



**BRITISH
COLUMBIA**

The Best Place on Earth

Rapid Equity Focused Health Impact Assessment (EFHIA) to inform provincial sexually transmitted infection (STI) prevention policy

PHABC

Gina McGowan, Policy Analyst
Population and Public Health Division, Ministry of Health

November 4, 2013



BRITISH
COLUMBIA

The Best Place on Earth

Contributors

Thank you to my colleagues for their valuable contributions to presentation and project:

- **Ciro Panessa, Haley Miller, Manik Saini, Warren O’Briain - Communicable Disease Prevention, Harm Reduction, Mental Health Promotion, PPH, MoH.**

We would also like to thank our colleagues in PHSA and the regional health authorities, colleagues within the Ministry of Health, service providers and the populations we’ve engaged with on this project.

Special thanks to Marjorie MacDonald, Ruta Valaitis and their teams, Renewal of public health services (REPHS) project, for help with Nvivo.



BRITISH
COLUMBIA

The Best Place on Earth

Outline

1. Strategic Background
2. Equity Lens in Public Health
3. Rapid Equity Focused Health Impact Assessment to inform STI prevention policy
 - Steps
 - Lessons Learned
4. Next Steps



**BRITISH
COLUMBIA**
The Best Place on Earth

Strategic Background





**BRITISH
COLUMBIA**
The Best Place on Earth



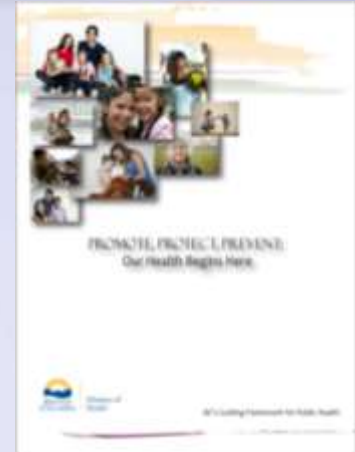
Promote, Protect, Prevent...

BC's Guiding Framework for Public Health

Goal 4 – Communicable Disease Prevention

Objectives:

1. Prevent and reduce communicable disease transmission ...
2. Reduce morbidity and mortality associated with communicable disease...



MEASURE	BASELINE	2023 TARGET
The incidence of hepatitis C among repeat testers per year (per 1,000).	6 (2007)	3
The percentage of newly diagnosed HIV cases with CD4 at diagnosis >500. ⁱⁱⁱ	39% (2011)	75%
Condom use among sexually active adolescents.	66% (2008)	76%
The percentage of young women (ages 18-24) who have had a test for chlamydia in the previous year. ^{iii,iv}	33% (2011)	40%



BRITISH
COLUMBIA

The Best Place on Earth



Equity Lens in Public Health Policy

Promote, Prevent, Protect (pg. 9)

“Increasingly, we are coming to understand how vulnerability, especially early in life, is associated with poorer health outcomes...However, promoting health equity and reducing health disparities requires more than just focusing on the most disadvantaged groups. Initiatives and strategies need to be universal but with added scale or intensity for those experiencing short term or long term vulnerability”



BRITISH
COLUMBIA

The Best Place on Earth

Health Inequity

- “Health inequities are differences in health outcomes that are avoidable, unfair and systematically related to social inequality and disadvantage.” *
- *“Putting right these inequities – the huge and remediable differences in health between and within countries – is a matter of social justice.”⁺*
- Practical, tangible example of focus on equity – Tripartite First Nations Health Plan

* Wellesley Institute (2013) Health Equity. Retrieved November 1, 2013 from: <http://www.wellesleyinstitute.com/our-work/healthcare/healthequity/>

⁺World Health Organization (2008) *Closing the gap in a generation: Health equity through action on the social determinants of health*. Retrieved November 1, 2013 from: http://www.who.int/social_determinants/thecommission/finalreport/en/index.html

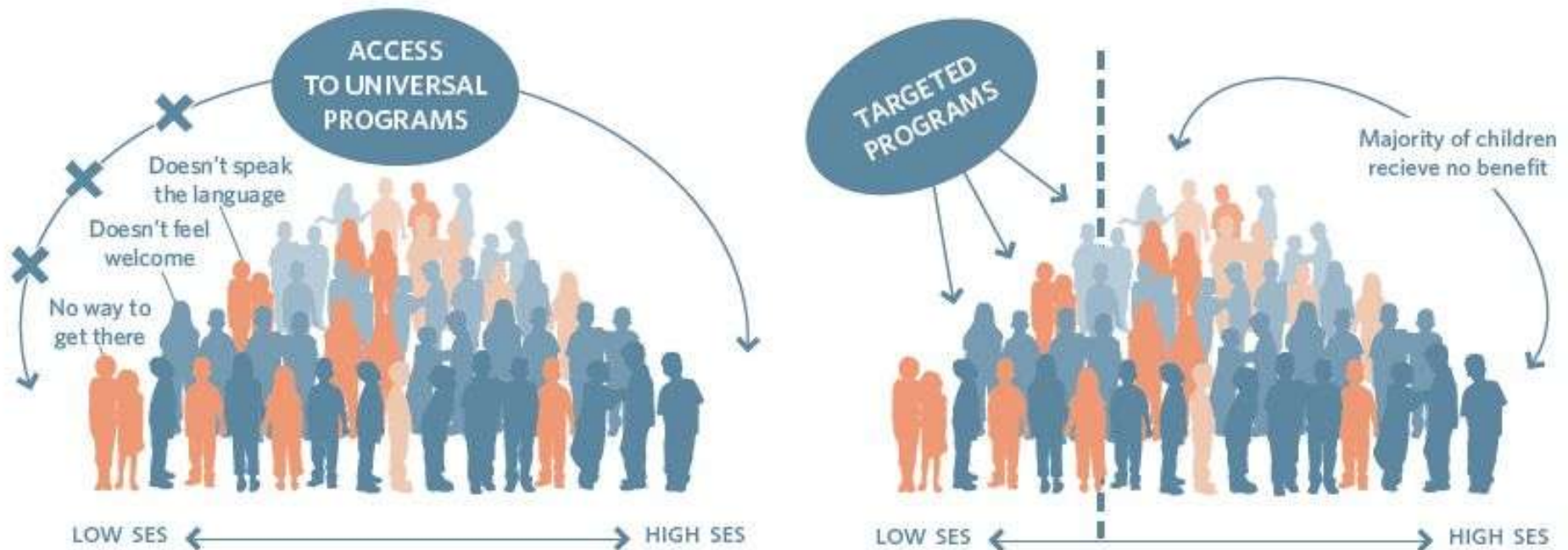


BRITISH
COLUMBIA

The Best Place on Earth



Health Equity and Proportionate Universalism





BRITISH
COLUMBIA

The Best Place on Earth



Current project: Rapid EFHIA to inform STI prevention policy in BC

Methodology

- Adapted from Mahoney, M. et al. (2004) ***Equity-focused health impact assessment framework*** (Australia)*
- Rapid timeline : August 2013 – November 2013
- First known instance of rapid EFHIA in BC public health policy formulation



BRITISH
COLUMBIA

The Best Place on Earth



Rapid EFHIA to inform STI prevention policy

Project purpose:

- Identify the modifiable inequities that exist making people vulnerable to STIs
- EFHIA will input into a process for broader stakeholder discussion for a draft framework for government consideration.



BRITISH
COLUMBIA

The Best Place on Earth



Rapid EFHIA to inform STI prevention policy

First Steps:

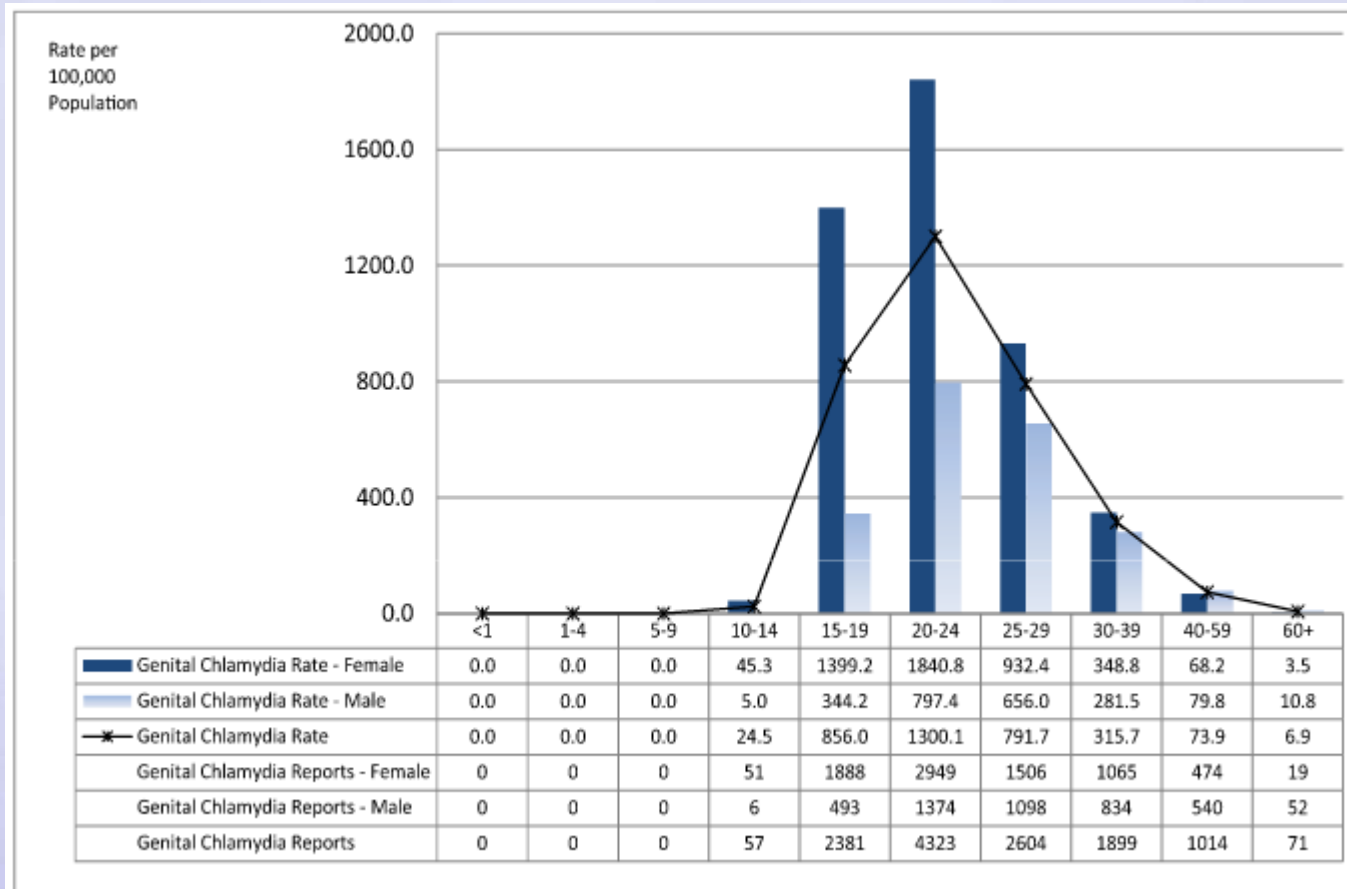
1. High level literature review (scaled for time)
2. Current epidemiology for BC:
 - using epidemiological data for three major reportable STIs to identify what populations were disproportionately burdened



**BRITISH
COLUMBIA**

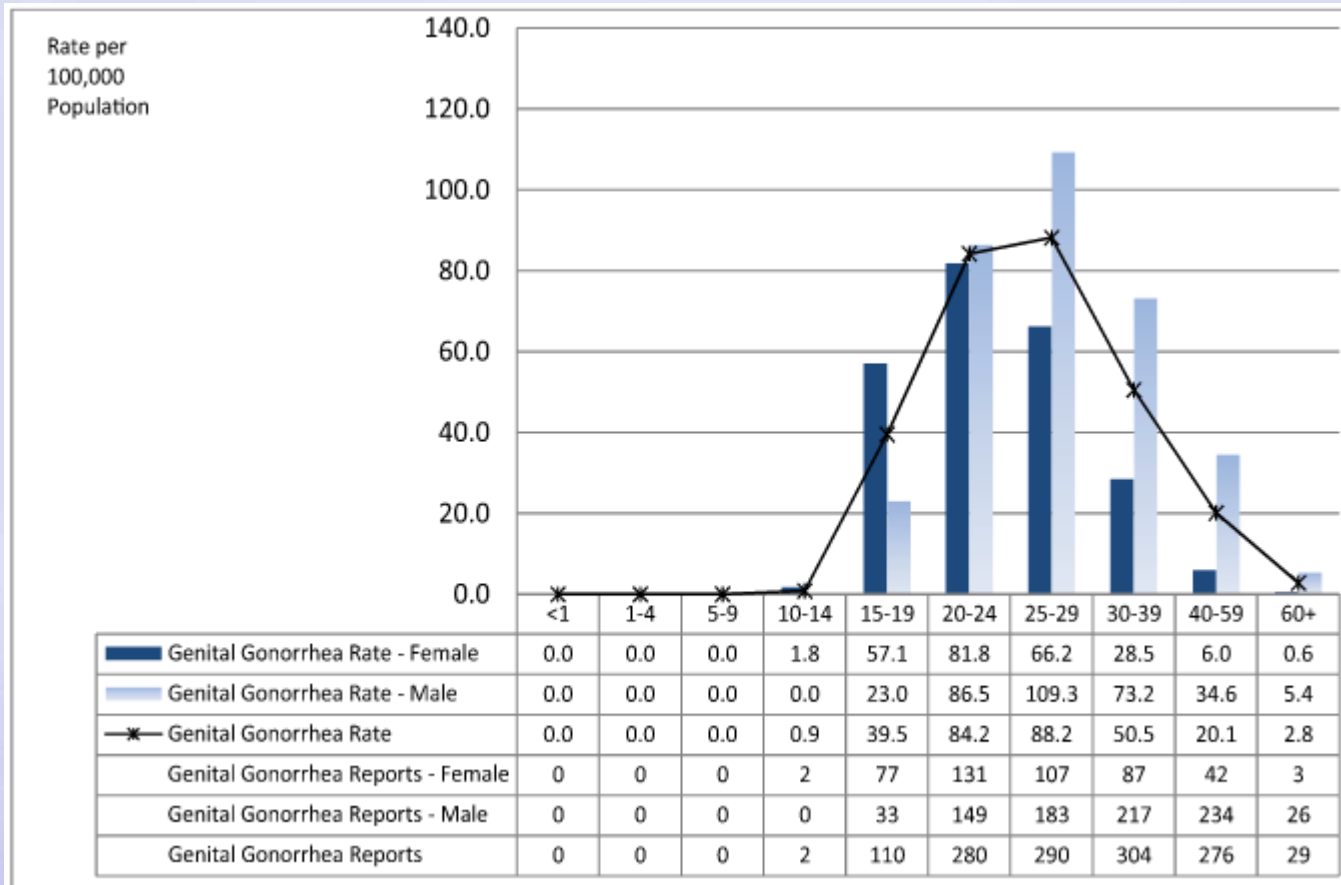
The Best Place on Earth

Chlamydia





Gonorrhea

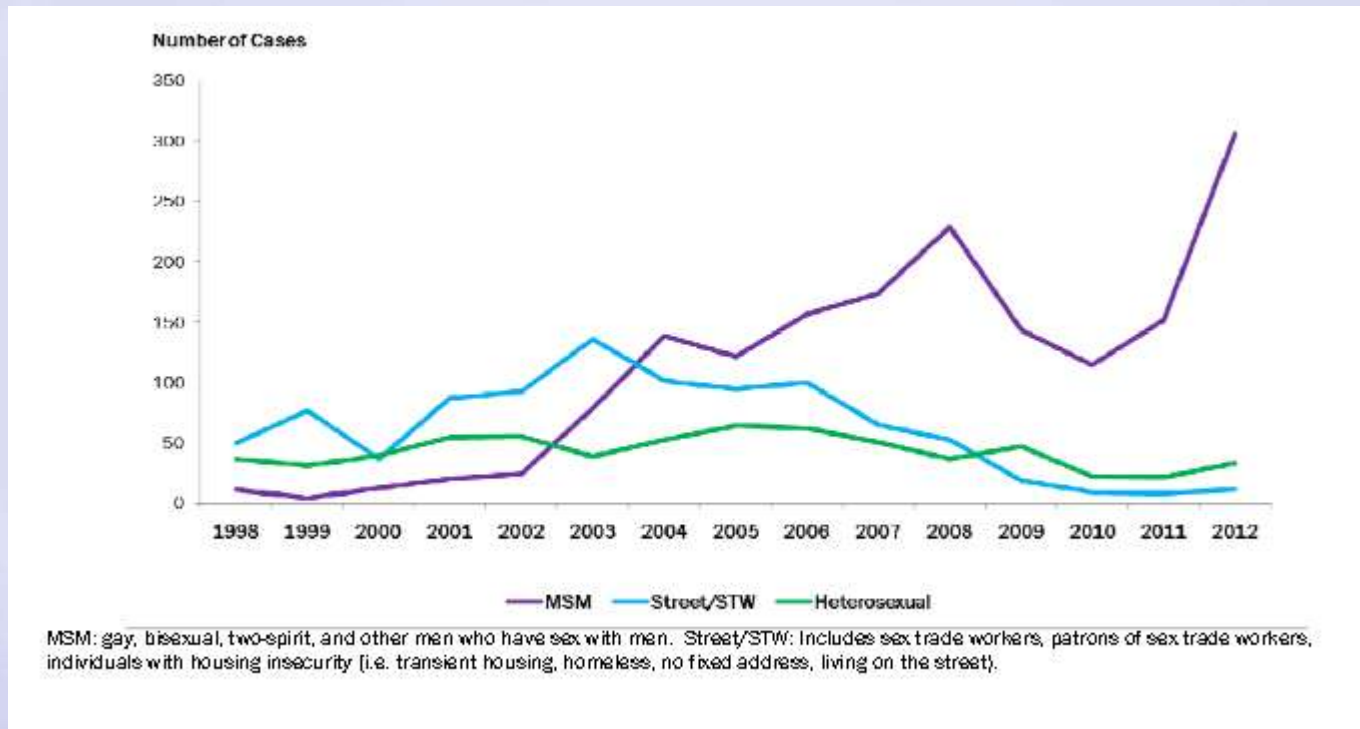




BRITISH
COLUMBIA

The Best Place on Earth

Infectious Syphilis



BCCDC (2013) *2012 Annual Summary of Reportable Diseases*. Retrieved November 1, 2013 from: <http://www.bccdc.ca/NR/ronlyres/F30377E3-D33E-4755-B3F4-6844E01BD678/0/FinalAR2012.pdf>

BCCDC (2013) *Infectious Syphilis among gay, bisexual and other men who have sex with men in British Columbia 2003-2012*. Retrieved November 1, 2013 from: http://www.bccdc.ca/NR/ronlyres/B917A2F2-54C5-4691-8015-4F80538CAC1E/0/CPS_Report_Infectious_Syphilis_MSMBC_20032012_20130624.pdf



BRITISH
COLUMBIA

The Best Place on Earth



Rapid EFHIA to inform STI prevention policy

Second Step:

- Key informant interviews with:
 - Groups of youth and young adults, gay men, and adults including parent perspective;
 - Organizations serving youth, men who have sex with men, women and children and the general population; and
 - Policy partners concerned with STIs among the general population, seniors, Aboriginal people, women, men, youth; schools, work camps and residential care.



BRITISH
COLUMBIA

The Best Place on Earth



Rapid EFHIA to inform STI prevention policy

- Structured interviews
 - Questions on reach, engagement and outcomes *currently*, and *how things can be improved*
 - Tailored to the population being interviewed
- Document analysis
 - Especially a report on a community consultation by the Health Initiative for Men (HIM)*



BRITISH
COLUMBIA

The Best Place on Earth



Rapid EFHIA to inform STI prevention policy

Current status:

- Key informant interviews almost complete
- The depth of information gleaned from interviews necessitated a formal methodology to analyze and develop themes
 - *Nvivo 10*



BRITISH
COLUMBIA
The Best Place on Earth



Preliminary Lessons Learned

1. Obtaining a common understanding of health equity and proportionately universal approaches among stakeholders is **key**
2. Epidemiological data is very helpful, but only gets you so far

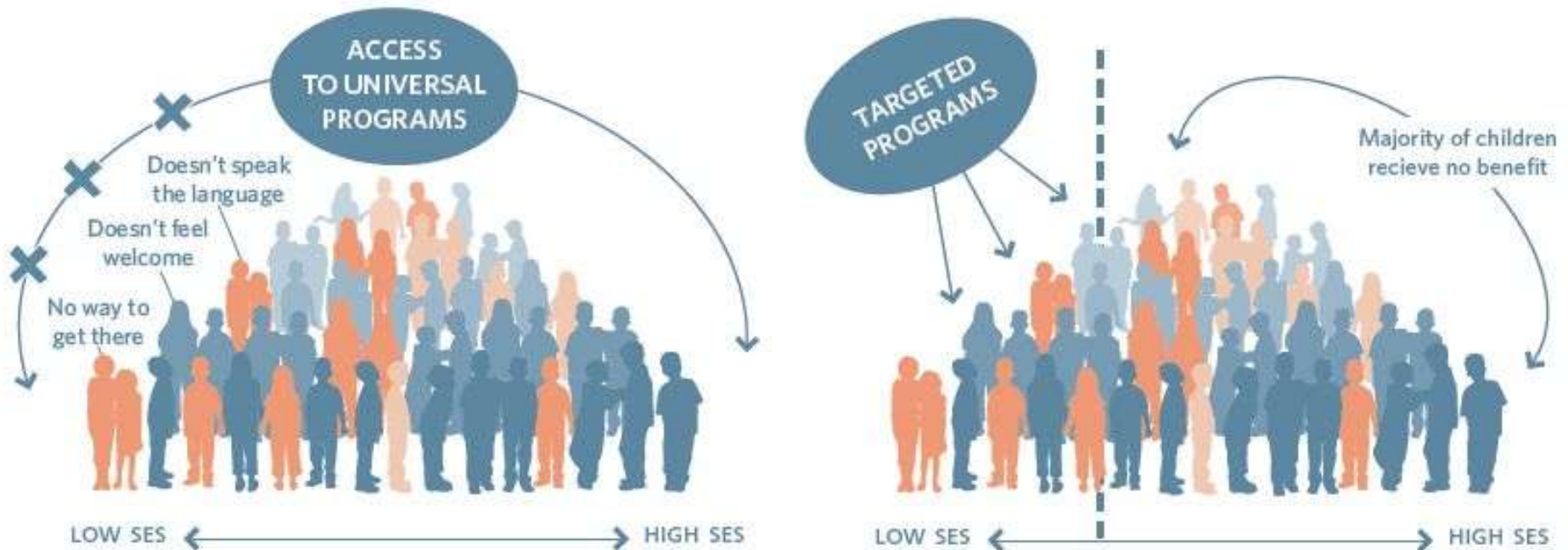


BRITISH
COLUMBIA

The Best Place on Earth



Health Equity and Proportionate Universalism





BRITISH
COLUMBIA

The Best Place on Earth



Preliminary Lessons Learned

1. Obtaining a common understanding of health equity and proportionately universal approaches among stakeholders is **key**
2. Epidemiological data is very helpful, but only gets you so far



BRITISH
COLUMBIA
The Best Place on Earth



Preliminary Lessons Learned

3. An even more rapid approach is required to align with policy formulation timelines (those famous “policy windows”).
4. Using qualitative research methods (grounded theory; document analysis) to support the EFHIA is proving both challenging and rewarding



BRITISH
COLUMBIA

The Best Place on Earth

Next Steps

- Complete the analysis and summary report
- Use results to inform the Ministry of Health's commitments on STI prevention policy
- Disseminate the lessons learned from the process to other parties interested in developing interventions that improve health **and** improve health equity



BRITISH
COLUMBIA
The Best Place on Earth



Questions?

Gina.McGowan@gov.bc.ca