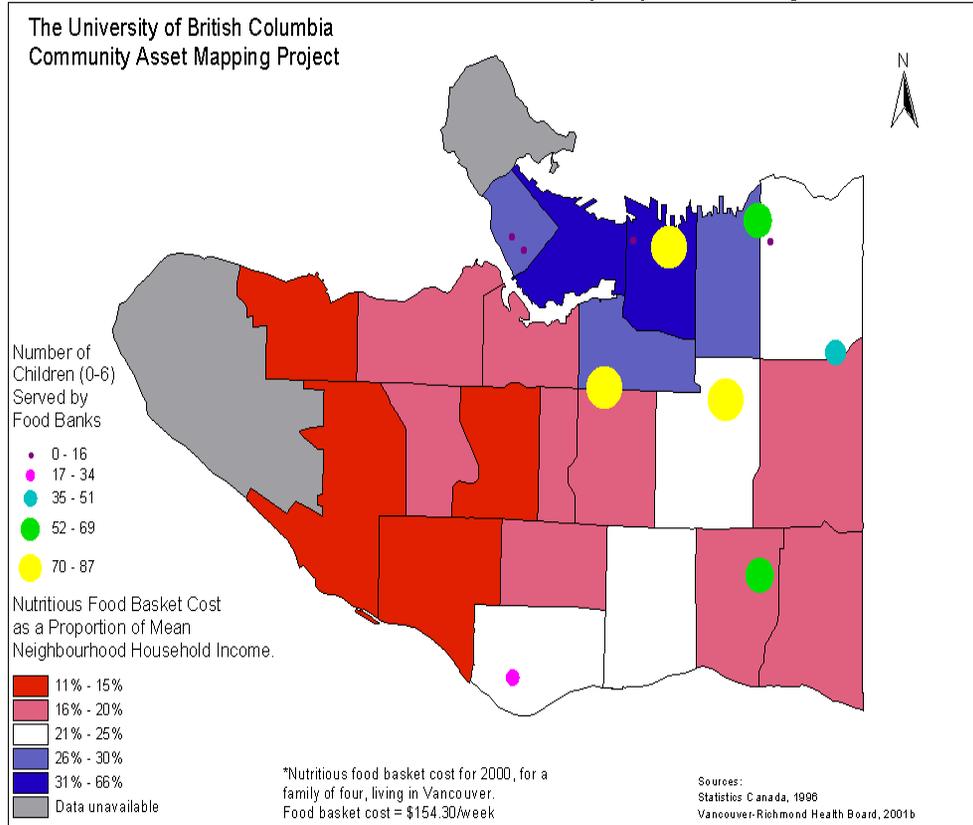


B.3/Social Competence: Percentage of Vulnerable Students

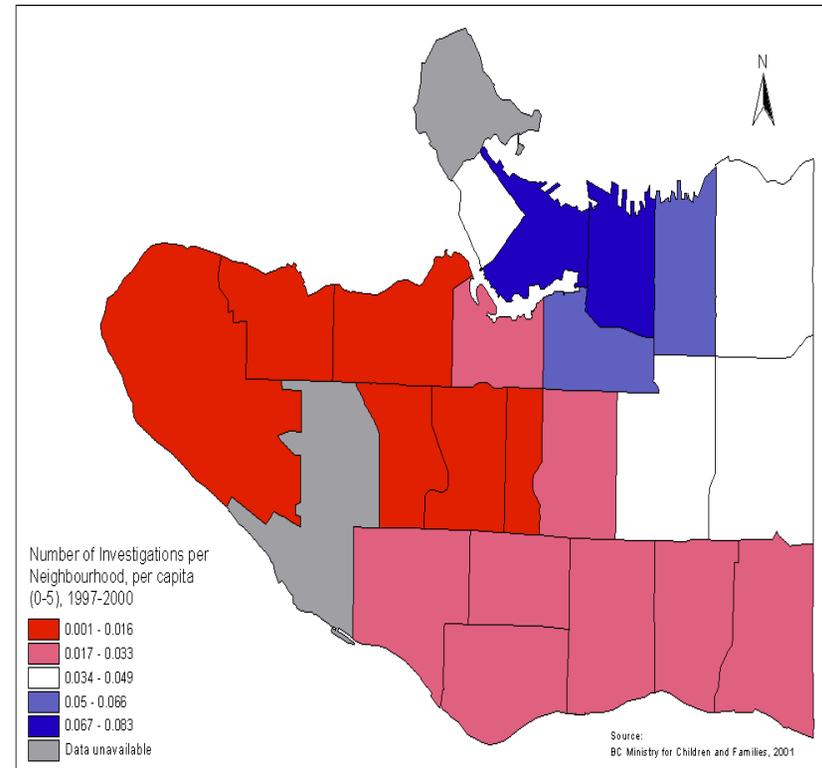


Community Asset Mapping cont'd

C.2/Cost of a Nutritious Food Basket* as a Proportion of Mean Household Income and Children (0-6) Served by Food Banks



D.3/Number of Child Protection Investigations per Neighbourhood, per capita (0-5), 1997-2000





Public Dialogue

Social Determinants Approaches to Public Health: From concept to practice

http://whqlibdoc.who.int/publications/2011/9789241564137_eng.pdf

- “Reducing inequities through influencing social determinants is a **values-based endeavour** that needs careful mapping of perspectives and vested interests of key actors

- in the long haul, the **final battle for equity takes place in the public space**. Through the media and intelligent use of the evidence and partners, influencing the public debate is within the reach of the health sector.” (p. 200)





Understanding Health Inequities

Important Advances

- “Roster” of social and societal conditions across life course produce illness trajectories (Hertzman & Boyce, 2010)
- Re-conceptualization of health risk (nested socio-ecological models, socio-political influences, risk regulators)
- Organizational, environmental and policy levers interact to influence behaviour change





Characteristics of Social Causation

(Hertzman & Boyce, Ann Rev Public Health, 2010).

- Non-linear
- Non-specific links between putative causes and effects
- Iterative and recursive – repeated self-amplifying exposure over time
- Mundane rather than exceptional exposures





Calls for action



Population health

complex interactions (biological, social, cultural, environmental), which determine the health of individuals, communities, and global populations



Population health interventions

programs, policies and resource distribution approaches that have the potential to impact health and health equity at the population level



Population health intervention research

the use of scientific methods to produce knowledge about policy and program interventions that operate within or outside of the health sector and have the potential to impact health at the population level

Revisiting Rose

(Manuel and Rosella, IJE, 2010)

- “Too often, advocates of a particular population strategy quote Rose’s principal that shifting the curve is the best approach, without this required caveat “when risk is diffused in the population”.
- Too often we assume that risk is widely distributed without actually assessing it.”





Intervention Options From a Social and Political Perspective

- Decrease exposures
- Shift social stratification
- Decrease vulnerability
- Prevent unequal consequences of differential vulnerability

Diderichsen F, Evans T, Whitehead M, 2001





Fundamental Questions About Population Health Interventions

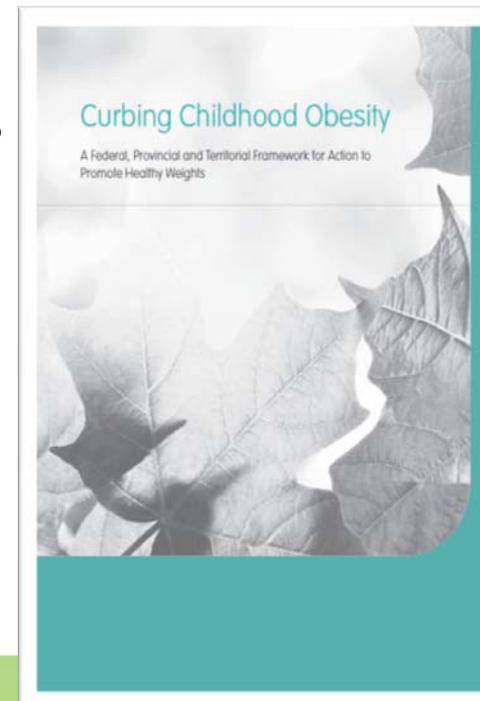
- Universal or targeted programs
- Should policies be pro-poor
- Who should lead and which sector is accountable (health or other sector)
- How to achieve policy coherence across jurisdictions and sectors
- Interventions aimed at proximal (e.g. behaviour change) or distal (e.g. policy) determinants
- Sustainability and scaling-up





Fawcett, et al., Building multisectoral partnerships for population health and health equity. Prev Chronic Dis 7(6), 2010

- **“Poor performance in achieving population health goals is well-noted — approximately 10% of public health measures tracked are met.”**
- **Contributing factors:**
 - lack of shared responsibility for outcomes
 - lack of cooperation and collaboration
 - challenges engaging stakeholders at multiple ecologic levels in building collaborative partnerships for population health





Scaling-up

Common Elements of Definitions

- Series of processes to introduce innovation(s) with demonstrated effectiveness
- Processes involve organizational and/or political intentionality
- Aim for sustained improvements in coverage of, and equitable access to the innovations
- Require program delivery structure/strategy



Classes of innovation

Edwards, 2010

Class of Innovation	Characteristics
Discrete (e.g. vaccines, fluoride in drinking water)	Well-defined, specific dose and delivery parameters, demonstrated efficacy and effectiveness, packaged for ease of delivery.
Multi-component and multi-level (e.g. tobacco control and childhood obesity prevention strategies)	More complex, less prescriptive, less structured than discrete innovations. Program components may be required to act synergistically to yield their intended benefits; require adjustment to both characteristics of target population and dynamic implementation contexts.
Paradigmatic (e.g. social determinants of health approach, health in all policies)	Involve a major conceptual shift in the way we think about issues and their solutions. Systems-wide approach and complex set of partnerships.

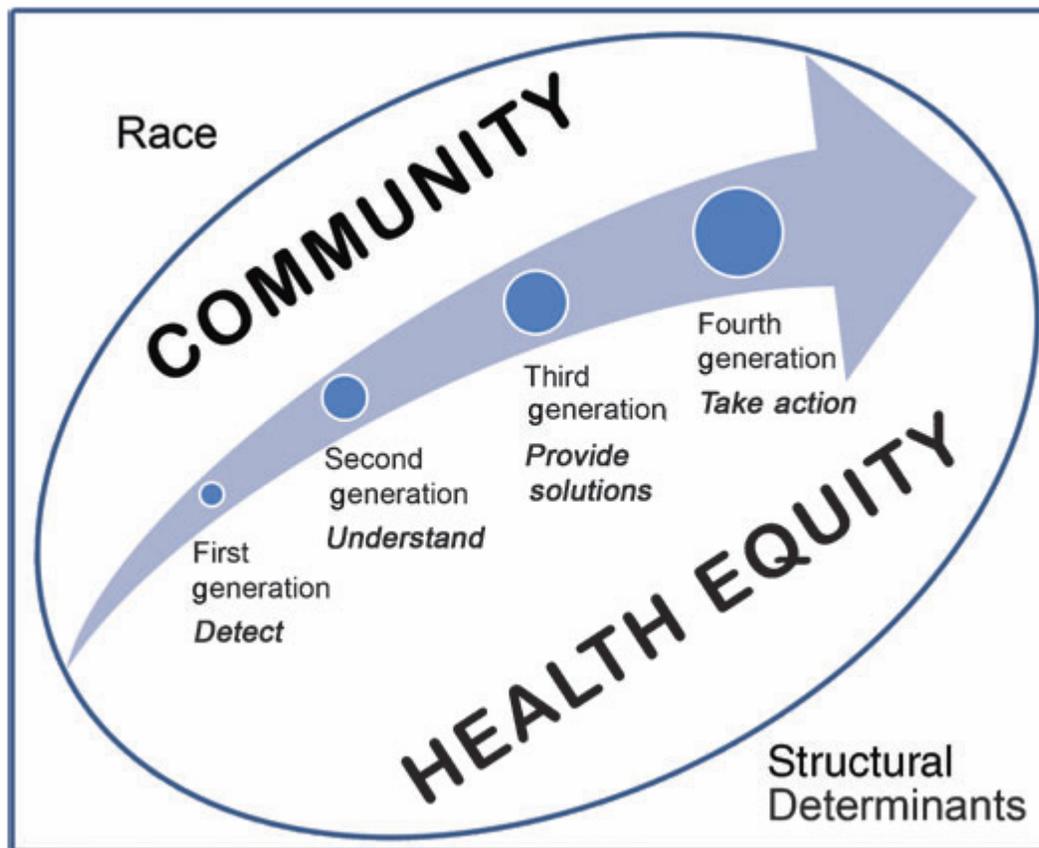


Scaling Up - What we know

- Scaling up involves a **complex chain of pathways**, and adaptive changes to the innovation in a dynamic context
- Many **factors external to the innovation** influence scale-up including system absorption capacity, governance mechanisms, partnerships, political will, leadership, and financial accountability structures
- **Policy windows** of opportunity may set the stage for initiating scale-up change processes, while **alliances** may help maintain momentum for longer-term scale-up
- Both **horizontal and vertical dimensions** of scaling-up are important



Health Equity Action Research Trajectory



Source: Thomas et al. Annu. Rev. Public Health 2011. 32:399–416



CIHR Programmatic Grants in Health and Health Equity (n=11, \$21.3M)

Program Title	PI (Institution)
Recherches et interventions communautaires pour l'équité en santé au Burkina Faso et au Mali	Ridde, Valéry U Montreal
Equity for Children: A program of research into what works to reduce the gap for Manitoba's children	Martens, Patricia U Manitoba
Examining the Impact of Social Policies on Health Equity: Reducing Poverty and Gender Inequality	Heymann, Sally McGill U
Identifying policy interventions to reduce household food insecurity	Tarasuk, Valerie U Toronto
Equity-Oriented Primary Health Care Interventions for Marginalized Populations: Addressing Structural Inequities and Structural Violence	Browne, Annette UBC
Ethics, Social Determinants of Health, and Health Equity: Integrating Theory and Practice	Weinstock, Daniel U Montreal



Discussion Questions

- What examples of modifications to 'usual care' have improved health outcomes for marginalized populations?
- What are your top picks for innovative approaches to address health inequities?
- Within your sphere of influence, what specific action(s) can you take on, to address health inequities?





References

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