

Oral Presentations – November 22, 2012 – Tiffany A&B Rooms

1st Presentation – Bernie Pauly

Equity Lens in Public Health (ELPH)

- All Health Authorities are partners w/ the project, including PHSA
- + Executive Director, MoH (primary knowledge user)
- Trevor Hancock, Marjorie MacDonald, Simon Carroll (UVIC) = all co-principle investigators

This project's foundations are related to:

- The need to re-orientate the health system towards health equity + social determinants of health as primary focal points.
- Value shifts (movement away from individualism / efficiency mentality)
- Looking at the determinants of inequity - eg. racism, sexism

This research project has taken into account the use of language when talking about equity (Example: The reduction of inequities versus the promotion of health equity)

- Population health interventions are defined as policies or programs within the health sector that have the potential to impact population health
- This project inter-related with Public health renewal processes in BC (Core Functions Framework)
- Specific sub-topic related to equity: Looking at the promotion of mental health and the prevention of harm – Contained within the 10 year mental health and substance use plan
- Working at a systems-level
- Public health – Need to understand interventions across systems - understanding through non-linear pathways (complex adaptive systems)

Program of Study

- 4 study focal areas:
 1. Factors in a system that promote a focus on health equity.
 2. How does public health work with other sectors to focus on health equity. (What can public health do to broaden their networks?)
 3. Health authority partners identified the need for an equity lens in addition to guidance regarding how to apply it (HE tools)
 4. What are some of the challenges that health practitioners face when promoting HE (ethical issues experienced by public / population health staff)
- Approach to research = Integrated knowledge translation and exchange
- 4 studies over 5 years
- Partnered work with Health Authorities & National Collaborative Centres

In-depth Consideration re: Study 3 – Health Equity Tools

- What tools are currently available?
- Theoretical relevance / usefulness of tools
- Tool = Document that promotes, assesses or measures health equity or promotes inclusion
- Literature search (academic / grey lit. / websites / suggestions)
- Filtering documents through screening process
- Next step – Develop criteria for practical utility to ensure that tools are being evaluated fairly across a number of people
- What do people think is a useful thing in their practice (concept mapping process to gather feedback around this) - Ranking of criteria.

Comments re: System Transformation – Health Equity

- Need for the identification of prominent social actors (champions) and strengthening social networks to promote health equity
- Looking at the theoretical underpinnings of health equity tools
- Development of ethical issues and development of ethical frameworks to support ethical public practice

Questions / Dialogue

- Need to remind ourselves that our work needs to start with people (understanding our communities and their needs). Realities of community need to be the key drivers of research and restructuring of health systems.
- How are the needs of the community reflected in the way that Health Equity is assessed and measured?
- Question re: Availability of Health Equity tools that are plain language and user friendly? (Eg. appropriate for community). Thoughts around who might use these tools?
- Example of a plain language tool discussed – Comes from Australia – 4 questions that have a relationship with policy (Focus on Maori population)
- Short descriptions of the study and some of the presentations that have been done to date – these are available online at: www.uvic.ca/elph
- Inventory of tools included in the broader search to be posted online for people to access (potential for HE websites to be added online later)
- Some hesitation to include a “tool” section of research because tools can be misunderstood and mis-used without the ethical context to using these tools
- Necessity to instill values around health equity in post-secondary training for students in the social sciences / health fields
- Possibility of putting all tools in one centralized place (database)

Knowledge Translation and Exchange Approach

- Collaborative communication / methodological discussions / feedback from academics, HAs, Government affiliates, etc.
- All team members are knowledge users and producers.