Health System Capacity to Address Social Determinants of Health in Alberta

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What do we know?

- Social, physical & economic environments influence health
- The health system professes to use a population health approach
- But policy directed at broader determinants of health is rare in health sectors
Alberta Heart Health Project

Part of the Canadian Heart Health Initiative.

Goals:

• To assess the capacity for and involvement in health promotion within Regional Health Authorities (RHAs)
• To describe and understand the processes of capacity development for health promotion in RHAs
• To evaluate the impact of capacity development on health promotion processes and actions within RHAs
Capacity

Research Objectives

• To describe the capacity of health systems in Alberta to address social determinants of health using quantitative survey data.

• To understand the context that facilitates or obstructs the capacity of health systems to address social determinants of health through a qualitative exploration.
Research Design


**Self-Assessment: Quantitative Capacity Survey**
Purposive sample of respondents representing:
- frontline service providers
- board members
- senior/middle managers

**Intensive Qualitative Assessments**
- Three regions were purposively sampled for an intensive assessment.
- Semi-structured individual interviews & focus groups
- Systematic content analysis of business plans & annual reports
Organizational Change & Restructuring

1994 - 2001

2001 - 2009

2009 - ...
Changes in Knowledge

Level of knowledge: 1 = Poor, 2 = Fair, 3 = Average, 4 = Good, 5 = Excellent
Changes in Involvement

Level of involvement: 1 = None, 2 = Seldom, 3 = Occasionally, 4 = Often, 5 = Regularly
Context

• Document review: RHA business plans and annual reports
  “...to maintain and improve the health and wellness of Albertans by leading and working collaboratively with citizens and stakeholders.”

Validation of Survey Findings

- Vision and mission statements reflect awareness of health promotion, wellness, communities, healthy environments, healthy choices...
  - Overall RHAs were:
    - more knowledgeable of,
    - were more capable of addressing,
    - had more desire to address, and
    - more frequently addressed traditional risk factors including behavioral risk factors than psychosocial or environmental risk factors (especially income issues).
“I think, too, that when it comes from a provincial level, it’s been very much a campaign aimed at the individual. I think that we need to put more emphasis on the community and the role the community plays, because we can get all the messages in the world about healthy living, and if we don’t have the kinds of supports that we need, whether they’re economic or whether they’re social support, it’s not going to happen.” (Manager, Low capacity Region)
Interviews and Focus Groups

- RHA staff understand the complexities of addressing social determinants of health in their practice.

“A couple of years ago when I was still working in public health, a lady had a baby, and she was going back to a tent. She had a brand-new baby, and she was going back to a tent with no running water and no heat, and she had two other toddlers in the tent. Now, try to do health promotion and prevention in that situation.” (Manager, High Capacity Region)
“I can think of maybe one farm in the whole vicinity where there’s a mom that’s staying home with their kids. Unfortunately, for a lot of these women, they’re not highly educated, so they’re in very low paying jobs, they’re isolated, their families are isolated out on the farms, so these children are being left to their own devices because not only is mom working off the farm, but dad is, too, trying to support their lifestyle. The amount of stress that these people are under in these rural farming communities is terrific.” (Manager, Low Capacity Region)
Gaps in Involvement

exist as the result of complex interplay among many factors:

- Fragment work & time constraints
- Accessing resources
- Competing priorities
- Hiddenness of health promotion
- Political pressures
- Leadership for health promotion
1. Fragmented Work & Time Constraints

- From a service delivery perspective, the organizational context of health promotion work is characterized by fragmented and heavy workloads with inadequate support, resulting in a decreased capacity to promote health:

   “Number one, you’re *scrambling just to provide health care services*.....*It’s sometimes maybe overwhelming is the word, and you feel like there’s so much that needs to be done that where do you get started?” (Manager, Low Capacity Region)
2. Accessing Resources

- The additional burden of applying for short-term programs grants for health promotion increases workload and poses challenges for accessing resources:

“I guess it’s a strange thing that with a lot of community programs, even when funding is available provincially or federally, we always have to write proposals and we always have to do this reporting. That’s fine, but what always kind of irritates me is acute care does not have to write a proposal because they wanted some more money” (Manager, Low Capacity Region).
3. Competing Priorities

The immediate demands of acute care create challenges in making macro-level changes to organizational priorities:

“...*financial resourcing is huge... for the past 20 years in Canada, Alberta, everywhere; people have been talking about health reform and moving more like proactive approach, enhanced health promotion and prevention. But, I think the exigencies of acute care services, are so compelling, that we haven’t been able to shift the financial resources into the promotion prevention end of things as much as we would like.”*(Manager, High Capacity Region).
4. Hiddenness of Health Promotion Work

Since health promotion is oftentimes integrated into many RHA functions, the need for support may be overlooked.

“I don’t think health promotion is any department’s job or any one person’s job; I think it’s a philosophy... I mean [they do] health promotion every day of the week and every interaction that they have” (Service Provider, Low Capacity Region)
5. Political Pressures

- The impact of political decisions, such as system restructuring, may not consider impact on those who must implement changes at the local level.

“I don’t know if the government or the powers that be really understand the toll that it takes on people to work through this type of a process...” (Manager, Low Capacity Region)
6. Leadership for health promotion

- Communication of health promotion across the province is lacking. Regional structure does not allow for the cross pollination of ideas.

“I think, in terms of **provincial coordination** and dissemination of what’s happening in all these different regions, I think that’s where Alberta Health has a role. I think there were some good things that we were doing years ago, and there were mechanisms for that to happen — it doesn’t happen anymore.” (Service Provider, Medium Capacity Region)
Key Points

• Abundant evidence that determinants of health impact well-being
• Population health approach is not translating into practice
• Some of the reasons include:
  ▫ Time constraints
  ▫ Access to resources
  ▫ Competition with acute care
  ▫ Hiddenness of health promotion
  ▫ Politics
  ▫ Lack of leadership
• “Failure to take action, and assuming that poverty reduction is beyond the scope of the health sector, assures that we are not part of the solution” (Manager, Medium Capacity Region)
• “....be patient and recognize the small steps forward...progress can be slow.” (Service Provider, Medium Capacity Region).

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Food for thought

“But my fear – not that I want to be a pessimist in all of this, but because it’s a lot of hard work on everybody’s part, regionalization and trying to move forwards again, that I would hate to see us just sort of just getting on the road to moving forward and then the government decides that they want to regionalize again and it’s down to two regions or something. I mean if I’ve heard it once, I don’t want to tell you how many times I’ve hard it – If we have to do this again count me out, ‘cause I’m not going to be here.” (Service Provider, Low Capacity Region)
Challenges in Addressing SDOH

• The enormity of the task of taking social determinants of health can be paralyzing. RHAs indicated that although social determinants of health are increasingly understood, there is resistance to RHA action given the socio-political climate and conflicting priorities within and outside RHAs.

“*It's hard to believe that people would fight these poverty initiatives*” (Service Provider, High Capacity Region).