

Population and Public Health

An occasional newsletter to help inform WRHA PPH Staff

Moving Forward with Health Equity Action in Population & Public Health

In Population & Public Health (PPH), we have been having many discussions about Health Equity Promotion and how to adapt our services to address the health inequities in our region. That has led to discussions about *change*. The November 2014 PPH newsletter provided information and feedback from the September staff development sessions. There was a lot of positive energy and enthusiasm on those days, but there were also many questions. Here are a few thoughts in response to some of those questions....

Why are we making this change now?

Addressing health inequities has always been a major focus of public health organizations across Canada and internationally, but recent global evidence highlights inequity as an ethical imperative. In Winnipeg, there is a 19 year difference in life expectancy depending on where you live. That's hard to believe in 2015 – it's not fair, and it is not acceptable because these differences in life expectancy can be prevented. There is growing recognition of the impact of the social determinants of health. The mandate of our program is population health, and we can and must work to address the social determinants to improve the overall health of all people in Winnipeg.

The World Health Organization has stated, **health equity within a generation is achievable, it is the right thing to do and now is the right time to do it.** Now is the right time to take up that challenge in Winnipeg.



What follows are only a few startling statistics for your information. These examples all reflect areas where PPH provides services and there is a potential for influence:

- There are 100 childhood deaths per year under 1 year of age, and 100 deaths in children age 1-5, largely preventable causes.
- The most recent child poverty report card estimated there were 84,000 children living in poverty, a number that has almost doubled in recent years.
- 30-40% of children are not ready for school.
- Seven per cent of all pregnant women acknowledge binge drinking.

These are examples of important public health issues which compel each of us to examine our role and consider how to best organize our actions and time.

The Partners in Inner-city Integrated Prenatal Care (PIIPC) project is a good example of how many of the above-noted issues can be addressed. The number of women who arrive at hospital with no or limited prenatal care is reducing as a result of the collaborative work between public health, midwifery, Women's Hospital outpatient department and key community agencies. Shifting the health system to meet the needs of women has reduced barriers in access to and use of prenatal care. This approach is considered to be upstream, because improvements in infant and child health that have potential to interrupt cross-generational cycles of inequity and create population level changes.

How does this change align with the WRHA vision?

The WRHA and Manitoba Health have demonstrated a commitment to improving health equity across the region and province. WRHA has made a regional commitment to reduce health inequities and developed regional committees and partnerships to support the Health for All Initiative. To learn more visit: <http://www.wrha.mb.ca/about/healthequity/>.

How are we planning for this change in the PPH program?

In public health, we take a leadership role in addressing health inequities. The current contributions of all staff are valuable and make a difference to health outcomes in families and communities. Our collective challenge and hope is to make the best use of Public Health resources to reduce health inequity while improving the health of the entire population. That requires us to examine and change what we do and how we do it. Equity is an ethical principle that recognizes health services must be tailored to need.

In *Health for All: Building Winnipeg's Health Equity Action Plan* 5 core components of equity action are described:

- **Reaching out** – providing services that reach out to those with unmet needs.
- **Dignity, respect and cultural proficiency** – exemplifying an inclusive, respectful, reflective, culturally proficient and participatory approach when working with vulnerable people.
- **Integrated services** – working with other sectors to influence the social determinants of health and developing teams of providers to deliver appropriate services to families and communities.
- **Community-based services** – fostering the development of local relationships, leadership, resident identification of strengths and needs, resident participation in decision making and evaluation of local services.
- **Equity impact assessment** – using community and practitioner knowledge and data to assess the outcomes, including who is benefiting and who is not benefiting, from our programs and services.

The Health for All Framework is offered to help understand health equity, and at the same time, to envision how to collaborate on actions towards “Health for All”.



1 - Framework for Understanding and Addressing Health Equity, Health for All: Building Winnipeg's Health Equity Action Plan, p.23

At the PPH staff development sessions, we clearly heard that staff want to be involved in planning for the change. There are a number of groups working to embed health equity promotion into practice. The Health for All Coordinating Committee and working groups are supporting regional WRHA work. Within PPH and Community Areas the ‘Health for All – Public Health’ planning and working groups (formally known as ‘Promoting Health Equity in Population and Public Health and Community Areas (PHE PPH CA)’ are supporting change in all areas of practice.

In addition, specific work groups have been created to focus on initiatives such as the ‘Health for All Through Food Security Working Group’ and the ‘Healthy Baby Sites – Equity Work Group’. Existing committees and team supports, including the Practice Councils and PPH centralized services Strategic Directions group also support the change.

Your feedback from the staff development day has been synthesized and is being integrated into our ongoing efforts to enhance health equity promotion in our work. There are other opportunities for your involvement. Teams are encouraged to have discussions about health equity as a regular team meeting agenda item. We will also have more newsletters like this one, which focus on the changes and work taking place.



How much change am I going to experience in my role?

Change will need to take place at the individual, team and program level. We each have our own perception of how much change is a lot of change. For some people small amounts of change feels disruptive and unsettling. For others, slow changes can be frustrating. From your comments in the third hour of the staff development sessions, it seems that most staff do not expect to see significant change in their roles. Families First Home Visitors and Outreach Workers are likely to see the least change. The Public Health Dieticians and those involved in Population Health Promotion roles identified opportunities to further integrate and enhance health equity promotion into the work they are doing. These changes are not likely to be disruptive and are more likely to evolve over time. Public Health Nurses in the centralized teams are going to begin to explore the application of this approach to their work. The Public Health Nurses (PHN) in the community areas indicated that they see the most potential for change. For that reason, over the next little while we will be hearing and talking more about changes to generalist PHN practice.

What do you think?

Do you agree? Do you feel this change is going to be significant, or not, for you in your role? We'd like to hear from you. Please share your thoughts with your team manager at a meeting, or individually. Team managers will be discussing the feedback they have heard each month at the PPH Operations Team meeting. The plans will continue to evolve and our goal is to make the transition as smooth as possible. Your input will help inform that process! You can also send me an e-mail if you or your team would like to find a time to discuss this with me.

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A few additional notes for the Community Area PHNs.....

As mentioned above, feedback from the Staff Development discussions indicates that the community area PHNs have identified that they expect to see the most change over the year. This section is intended to address some of the questions from that group.



How will the change affect my PHN practice?

In 2012, the Nursing Practice Council worked with community area teams to develop the Professional Practice Model for PHNs. The model integrates a health equity promotion lens into the work of PHNs in the WRHA, and is based on Canadian documents describing the full scope of the PHN role. Community area PHNs are encouraged to take time to review and reflect on the Professional Practice Model and discuss it with other PHNs and as a team.

As a PHN, depending on your community, your work may change over the next months and years. Our commitment is to involve you in planning for these changes and to provide training, tools, and support to help you as the PHN role evolves. Our hope is that you will feel proud of these changes and how your role supports the direction of the organization to begin to address the health inequities that exist today – and improve the health of our whole population.



What kind of change are we talking about? How much change is going to happen?

Most of the planning around change management is focused on the community area PHNs, as this is the group that identified they expect to see the most change. Various committees have been established. All the committees either have PHN involvement, or consultation to inform the process. We held a Change Management Workshop to bring these groups together. The PHNs from Practice Council, those who attend the Health for All-Public Health planning group, PHNs who are Champions for the Provincial Standards review, managers, Clinical Nurses Specialists, and others participated. Our hope is that this workshop will help us to support change in our teams and organization. A Change Management work group has been formed to help facilitate that process.

The work of redefining PHN activities will occur primarily through Nursing Practice Council (NPC). Although we don't know what all the change will look like, we know that PHN practice will be reoriented to focus on population health and equity. The NPC is starting by reviewing PHN practice in the areas of Healthy Parenting and Early Childhood Development, Immunization and Healthy Children and Youth. Canadian research indicates PHNs are most satisfied when they are supported by their organization to achieve the full scope of their competencies. That is our goal, and we hear PH staff are excited about this.

Here are a few ideas of what may stay the same and what may change as we integrate the professional practice model.

The Families First program will remain a high priority in the area of public health clinical practice. In fact, we want to enable PHNs to work to the full scope of their competencies by spending more time reaching out to individuals, families and communities that are impacted by the social determinants of health. We may have to challenge ourselves to consider working differently with clients who have resources and capacity; perhaps by working in collaboration with other sectors such as primary care to meet physical/clinical concerns and connecting clients to appropriate community resources such as breastfeeding clinics, counseling services, healthy baby groups, and tertiary care.

PHNs may shift activities with individuals and families to free up time to work to the full scope of competencies identified in the professional practice model. This includes activities such as outreach and community development work with schools, community agencies, and other community settings to address community health issues. For example, PHNs will continue to immunize students in schools however we want to focus on schools and communities with lower immunization rates, and spend less time spent in schools with high immunization rates.

The changes to practice will be discussed by the Practice Councils. As our practice shifts, there will probably be a need to shift resources. The plan will be to ensure that these two processes happen at the same time. Please get involved in sharing your experience and your insight with your Nursing Practice Council representative.

How will the change be supported over the next year?

We will continue to communicate by newsletter, through Practice Councils, and at team and management meetings. Meetings for community area PHNs are being planned for February/March. These meetings provide an opportunity for PHNs to ask questions. Look forward to seeing you there!



Health improves as advantage increases.

2 - Saskatoon Health Region Graphic
http://www.communityview.ca/infographic_SHR_health_equity_2014.html