Facilitating dialogue to promote health equity: A workshop about workshops

CPHA Conference 2015

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January 2014 Workshop

September 2015
Population & Public Health
All Staff Development Day

Continuing Journey
Why a workshop?

- Participatory
- Mixed voices, interprofessional practice
- Sharing experience
- Engaging in planning
Today’s Objectives

(i) Explore the use of networking processes to share information and ideas about advancing health equity at different levels of a public health organization

(ii) Apply facilitation techniques to generate dialogue about promoting health equity actions within public health organizations

(iii) Examine presentation slides about key health equity concepts; review facilitator’s guides to support workshop development; and assess evaluation forms to gather participant feedback
Role Playing

Go Jets Go!

Local Context

Fast Forward
Planning Processes & Materials

• Organizing committee

• Facilitator's agenda
  http://www.wrha.mb.ca/about/healthequity/

• Pre-reading distribution
Outline for this Morning

• Welcome & Objectives
• Presentation
• Gallery Walk Activity
• Crowd Sourcing Activity “25 gets you 5”
• Lessons & Moving Forward
The Pearl and the Crystal

Local Context
John and the Vacuum

Local Context
Next steps....

- Our commitment to change
- We are not alone
- Exploration thus far...
  - Key regional and public health activities
  - Building upon a strong foundation
- Structure and processes to continue discussion and action
Crowd sourcing activity

Later today ... “25 gets you 5”

“What is the most promising action idea you heard today that can be implemented to promote health equity?
Speed Networking – Round #1

Introduce yourself

• Today, something I hope to contribute is…
• Something I hope to get from today is…

Liberating structures
http://www.liberatingstructures.com/2-impromptu-networking/
Speed Networking – Round #2

Introduce yourself

“For me, being a leader is…”

“I apply it in my work when….”

Liberating structures
http://www.liberatingstructures.com/2-impromptu-networking/
Health for All = Health Equity

A Human Right

Health Equity means that all people can reach their full health potential and should not be disadvantaged from attaining it because of social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance.

www.wrha.mb.ca/about/healthequity/
Concept Evolution…

Health Promotion (70s, 80s)

↓

Social Determinants of Health (90s)

↓

Health Equity (mid 2000s)
Differences in Health Status

- Health inequalities – measurable differences in health status
- Health inequities – health differences between population groups that are
  - Systematic
  - Avoidable
  - Unfair / unjust
- Health disparities
Equal vs Equitable
Universal? ↔ Targeted?

- Improving whole pop^n “shift”
- Closing gaps “squish”

Universal
↓

Proportionate Universalism
(aka targeting within universalism)
Leveling Up for Health Equity

NCCDH. 2012. Let’s talk: Targeted and universal approaches to health equity.
http://nccdh.ca/resources/entry/lets-talk-universal-and-targeted-approaches
What do the data say?

Premature Mortality rate > 4 X

Source: Manitoba Centre for Health Policy, 2009

http://www.wrha.mb.ca/about/healthequity/Indicators.php
Distribution of Income Quintiles by Census Dissemination Area in WHR

Legend
- Rivers
- WPG Major Roads
- CA Boundary
- NC Boundary

Income Quintiles:
1 (Lowest)
2
3
4
5 (Highest)

Notes: Income Quintiles is calculated by 20% Population groups of Average Family Income by Census Dissemination Area.
Data Source: 2006 Census
Created by Research & Evaluation Unit, WRHA
May, 2012

WRHA Income Quintile Maps
http://www.wrha.mb.ca/about/healthequity/QuintileMaps.php
The Health Cost of Inequity

Estimated 15-20% of health care expenditures are related to preventable social and economic disadvantage.
What does this mean for people?

Many of our clients…

• Health for All: Kevin, Ana, Kayla, Dennis
• Tiffany, Valerie, Cassandra – PEG – Community indicators
• Della’s Hurdles to Health
  https://www.youtube.com/watch?v=gLKpywFD4c
Let’s talk….

- Who came to mind?
- Why? What was memorable?
- What do you wish you could have done differently or more of in that situation?

3 minutes - GO!
Framework for Understanding and Addressing Health Equity
Core Components for Equity Action

- Reaching out
- Dignity, respect, cultural proficiency
- Integrated services
- Locally based services
- Equity impact assessments
Does this mean change for us?

Managing Change

Past Priorities

New Priorities
Seeds of Change

- Recognizing advantage / privilege
- Systems / power differentials
- Non judgmental, harm reduction
Let’s continue the conversation.
Let’s work together.

“So, dream with me of a fairer world, but let us take the pragmatic steps necessary to achieve it.”

Sir Michael Marmot

BMJ 2010;341:c3617
What are the most important things we could be doing to promote health equity?
Let's Talk... Public Health Roles for Improving Health Equity

http://nccd.ca/resources/entry/lets-talk-public-health-roles
Gallery Walk Activity

Let’s try two stations

1. What actions can we take to assess and report on health inequities and effective strategies to promote equity?

2. What actions can we take to modify and orient our public health interventions to meet the needs of disadvantaged populations?

3. What actions can we take to partner with other government and community organizations to improve outcomes for disadvantaged populations?

4. What actions can we take to participate in healthy public policy analysis, development and advocacy?
Debrief
25 gets you 10
• You need: 1 card, 1 pen

• Please answer:

“What is the most promising action idea you heard today that can be implemented to promote health equity?”
Top Votes

1)
2)
3)
4)
5)
Participant Evaluation

• Review Sample Form

• Key lessons ...
  – Keep it simple
    → how will we use the information?
  – Avoid duplication
  – Take time for the analysis
  – Share back with participants
Feedback Received

- “It was very interactive and it allowed for everyone to have a chance to contribute”
- “Well organized, informative and interesting.”
- “I found it to be a very broad discussion with many directions being mentioned but none really being explored”
- “Wonderful theory but what will the practice look like? Is some of it already being done?”

The majority of participants who completed the evaluation felt that we had “somewhat” or “to a great extent” met our workshop objectives.
Synthesizing Information Collected

- Numerous ideas
- Various perspectives
- Time consuming

Public Health Priority Actions
Health for All - Public Health

Growing Season 2015-2016

Community Development
Healthy Public Policy
Outreach
Professional Development
Shifting Resources

Health for All - Public Health
Communicating for change management

- Newsletters
- Standing meeting agendas
- ... to be continued
Moving to action requires...

- Leadership
- Incremental change
- Continued dialogue
- Dedicated time and energy
- Alignment with existing work
- Using evidence and the power of story
Thank you

.... and good luck