

Making the Case Internally

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Bridging the Gap

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Setting the Stage: Health Disparity in Winnipeg

Reducing Gaps in Health Report 2008-

Large gaps seen in Winnipeg lowest vs highest SES:

- Asthma in children – 3.0 times (PC 1.6)
- Injuries in children – 2.5 times (PC 1.2)
- Injuries all ages - 2.2 times (PC 1.4)
- Unintentional falls – 1.8 times (PC 1.3)
- Land transport accidents – 1.9 times (PC 1.3)
- Diabetes – 3.7 times (PC 2.4)
- Substance-related disorders – 5.0 times (PC 3.4)



Health Disparity in Winnipeg

Why “now” (then)- fall 2008?

- Local, timely data as a focal point
- Anticipation of media attention
- Collaboration between Research & Evaluation Unit and Population and Public Health Team
- Appealed to key members of regional leadership’s existing paradigms and alliances



The Issue/Challenge

- **The Challenge:** *How could the WHRA population and public health program increase awareness and stimulate the organizational culture change required for all sites and services to recognize and act upon their role to promote health equity?*



The Environment

- Within WRHA: An internal oversight committee formed to explore multifaceted action to promote health equity
- Beyond WRHA: Increased participation in the Winnipeg Poverty Reduction Council (WPRC) and other partners to support the efforts of others to address root causes
- Within Winnipeg in general, an increasing critical mass to address poverty seemed to be forming



The Key Players

Promoting Health Equity Oversight Committee

Working Groups:

1. Partnership (ongoing)
2. Planning (ongoing)
3. Directional (time limited)
 - Describing the problem task team
 - Best practices task team
 - Communications task team



WRHA Health Equity Groups

PROMOTING HEALTH EQUITY OVERSIGHT COMMITTEE (PHEOC)

PLANNING WG

DIRECTIONAL WG

PARTNERSHIP WG

**DESCRIBING THE
PROBLEM
Task team**

**BEST PRACTICES
Task team**

**COMMUNICATIONS
Task team**



Sources of Planning Information

- Environmental scan and gap analysis of existing or potential partners
- Indicators to describe health inequity
- Key recommendations to promote health equity
- Program budgeting and marginal analysis process



Group Work

(20 minutes)

- *How would you present the case to senior management? What approaches would you use to urge them to action?*
- *How would you best engage the community partners and researchers involved in the process, to help get management 'buy-in' and stimulate the translation of research into action?*



Challenges

Developing Common Ownership

“How do we go from health equity being a concept that people support, to an issue that they ‘own’? We need to develop a shared identity within the health region that says, ‘Equity is what we are all about.’”



Challenges

Finding the evidence, expertise and resources

“At this stage, we work on an ad hoc basis – collaborating on various committees and on specific research projects. It would facilitate a more strategic sharing of plans if there were more developed linkages between research institutions and the health region.”

(Academic)



Challenges

Maintaining leadership and motivation

“Ideally, there will be many champions for this initiative among senior leadership. I am guessing that public health will still be the driving force, but would like to see other leaders emerge to take a significant lead in their areas of practice and influence.”



Challenges

Competing budgets

“It will take real creativity and courage to shift resources towards preventative work. How do you lobby for health equity promotion funding that will reduce needs for health care services later... when there are sick people right now?”

“Funding health disparity work will contribute hugely to a sustainable health care system, but it’s very hard to do in the short term.”



Challenges

Determining roles

“I have been involved in equity issues for my entire career. When I was first invited to participate in this internal committee with a lot of high-level people, I was concerned that there would be a lot of talk and little action.”

(Community organizer)



Challenges

Determining Roles

“Within public health, we need to pay attention to actions that might be in conflict with other levels of government. Can we advocate for what we think is needed? Can we even create a public place for this discussion? Staff are still unsure about their role in advocacy.... More clarity and capacity building is needed. “
(Staff member)



Challenges

Establishing priorities

“We have a list of over 1000 recommendations from other equity reports. Even once we distil them to unique themes, that’s still far too many for a health authority to address. We need to create a broad enough plan to appeal to lots of stakeholder, but an actionable plan for the health authority. My biggest fear is that we take on too much.”



Group Work

(20 minutes)

How would you overcome the following challenges, raised in the previous presentation:

- Developing common ownership
- Finding the evidence, expertise and resources required
- Maintaining leadership and motivation
- Setting doable priorities



Addressing Challenges

Developing common ownership of the issue

- Formal/organizational:
 - Presence on the Oversight Committee
 - Key leaders chairing subgroups
 - Recommendations in the strategy report
 - Location in the community
- Informal/personal
 - WRHA Business Education Partnerships (with schools)
 - Role in Winnipeg Poverty Reduction Council
 - Networking



Challenges

Finding the evidence, expertise and resources

- Good relationships with individual researchers and institutions
- Partnering with University library to access literature, resources and technology
- Involvement and discussion on committees
- Drafting and consulting



Challenges

Maintaining leadership and motivation

- Balancing the pace of work
- Keeping equity “on the agenda”
- Relating the work to existing priorities and events
- Feed what people “get” out of being involved
- Communication, encouragement, appreciation
- Critical mass/triangulation



Challenges

Setting doable priorities

- Balancing a broad vision that supports multi-stakeholder action with a finite doable list of health sector priorities
- Using criteria to work through a prioritization process
- Planning for resources to follow through on priorities
- Planning monitoring to assess impact



Group Work

(10 minutes)

Having heard about Winnipeg's effort, what are the elements you think will lead to its success? How would you apply those elements to your own situation?



Strengths

- A region-wide committee leading efforts
- Multiple sectors involved at the working level (working groups, task teams)
- Endorsement and involvement of senior WHRA management
- Well-established relationships in the community and with researchers

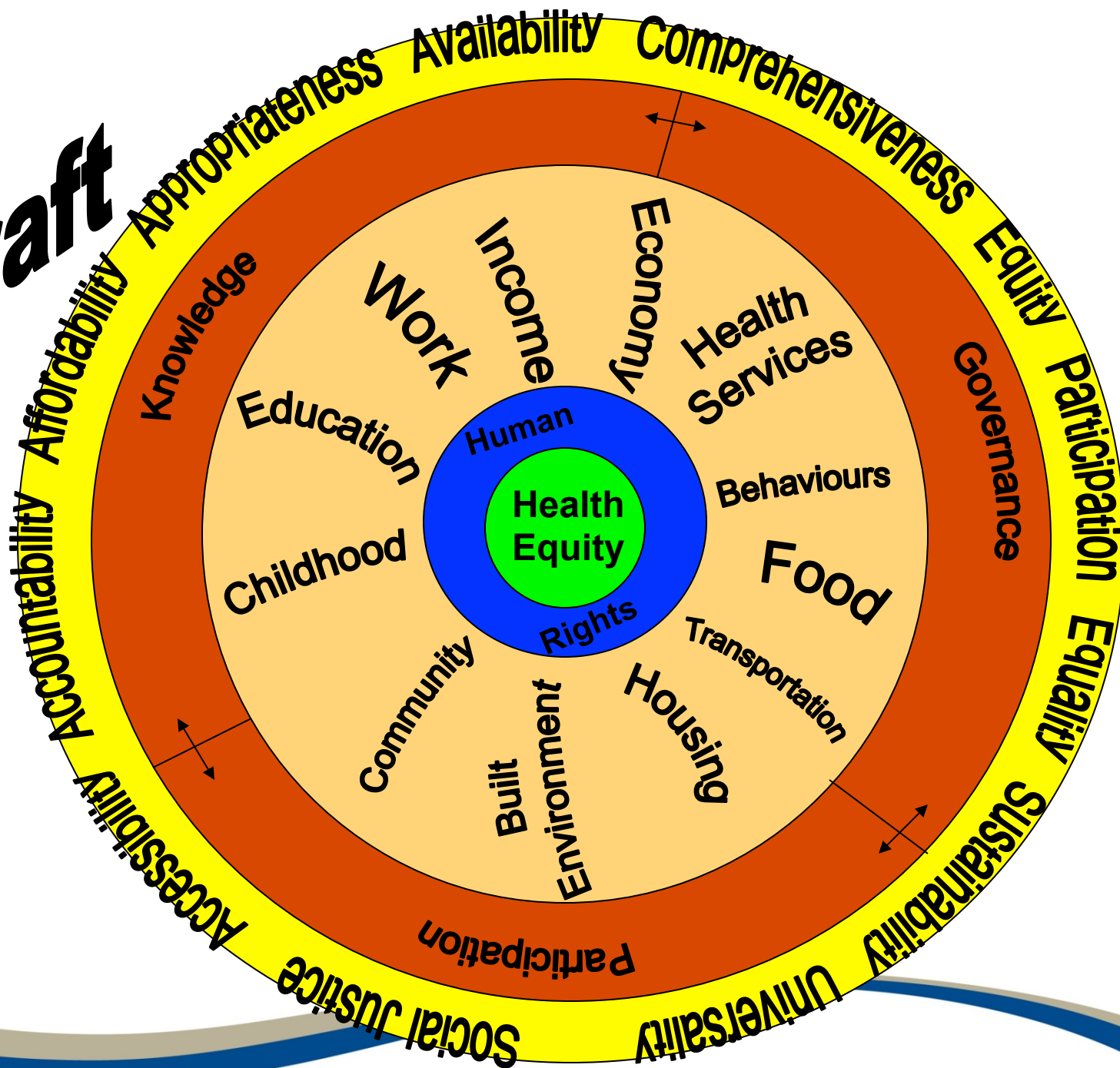


Outcomes to Date

- Regional Health Plan proposals are being evaluated with health equity as a criterion
- Population and Public Health strategic plans are being developed around the concept of 'targeted universality'
- Further refinement of public health resource allocation (on basis of community need, not population) are being considered
- A conceptual framework has been proposed
- Mapping discussions are underway
- WHRA Health Equity report is currently being drafted



draft



Thoughts

Feedback

