

Closing the Health Equity gap through Community Mobilization: The Role of Community Health Nurses

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Presentation Outline

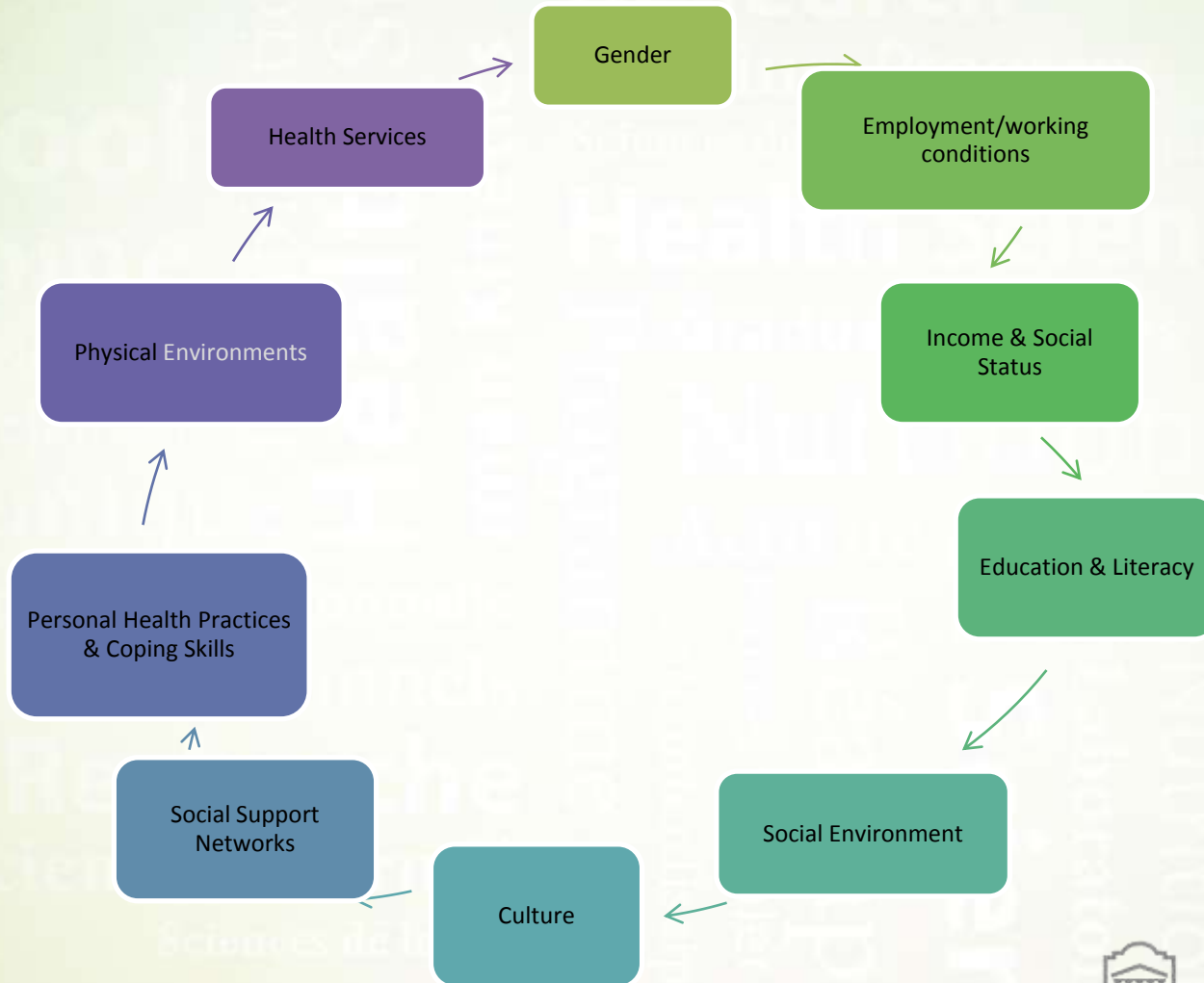
- Social Determinants of Health
- Health Equity
- The Equity Gap: Jason's story
- Implications for Community Health Nursing
- CHNC Blue Print for action
- Mobilizing Community through PAR
- Conclusion



Social Determinants of Health

- Over the past 50 years, health researchers and practitioners have developed better understanding of the many factors that prevent chronic disease and lead to good health.
 - Unlike previously when health was primarily viewed as a matter of bio-medical cause and effect, coupled with negative life style choices.
- We now understand the ways in which our social environment shapes the decisions we make and the behaviours we engage in.

Social Determinants of Health...2



Health Equity

- These social conditions in which people live interact to powerfully influence their chances to be healthy.
- Health is closely tied to the environment around us - where we live, work, learn and play.
- *These inequities are not inevitable!*



Health Equity in Canada

- Zhong-Cheng Luo et al study on disparities in Inuit birth outcomes
- Smylie et al 2010 disparities in indigenous people birth outcomes-Canada, USA and Australia
- Yeates (2010) Health disparities in renal disease
- Noh, et al (1999). Racial discrimination and depression among Asian refugees
- Dunn & Dyck (2000). SDOH in Immigrant population
- Etowa & Etowa, J, Weerasinghe, S, & Eghan, F. (2010). Maternal Health Care Challenges within African Immigrant Communities. *Journal of US-China Public Administration*
- Etowa, J. & Keddy, B. (2009) Racism in Health Care: Experiences of Childbearing women of African descent. *International Journal of Diversity in Organization, Communities and Nations*.

Health Equity at the Global level

- Each year, more than 7.6 million children die before reaching the age of five (CIDA)
- Today, there is a 36-year gap in life expectancy between countries.
 - For example, a child born in **Nigeria** can expect to live for 47 years while a child born in **Japan** could live for as long as 83 years (WHO)

Jason's Story: The Health Equity 'Gap'

- Why is Jason in the hospital?
 - Because he has a bad infection in his leg.
- But why does he have an infection?
 - Because he has a cut on his leg and it got infected.
- But why does he have a cut on his leg?
 - Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.
- But why was he playing in a junk yard?
 - Because his neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them.
- But why does he live in that neighbourhood?
 - Because his parents can't afford a nicer place to live.
- But why can't his parents afford a nicer place to live?
 - Because his Dad is unemployed and his Mom is sick.
- But why is his Dad unemployed?
 - Because he doesn't have much education and he can't find a job.
- But why ...?"

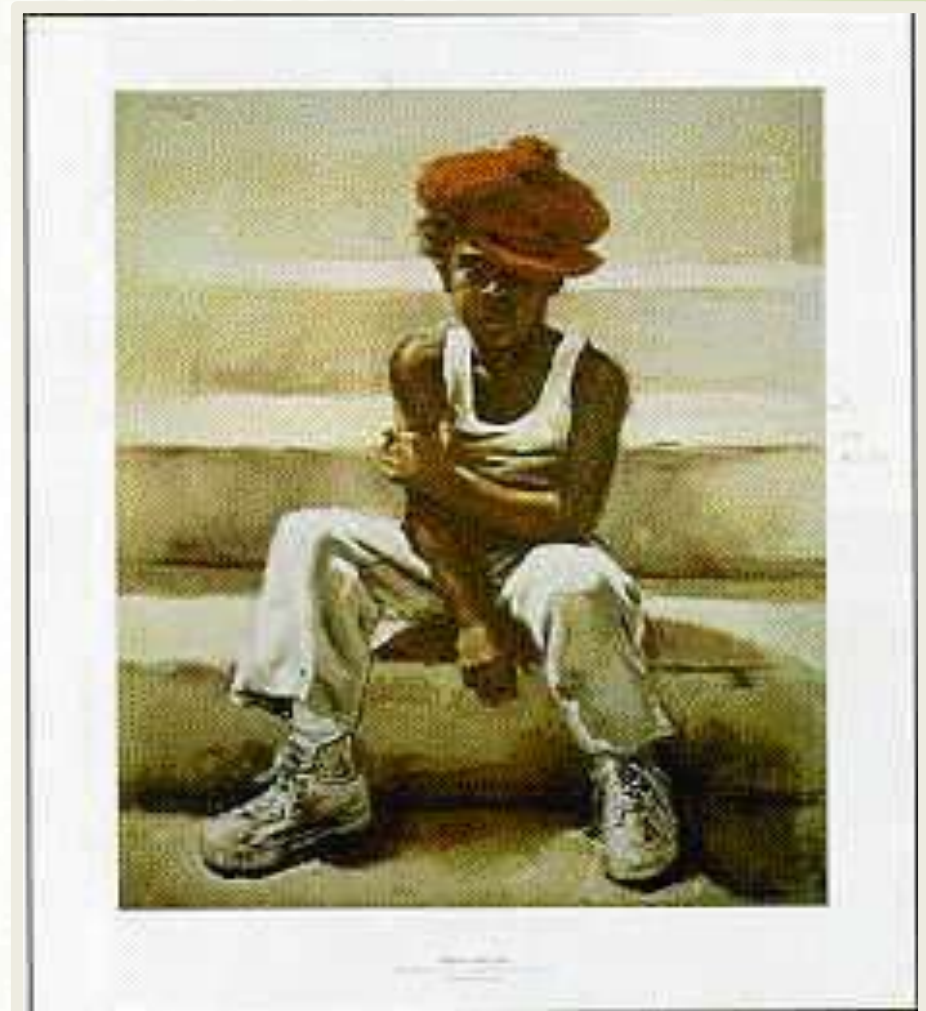
Health Canada (1999) Toward a Healthy Future: Second Report on the Health of Canadians

Sciences de la Santé



Jason's story...²

- This seemingly simple story of Jason suggests, health is influenced by a number of factors.
- These factors interact with one another to affect the health of Canadians at various levels; individuals, communities and even that of the whole nation.



Key Driver of Health Equity

“A toxic combination...of poor social policies and programmes, unfair economic arrangements, and bad politics...is responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible.”

– *Commission on SDoH (as cited in Marmot et al 2011)*



Implications for Community Health Nursing

- As Marmot et al (2011) notes, “social injustice is killing us on a grand scale” (p.5)
- Community health nursing practice occurs:
 - *“at that intersection where societal attitudes, government policies, and people’s lives meet...(and) creates a moral imperative not only to attend to the health needs of the public but also, like Nightingale, to work to change the societal conditions contributing to poor health. That is, to engage in social justice.”*

Falk-Rafael (2005) as cited in the Blueprint for Action for CHN in Canada, (2011, p.3)



The Blueprint for Action

- **The Blueprint for Action for Community Health Nursing in Canada-(2011) call for nursing to take a lead in the redesign of the health care system:**
- “Community health nursing has an important position in the health system and its voice is critical as Canadians search for solutions to the challenges facing the health system and their health” (p.1).
- “**The time for action is now ... many opportunities are available...**” (p.1).

Opportunities within Bigger Contexts

Provincial Levels, e.g.

- Ontario's Action Plan for Health Care-2012
 - A key commitment of the action plan is to “make primary care a cornerstone of health system transformation” (AOCHC/AHAC, Jan 31, 2012).
- The plan lays out PHC services such as:
 - Calling on PHC to help individuals and their families to navigate the system, esp. those with multiple complex conditions;
 - Enabling non-physician health providers to use their full range of skills that they are trained and qualified to do;
 - Integrating evidence-based best practices.

Opportunities within Bigger Contexts...

National e.g.

- **CIHR Roadmap signature Initiative in Community-based Primary health care (CBPHC)-2012** . Two key Priorities:
 - Better systems; Chronic disease prevention and management
 - Access to CBPHC for vulnerable populations
- **IDRC-Governance for Equity in Health Systems-2011-2016 seeks projects that:**
 - Address core challenges of decision-making, resource allocation and power distribution in health systems, etc.

Sciences de la nutrition



Opportunity: Rio Declaration on SDoH

- **The Rio Declaration** will help to build high-level international backing for the development and implementation of national policies to address SDoH.
- This declaration seeks to draw from lessons learnt and to channel coordinated global action in five key areas:
 1. governance to tackle the root causes of health inequities: implementing action on social determinants of health;
 2. promoting participation: community leadership for action on SDoH;
 3. the role of the health sector, including public health programs to reduce inequities;
 4. global action on social determinants: aligning priorities and stakeholders;
 5. monitoring progress: measurement and analysis to inform policies to build accountability on social determinants



Think Globally, Act Locally! **visibility in the Global Scene**

GLOBAL

Healthy globalization

Healthy international policy across government

Global citizenship for health

Commission on the SDoH:
Advancing Global Actions

SDOH

NATIONAL

Healthy public policy

Health-Promotion
Health Services

COMMUNITY

Community action

Empowering
Environments

Personal Skills &
Transformation

Rio Déclaration-2011

WHO

Research

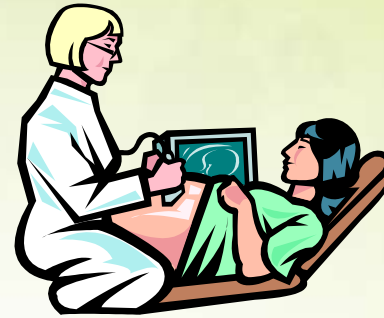
NURSES



IOM Report (2011): Leading Change

- Nurses' regular, close proximity to patients and scientific understanding of care processes across the continuum of care give them a unique ability to **act as partners** with other health professionals and **to lead** in the improvement and redesign of the health care system

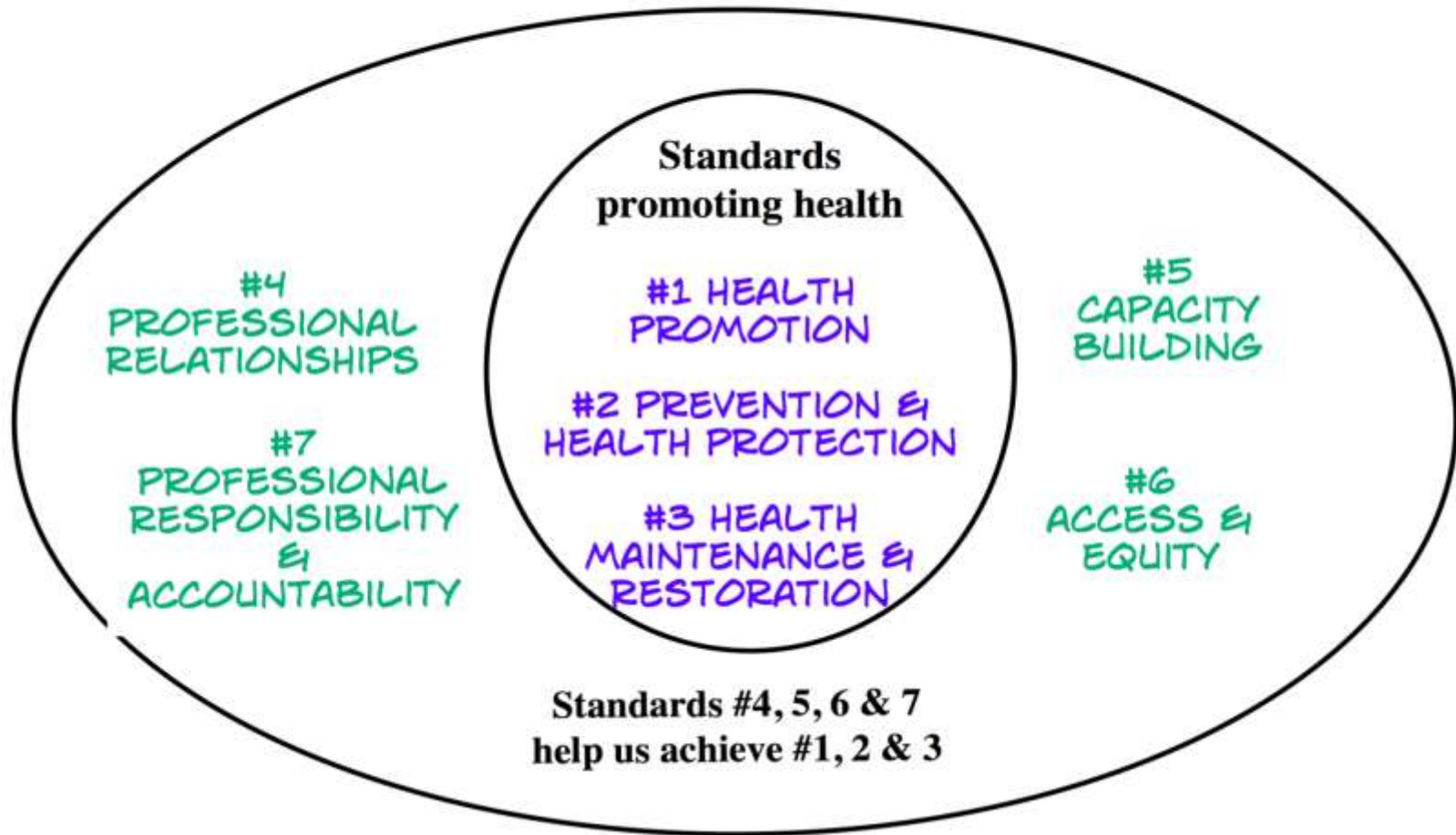
CH Nurses' Close Proximity



Leadership Role



Canadian Community Health Nursing Standards of Practice, 2011



Standard #1: Health Promotion

- Standard one involve the process of community mobilization based on evidence:
 - to foster empowerment and deal with health inequities
 - to promote physical activity and healthy eating through planned programs
 - to participate in regular physical and social activities



Standards #5: Capacity Building

- Community health nurses are not only uniquely positioned to build relationships with those who have health needs, they also have the expertise to act as advocates and liaison with those who distribute the resources
- CHNs build on established community resources and strengths
- CHNs build capacity at the individual, organization and whole community levels.



Collaboration

- Nurse leaders need to develop strategic collaborative partnerships to give voice to CHN and to mobilize the resources necessary for workforce development.
- It takes the combined effort of networks both within and outside the public health system to address population-wide health challenges.



An Example from Practice

Project Objective:

- To investigate the health status, health care delivery, and health services utilization among African Canadians living in rural and remote regions of Nova Scotia.
- To build community capacity of Black people's health research through collaboration and networking



An Example from Practice...

Project Description:

- Sample-237 Black women over the age of 18 were interviewed for the purpose of this study
- Three Community Facilitators conducted the interviews covering three counties in South Western Nova Scotia
- PAR form this guiding tenet of the study

Project Team:

- The three-year Project started with a variously diverse team of people from the Black community, academic setting, non-governmental organizations and policy area



Participatory Action Research (PAR)

PAR as a strategy for building community Capacity

- PAR is not only an approach to investigating phenomena from the perspectives of those being studied; it is also a means of mobilizing for collective social action to address the community needs and for creating change at multiple levels.



Principles of PAR

- Values what people know and believe by using their present reality as a starting point and building on it.
- Creates critical awareness and subsequent transformation
- Fosters empowerment through the process of engaging in experiential learning and collective action



Principles of PAR

- All people have the capacity to think and work together for better life
- Knowledge, skills and resources are to be shared in equitable ways
- Authentic commitment towards the shared goal of social transformation is required at all levels



Distinguishing Features of PAR

- Shared ownership of research project
 - Individuals with a common need come together to form a group with a specific purpose
- Offers an opportunity to not only choose the issues to be explored but also a chance to take collective action for social change.
- Community-based analysis of the social issues
 - Continual dialogue supports the development of a climate of mutual trust, openness and cooperation

Capacity Building Phase 1

- Developed collaborative partnerships between the university and organizations in the Black community
- Trained Community Facilitators on research interviewing and basic computer skills
- Collaborated with community College to design and implement customized certificate courses on:
 - Ethics and professionalism
 - Conflict resolution
 - Interpersonal communications
 - Media communication
 - Stress management



Capacity Building: Phase 2

- Team members designed and implemented workshops for facilitators on:
 - Data coding and analysis
 - Use of qualitative data analysis computer software
 - Dealing with trauma and racism
- Collaborated with community College to design and implement courses in:
 - Public Speaking and presentation skills
 - Microsoft Excel 2003 tips & tricks
 - Computer trouble-shooting skills



Project Outcomes

- Increased research skills and a sense of empowerment
- Greater knowledge of the Black community and women's health issues
- Mobilization of Black women to participate in community health events including sitting on Health Boards
- Development of an African Canadian Health Information Manual.
- Creation of a play based on research findings
- Development of an educational quilt



Feedback from the Community

- Were partners satisfied with the research process learning?
 - Community facilitators were satisfied with activities especially the capacity building initiatives
- Did learning occurred as intended?
 - “I have a better understanding of the women in our communities”
 - “I have learned how to do good interview and code data”
- Has learning been applied to their work?
 - “Giving women a chance to tell their real stories was a good way to get information”

Community Empowerment

- PAR approach honored the lived realities and experiential expertise of partners as well as the creativity embedded in a collaborative process
- The “indigenous” knowledge of the community facilitators was vital in enabling the team to better understand the barriers and challenges affecting Black people’s health in these communities
- Knowledge exchange between the academic and community researchers was instrumental in building capacity of both groups
- PAR is a means to **eliminate inequities**, including barriers to appropriate health care, through **community empowerment**.

In Summary

- Health starts – long before illness – in our homes, schools, and jobs.
- Canadians should have the opportunity to make the choices that allow them to live a long and healthy life, regardless of their gender, income, education, race or ethnic background.
- Our neighborhood should not be dangerous to our health.
- Our opportunity for health starts long before we need medical interventions.
- Our opportunity for health begins in our families and communities in the presence of community health nurses!

Summary...

Standing still is not an option... We must walk the talk, (CHNC Blueprint, 2011) by:

1. Forging new pan-Canadian research partnerships to exchange learning about community models of care and unique community needs;
2. Developing consensus on strategies to bring the Blueprint for action to life based on relevant and translatable CHN research;
3. Building new and enhanced community health networks to facilitate knowledge translation (KT) in practice;
4. Redefining “‘expertise’ to include the voices of all Canadians...” (CHNC, 2011, p.4)

Conclusion

- The reality of health care is constant change and there is nothing in the near future to reverse the direction of change...
- As a community health nurse, do you want to be the master of these changes?
- Or do you want to be the servant?



THANK YOU

