



Health Equity: The key to meaningful evaluation

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Introduction

- Program evaluation is key to the assessment and further development of family health team (FHT) programs
- Examining programs through inputs and outputs alone may lead us to increase health inequities as those with the greatest resources are able to most effectively utilize new programs
- Health equity, refers to the creation of “equal opportunities for good health for all and reducing avoidable and unjust differences in health among population groups” (Health Equity, 2012)
- This research took place on Manitoulin Island at the Manitoulin Central Family Health Team (MCFHT). The MCFHT is a small, rural FHT with six physicians, seven health care providers, but no program evaluators.
- The MCFHT services over four thousand rostered patients

Process for Program Evaluation

1. Developed understanding of current programming through:
 - Reviewed existing documentation
 - Interviewed program lead, nurses, nurse practitioner, caseworkers at Community Living Manitoulin (CLM)
 - Reviewed literature on target population and
2. Created tables for program utilization:
 - Program flow-chart , Logic Model, and HEIA Workbook
3. Presented all three tables to Quality Improvement Committee for discussion
4. Collaborated with committee after robust commentary and suggestions arising from the presentation
5. Submitted final version of review to committee for approval
6. Reflected on the program evaluator's role within the Plan-Do-Study-Act cycle

Table 1: Special Needs Program HEIA

	Scoping	Potential Impacts	Mitigation	Monitoring	Dissemination
Aboriginal Peoples	687 self-identifying Aboriginal Peoples at the MCFHT. No clear data is available on individuals who both have special needs and are self-identifying Aboriginal	Population living on reserve with a developmental disability (DD) may not be followed as closely as those associated with CLM	Meet with Aboriginal Health Centres staff to gather list of individuals with a DD living within community	Document number of rostered Aboriginal patients living with a DD before and after meeting with Aboriginal Health Centres	Meet with Aboriginal Health Centres regularly as part of Plan-Do-Study-Act cycle
Homeless	Haven House is the only certified shelter in the catchment area: only women & children are eligible. No data available on relatively homeless population living with a DD	Assistance navigating the system has been facilitated by health care professionals and coordinator of individualized care at CLM	Continue to offer system navigation services to patients Encourage referrals to the FHT from Haven House	Monitor need and consider advocacy for emergency housing for male patients living with a DD	Meet with Haven House executive director

Background

- The Health Equity Impact Assessment (HEIA) was developed by the Ontario Ministry of Health and Long Term Care to address health equity when policies and plans are proposed in order to:
 - 1) Help identify unintended potential health equity impacts of decision-making (positive and negative) on specific population groups
 - 2) Support equity-based improvements in policy, planning, program or service design
 - 3) Embed equity in an organization's decision-making processes
 - 4) Build capacity and raise awareness about health equity throughout the organization (Health Equity Impact Assessment, 2013)
- The HEIA considers the social determinants of health as they apply to each population: age-related groups, disability, ethno-racial, religious/faith, francophone, etc.
- The HEIA was implemented in the review, evaluation and ongoing planning of the Special Needs Program at the MCFHT and illustrates the use of the HEIA process in practice

Conclusions

- The HEIA has a valued place within the public health evaluative process and may be especially effective when evaluating programs for high needs, under resourced groups
- The HEIA is adaptive in that it is designed such that it can be used for different purposes, such as to assess policies, programs, or initiatives (HEIA Workbook, 2012) and is therefore a flexible, usable tool
- Group discussion of the HEIA helps to mitigate the limitations of a single reviewer's bias, ability, and scope of knowledge
- A deeper level of understanding and broader scope to the HEIA was gained by the MCFHT by completing the evaluation with an interdisciplinary team
- Such assessments will ensure that the programs, policies, and initiatives decrease the health inequalities faced by the marginalized groups of our society everyday

Key Suggestions

1. The HEIA should be used to gain a deeper understanding of health inequities being faced within Ontario FHTs.
2. FHTs should implement program evaluation whenever possible and include the HEIA process in full evaluation
3. The program evaluation should be reviewed by interdisciplinary team to increase scope of review

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References

(2012). Health Equity. Retrieved from: http://www.camh.ca/en/hospital/about_camh/health_equity/Pages/health_equity.aspx.

(2013). Health Equity Impact Assessment. Retrieved from: <http://www.health.gov.on.ca/en/pro/programs/hea/>.

Ontario Ministry of Health and Long-Term Care, (2012). *Health Equity Impact Assessment (HEIA) Workbook*. Toronto, Ontario.

Statistics Canada (2014). *NHS, Manitoulin, DIS, Ontario, 2011*. Retrieved from: <http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3551&Data=Count&SearchText=Manitoulin&SearchType=Begins&SearchPR=01&A1=All&B1=All&Custom=&TABID=1>.



Scan the barcode to the left and be directed to the Ministry of Health and Long Term Care's Health Equity Workbook.



Scan the barcode to the right and be directed to the oral presentation given on this topic at the University of Victoria on April 30, 2015.