

MODULE THREE PART ONE:

Evidence-Informed Planning and Implementation using an Equity Lens



Acknowledgements

Thank you to our Coaches:
Faten Mitchell, Ilene Hyman,
and Sonja Nerad



Who Are We?



Association of Ontario Health Centres
Community-governed primary health care

Association des centres de santé de l'Ontario
Soins de santé primaires gérés par la communauté

Health Equity Project Leader

Access Alliance Multicultural Health and Community
Services



Health Equity Project Capacity Building Partner

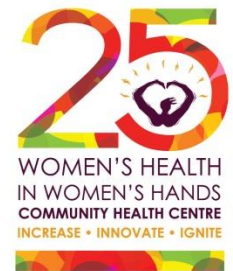
AOHC



Centre de santé
communautaire
du Témiskaming

Health Equity Project Champions

Chigamik, Planned Parenthood; North Lambton; Rideau;
Somerset West; Témiskaming; and Women's Health in
Women's Hands Community Health Centres



Health Equity Project Cross-Sector Partners

OCASI and Centre Francophone de Toronto



Centre de santé communautaire
CHIGAMIK
Community Health Centre
La place du peuple – The Peoples' Place



What We Are Doing Together



At the Champion level...

- Build organizational level knowledge, commitment and capacity to routinely use a health equity framework and evidence geared at overcoming systemic inequities in healthcare access, healthcare quality and health outcomes.

And beyond...

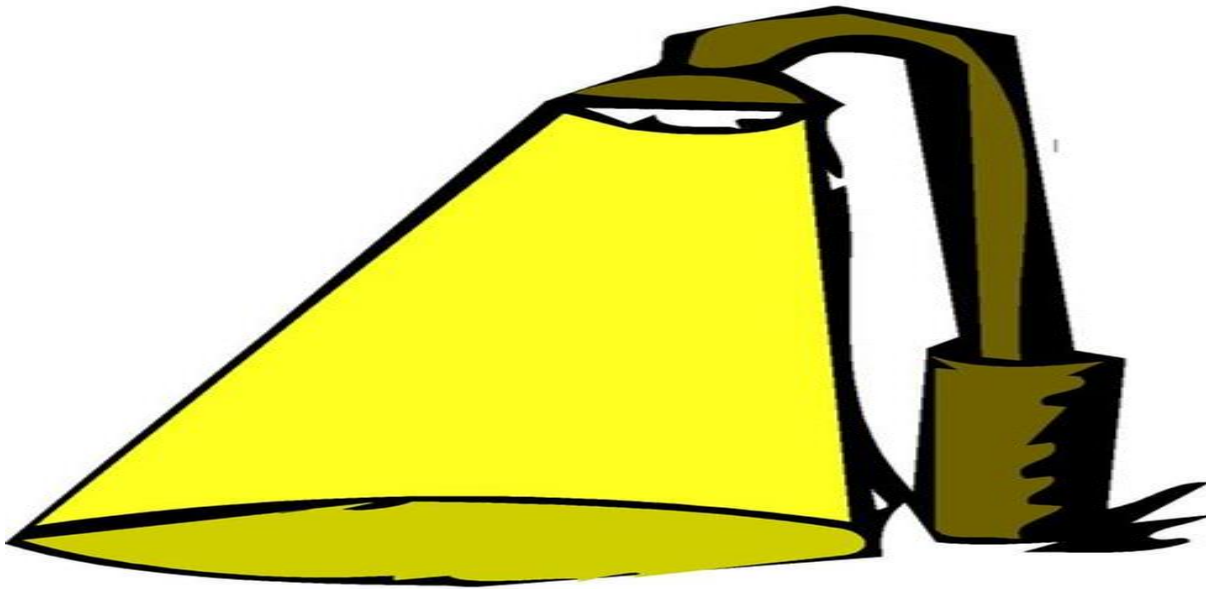
- Drive system-level leadership in equity focused planning and evaluation practices.
- Mobilize a community of practice within the CHC sector and across sectors (e.g. settlement) to inspire shared visions and actions for advancing health equity.

Health Equity Framework



Learning to Advance Health Equity

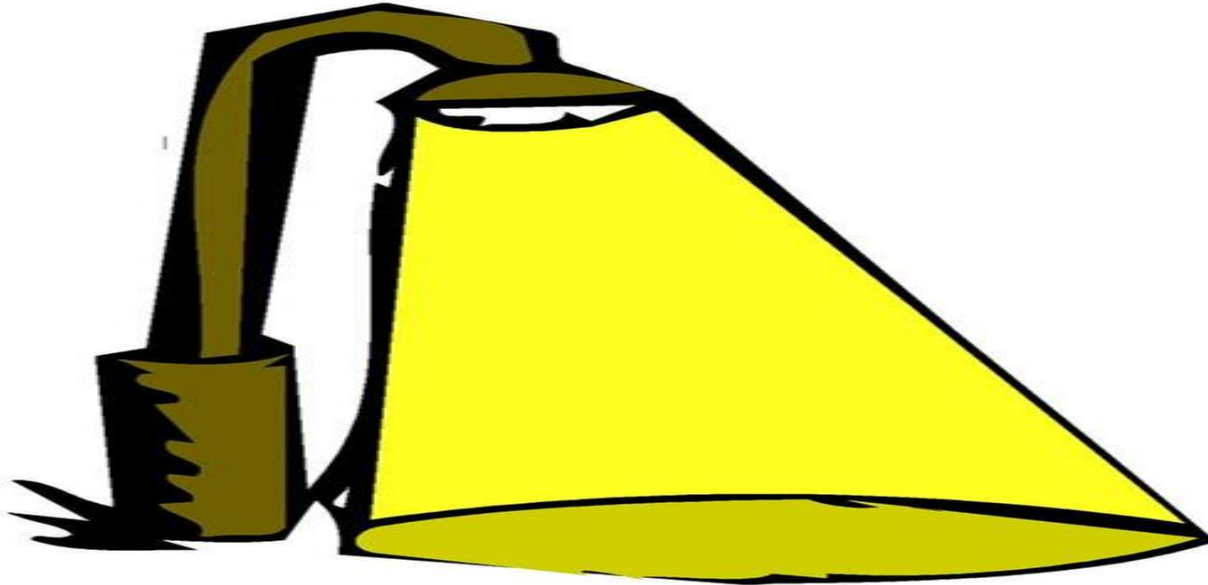
Module One:



Health Equity 101

Learning to Advance Health Equity

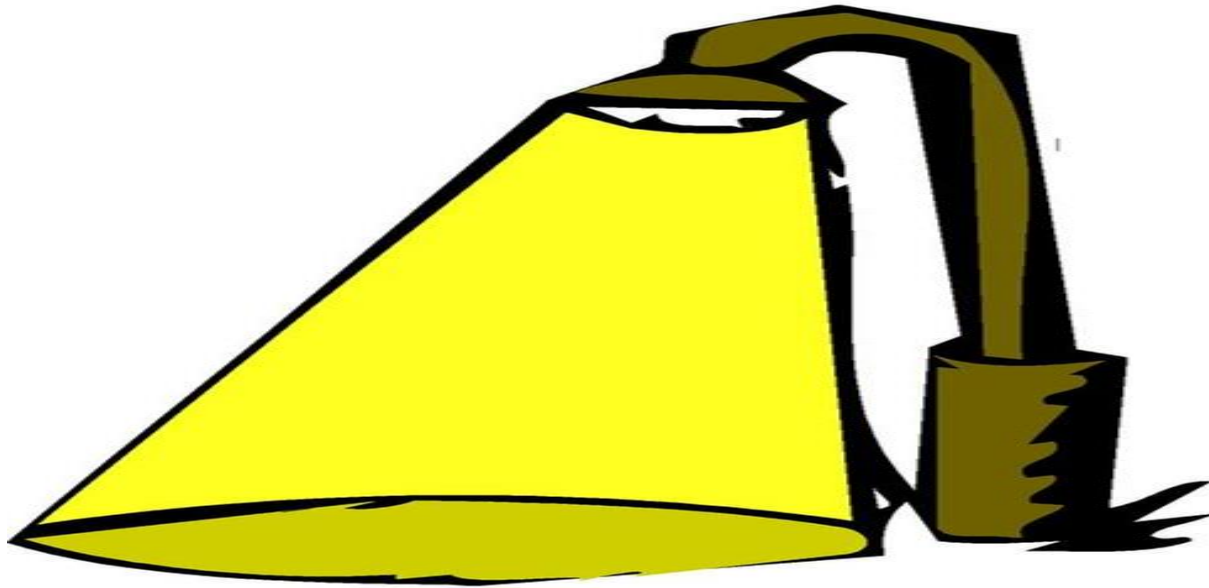
Module Two:



Evidence-informed use of
data for Health Equity

Learning to Advance Health Equity

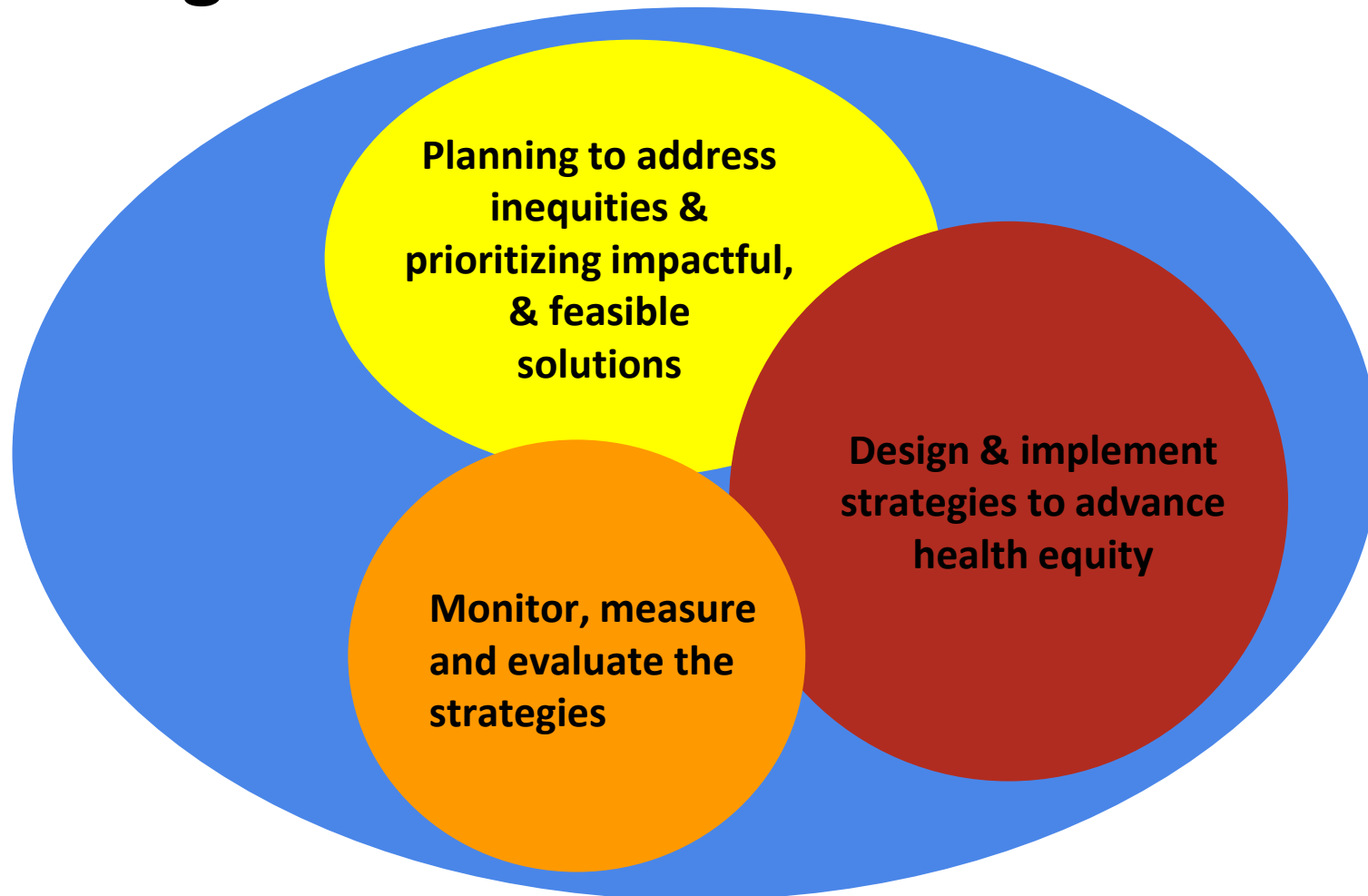
Module 3:



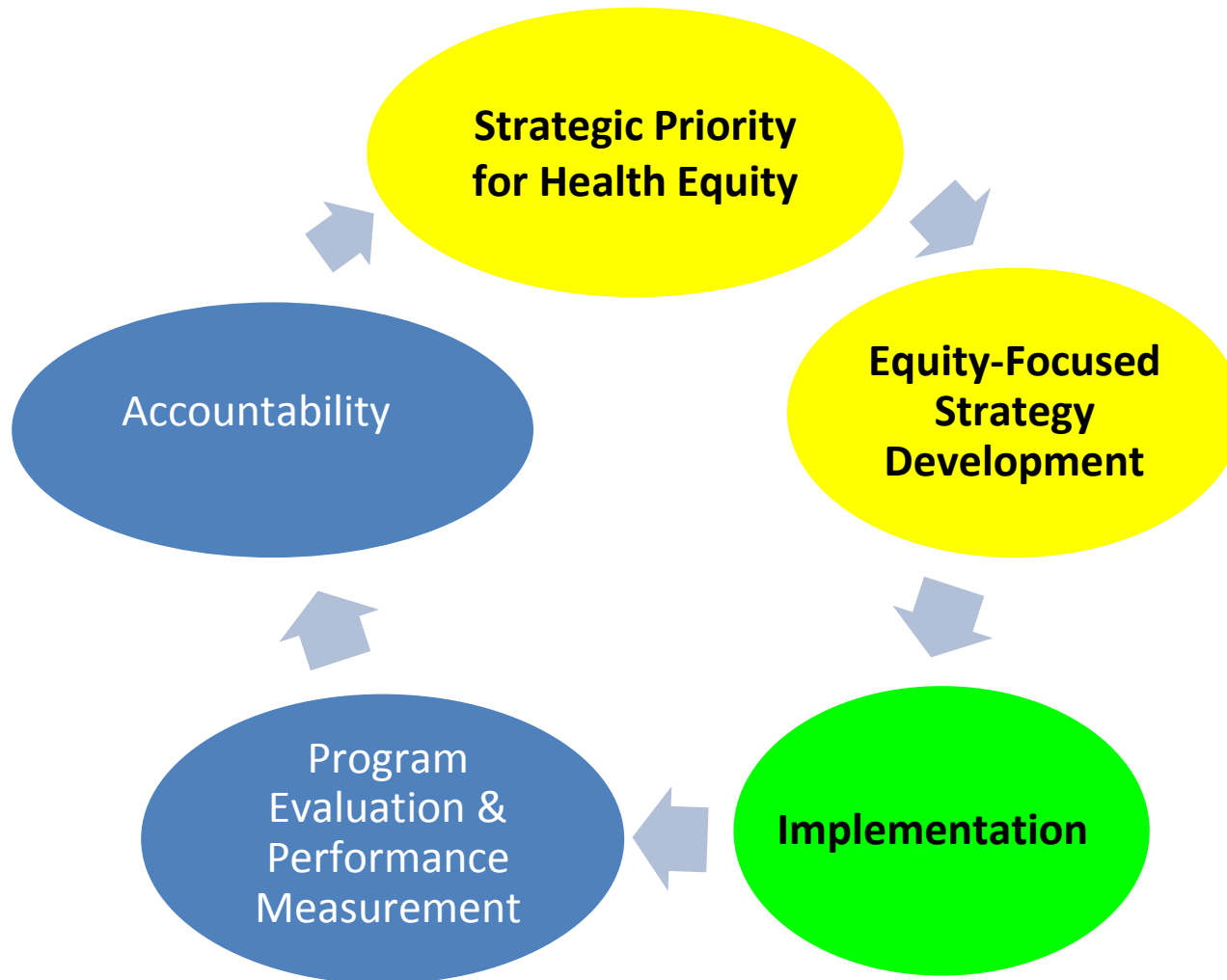
Planning & evaluating
HE improvements

Module Three: Learning Objectives

Planning and Evaluating Health Equity Strategies



Planning and Evaluation Cycle to Advance Health Equity



Strategic HE Priority Planning Steps



- 1. Establish a planning team**
- 2. Identify key stakeholders**
- 3. Identify & review evidence to generate potential strategies/solutions**
- 4. Identify & prioritize impactful & feasible strategies**
- 5. Develop the implementation plan**
- 6. Identify risks & plan response strategies**

Planning Step 2: Stakeholder Engagement in Developing & Prioritizing Health Equity Strategies



Example:
Community
Reference Group
for Quality
Improvement

Planning Step 3: Use of HEIA to Help Identify & Review Evidence, Generate Potential Strategies/Solutions



- The [Healthy Equity Impact Assessment](#) (HEIA) is used to support the strategy development step. It can also be used for the risk management and response step.
- As a decision support tool it walks users through the steps of identifying how a program, policy, initiative or strategy will impact population groups in different ways.
- It is also a useful asset in identifying unintentional impacts of health equity improvement efforts.

HEIA Questions to Guide the Planning Process



Equity Considerations:

- How does/will your strategy affect health equity for the identified vulnerable or marginalized populations?
- Do/will some people or communities benefit more from the strategy than others, and why?
- Do/will some clients have different access to care?
- Do/will some clients have different overall health outcomes than others?
- How does/will the strategy affect the quality and responsiveness of care for different communities/clients?

Prioritizing Impactful and Feasible Strategies

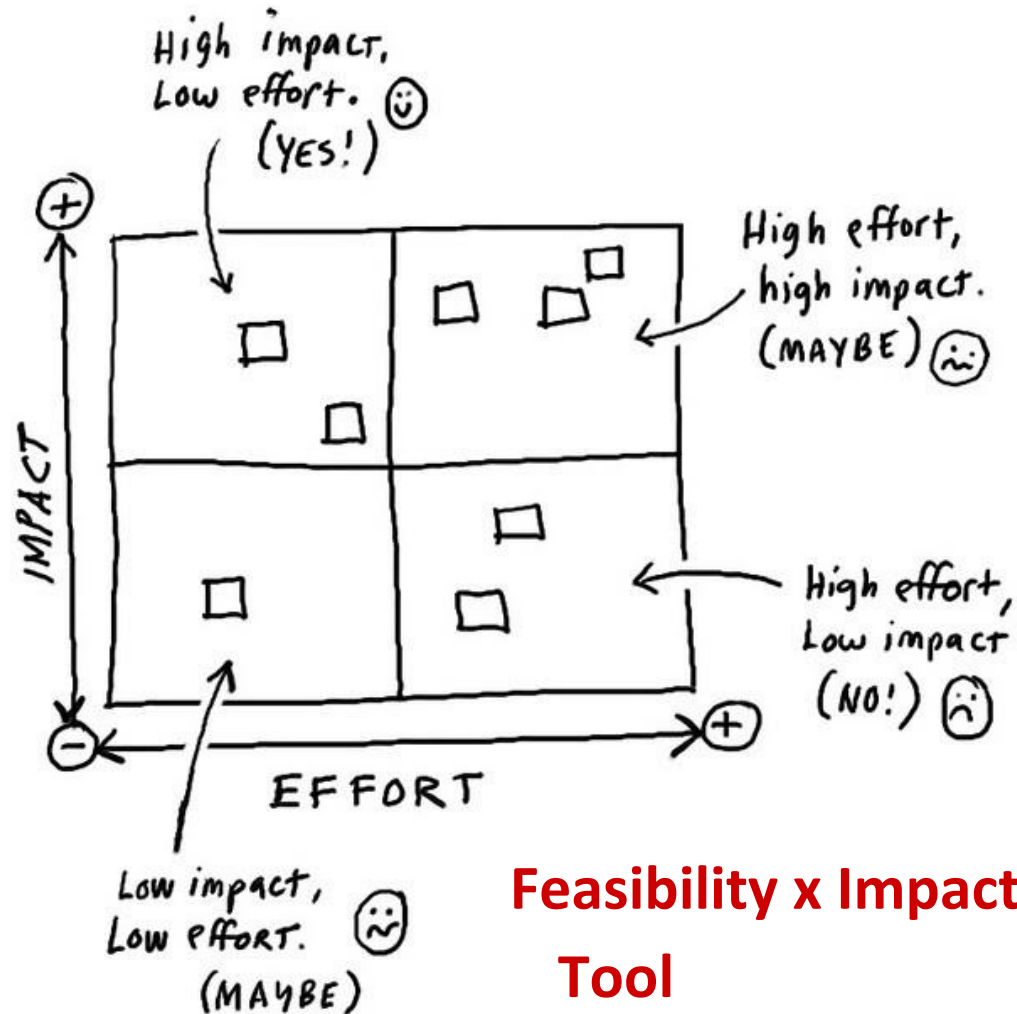


Feasibility:

- Can it be delivered on time and under budget?
- Does it match with staff capacity?
- Do we have the necessary internal support structures?

Impact:

- Short/med/long term benefits?
- Visibility
- Value
- Alignment with mandate



**Feasibility x Impact
Tool**

Case Story 1: Rideau Community Health Services



Health Equity Goal:

How to implement an *equity informed planning* process for all of its programs, starting with its Footcare Program. The purpose of the footcare program is to reduce and prevent amputations.

Steps:

1. Establish a planning team
2. Identify key stakeholders
3. Use of HEIA tool for situational analysis
4. Identification and prioritization of impactful and feasible strategies

Planning Step 3: Use of HEIA to Help Identify & Review Evidence, Generate Potential Strategies/Solutions



- Who is being served RCSC's footcare program?
 - Review of RCHC client data in terms of age, gender/gender identity, income, race/ethnicity, geographic location, etc.
 - Are there clients who are not being served?
 - Are there clients who can afford to receive services elsewhere?
- Who is at risk for ulcerations and amputations?
 - Review of LHIN level data regarding prevalence of amputations and ulcerations?
 - What evidence indicates that all diabetes clients benefit?

Stakeholder Analysis



Who are the other footcare providers in the region?

What is the capacity/ interest of other providers to work in partnership with RCHS?

(i.e., direct referrals, co-location, etc.).

What Private Home Support is available in Smith Falls, Merrickville, Carlton Place and Kemptville?

Planning Step #4: Prioritize Impactful & Feasible Strategies



Example of 6 strategies identified by Rideau CHS included:

1. Changing the eligibility criteria and policies
2. Ensuring consistent use of new intake forms (which specifically collect demographic data) for equity-informed monitoring and evaluation
3. Development of direct referral partnerships
4. Reallocation of program hours based on client data
5. Staff training and support for data collection
6. Stakeholder communication and engagement plan

Planning Step #4: Prioritize Impactful and Feasible Strategies



Reflection Exercise: Impact & Feasibility Tool

1. Look at the 6 strategies/solutions generated by Rideau Community Health Services.
2. Take a few moments to map them into the Impact & Feasibility Grid.
3. Are any Strategies/Solutions in the top right quadrant (Highly feasible and Highly impactful)?
4. If yes, what are they and why are they there?

Planning Step 5: Implementation Planning



Implementation Stages: Planning for System Change



Exploration

- Engage stakeholders
- Conduct Needs Validation
- Identify a system level gap
- Select a system level intervention

camh
Centre for Addiction and Mental Health

Installation

- Identify Implementation Teams
- Develop system and agency level plan
- Includes evaluation, KTE and sustainability planning.

Initial Implementation

- Identify Agency Implementation Teams
- Put intervention into practice.
- Monitor at agency and system level.
- Identify barriers and possible solutions.

Full Implementation

- Evaluation
- Transition sustainability responsibility to agencies

Iterative Strategy Implementation



The PDSA CYCLE



Case Story 2: North Lambton CHC



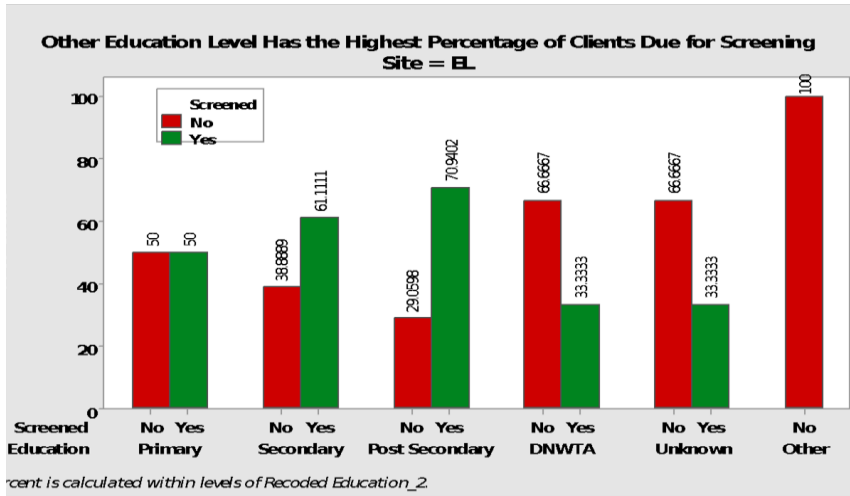
Health Equity Issue:

How to implement an *equity-informed planning process* to address health inequities in cancer screening rates (e.g., by age, income, education, Indigenous identity) in the short and long-term.

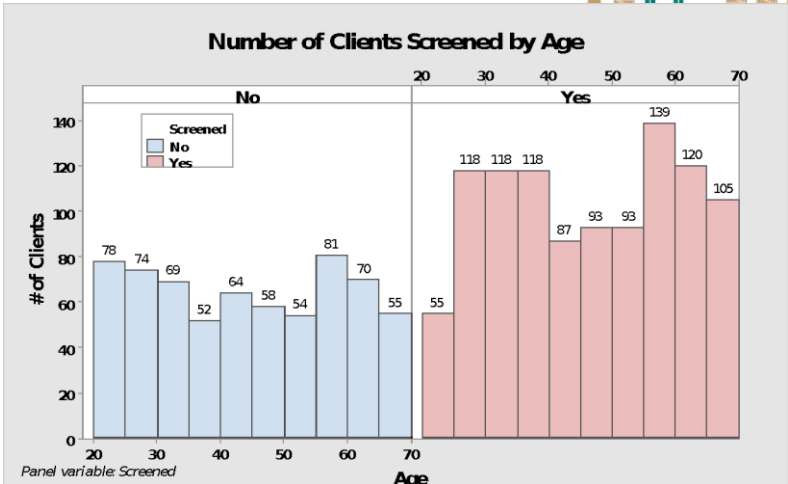
Steps:

1. Establish a planning team
2. Identify key stakeholders
3. Use of data to identify barriers to cancer screening for different groups
4. Prioritize impactful and feasible intervention strategies
5. Conduct PDSA cycles to examine impact of strategies on cancer screening

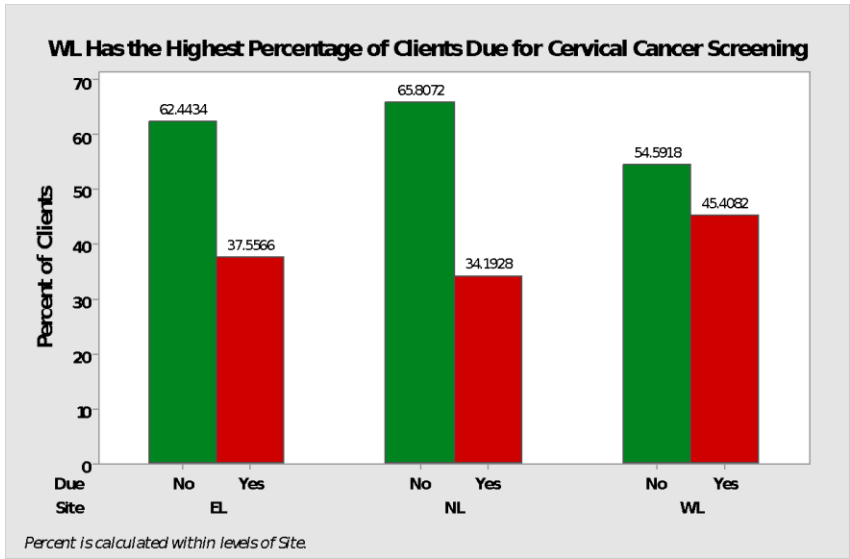
Use of Data



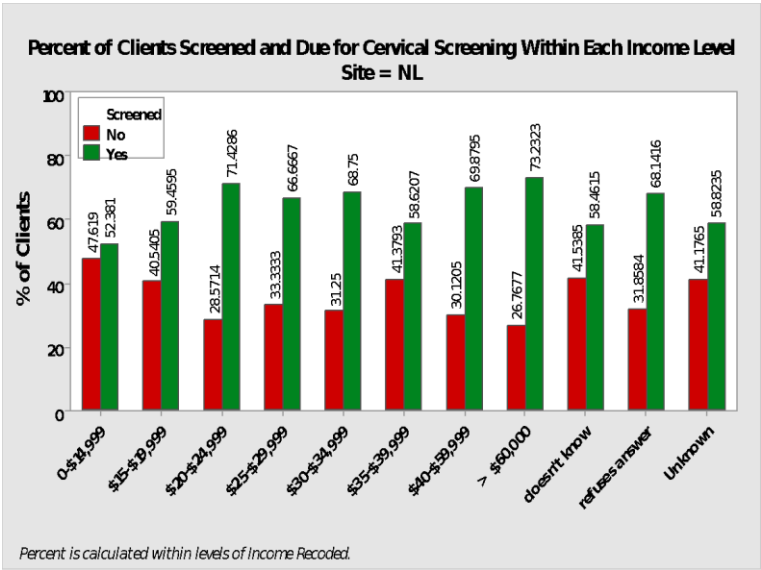
Education



Age

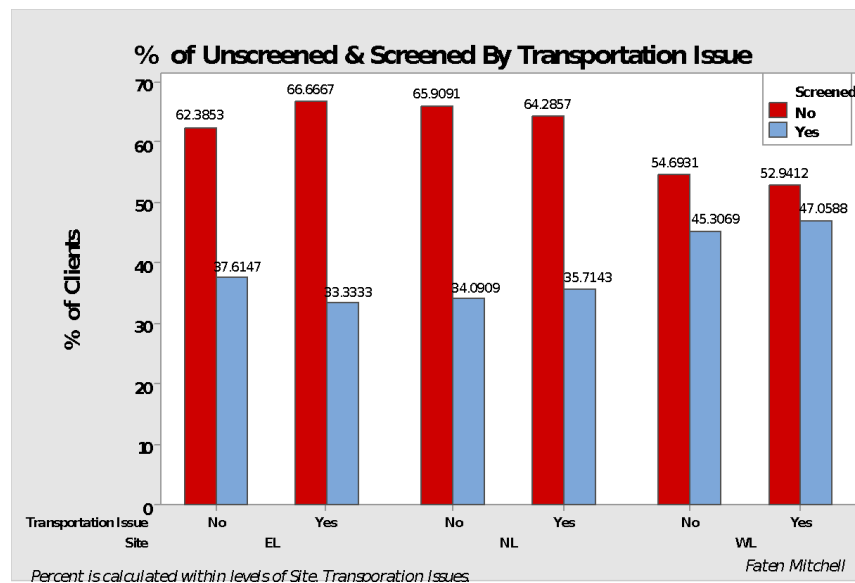
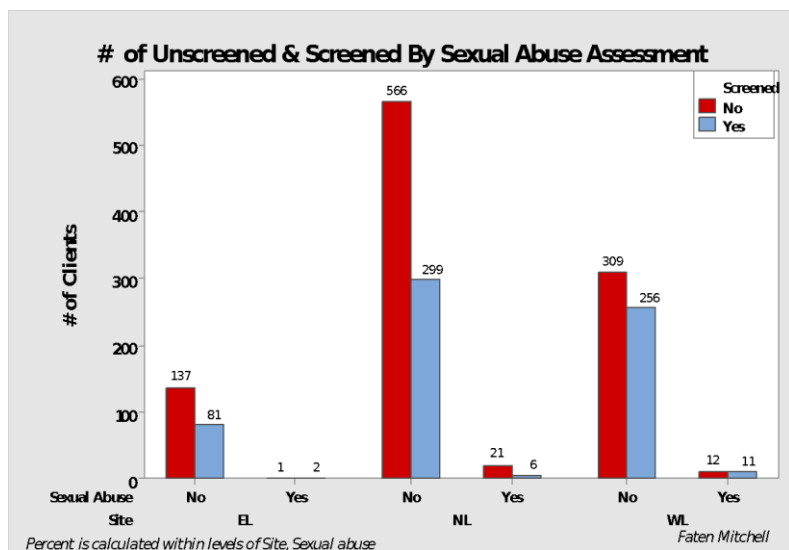
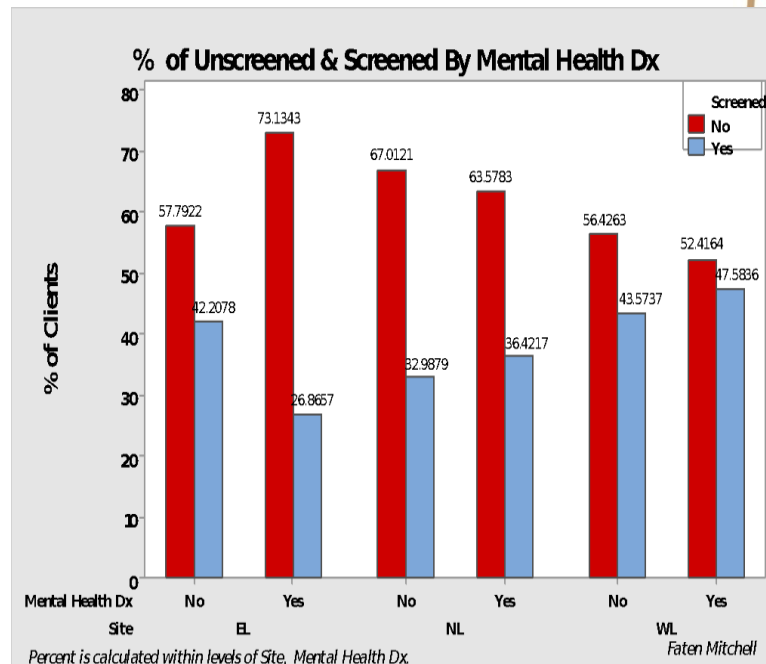
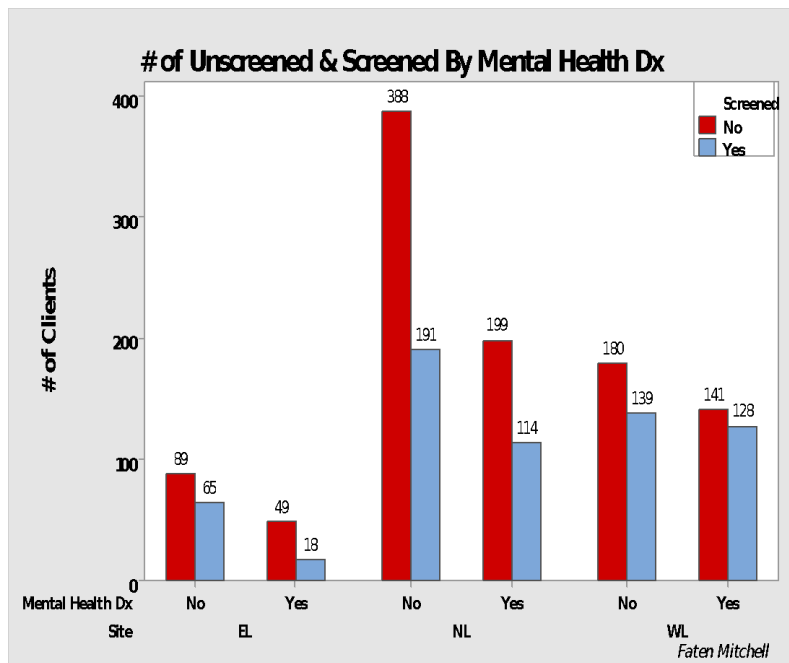


Site



Income

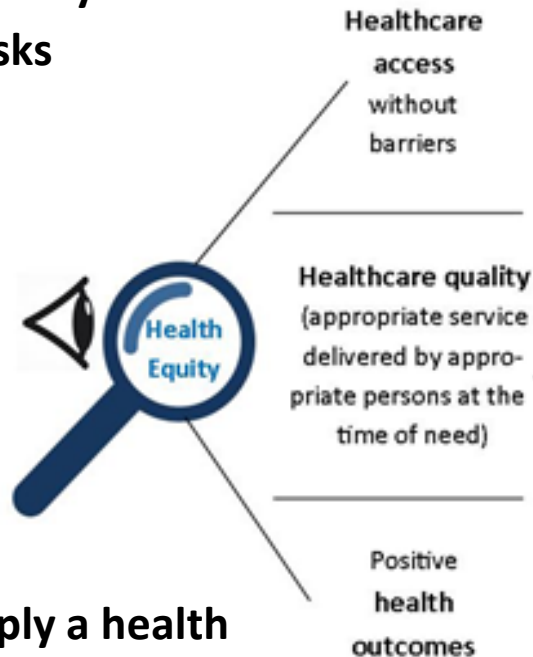
Identification of Key Barriers



Step 6: Risk Identification & Response Planning

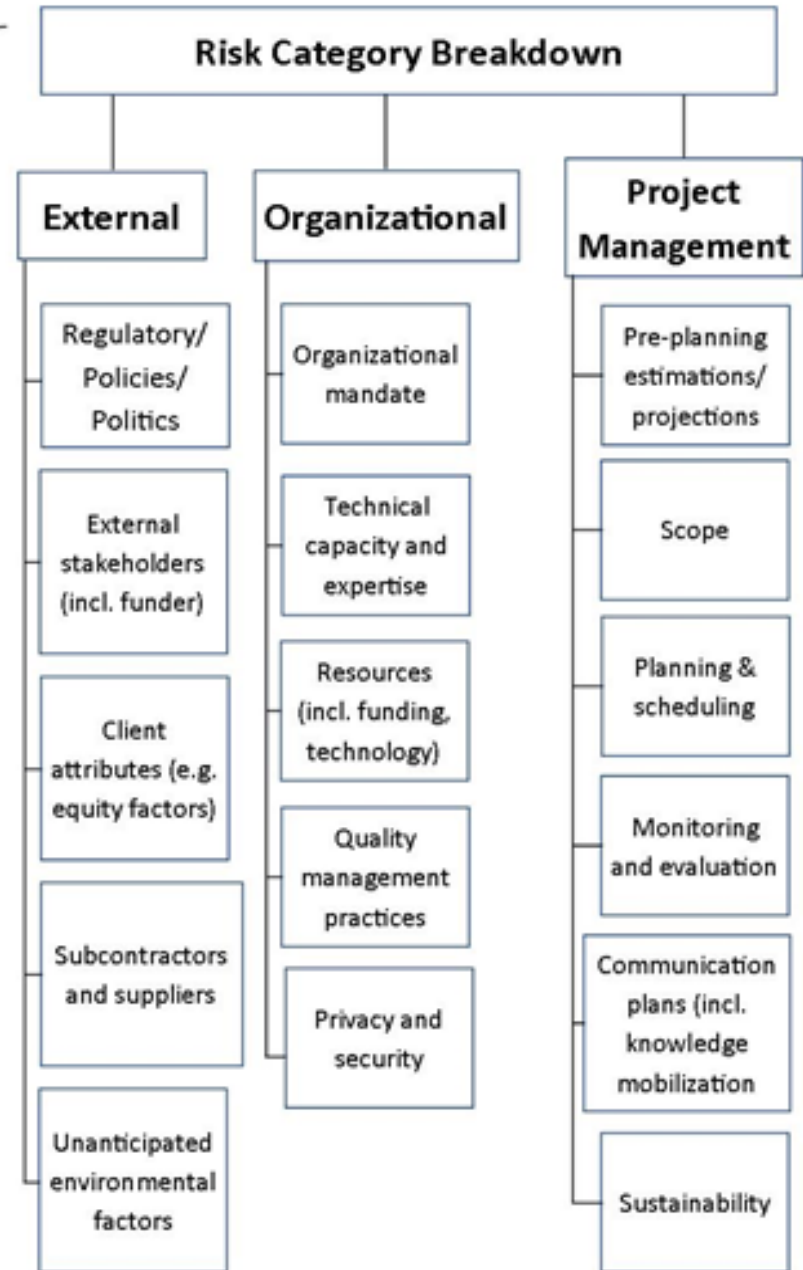


Step 1 – Identify all potential risks



Step 2 – Apply a health equity lens to each risk:

- key populations affected?
- think of risk in terms of healthcare access, quality, and health outcomes



Risk Assessment Matrix



Step 3 – Measure risks --->

Step 4 - Plan Risk Response Strategies:

- Prevent
- Mitigate
- Transfer
- Cope

IMPACT (i.e. Consequence / severity)	Risk Assessment Matrix (3X3)				
	High (Based on the current mandate of the organization - this is not a viable option)	(3) Considerable management and monitoring required	(6) Manage and monitor risks (inform senior management)	(9) Management (extensive senior management involvement)	
	Medium (We could still function)	(2) Risk may be worth accepting with monitoring	(4) Management effort worthwhile, mitigate and monitor risks	(6) Must manage and monitor risk (inform senior management)	
	Low (Normal)	(1) Accept risks	(2) Accept, but monitor risks	(3) Manage, mitigate and monitor risks	
		Low (Normal or unlikely)	Medium Likely	High (Very Likely)	
		LIKELIHOOD (i.e. probability of occurrence)			

Risk Management Case Example



Strategy identified by Rideau: Changing the eligibility criteria and policies for their Footcare Program as a means to ensure access by those who need it most.

Potential Risks:

1. Conflict with **organizational mandate**, e.g. to provide access to all with no barriers
2. Low quality data, e.g. income data lacking number of dependents, may exclude potential participants
3. Other barriers faced by ineligible client such as transportation, disability, discrimination (**Client Attributes**)
4. Increase in referrals to comparable external service providers (**External Stakeholders**)

Risk Management Activity



1. Pick one potential risk that we have provided
1. Are there additional implications in terms of health equity?
1. Score the risk using the Risk Assessment Matrix
1. Decide which response strategy is most appropriate
1. Share!

Project Charter



- A document that demonstrates organizational support for the project, authorizes the project manager to lead the project and allocate resources as required.
- Signed by senior management of the responsible organization and the partner organizations.
- Should be distributed widely - to anyone with an interest in the project – to help build momentum, reinforce the project manager's role and authority, and possibly draw other interested and valuable team members into the project.

Organizational Change Management



Things do not change; we change. Henry David Thoreau

The key to change... is to let go of fear. Rosanne Cash

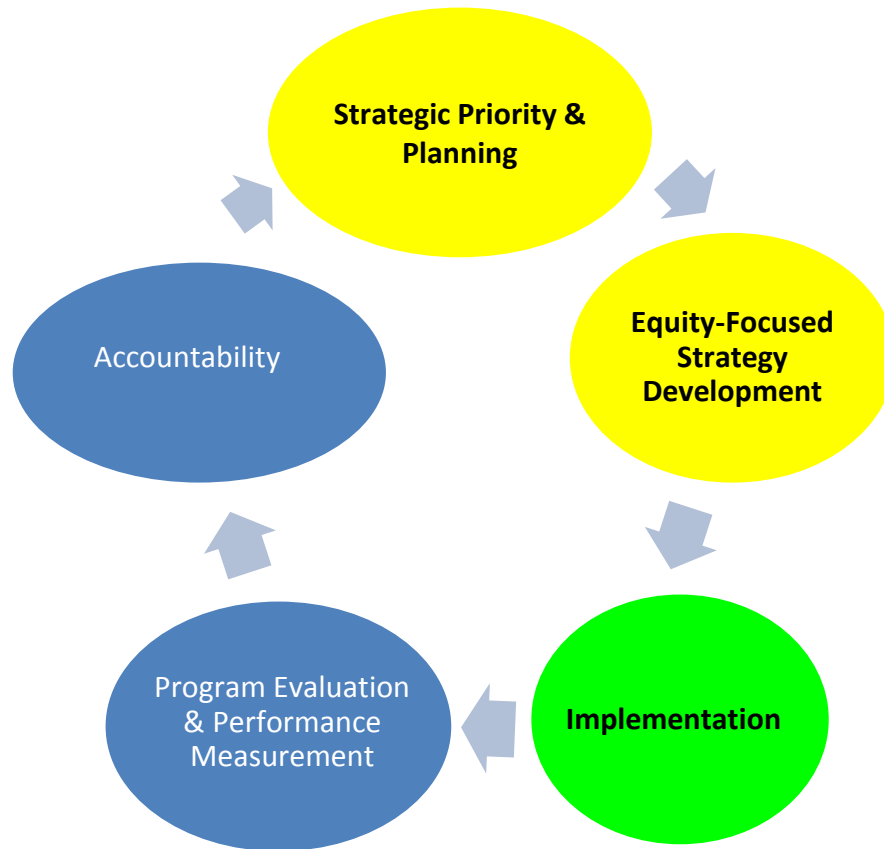
Our only security is our ability to change. John Lilly



Successful Organizational Change Management



In Conclusion: Planning and Evaluation Cycle to Advance Health Equity



Strategic Health Equity Improvement Planning Steps

1. Establish a planning team
2. Identify key stakeholders
3. Identify and review evidence to generate potential strategies/solutions
4. Prioritize impactful and feasible strategies
5. Develop the implementation plan
6. Identify risks and plan response strategies

Tools and Resources

Establish Planning Team

- Research to Practice (R2P) Protocol

Stakeholder Analysis & Engagement

- [Stakeholder Analysis Tool](#)
- Stakeholder Engagement Plan Template
- [HQO - Guide to engaging patients](#)

Reviewing Evidence to Generate Solutions

- Research to Practice (R2P) Protocol
- R2P Mapping Tool

Prioritizing Solutions

- Risk Assessment Framework

Planning Intervention

- Equity-Informed Project Charter
- Sample Project Charter
- Logic Model Template
- Equity-Informed Program Plan
- [HEIA online course \(English\) – open using Internet Explorer](#)
- [HEIA online course \(French\) – open using Internet Explorer](#)
- [HEIA workbooks and templates](#)

Change Management

- [NCCSDO Organizational Change A review for health care managers, professionals and researchers](#)