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**ML** MIDDLESEX-LONDON  
HEALTH UNIT

# SDoH Public Health Nursing Initiative in Ontario

Five Years in Evaluation and  
Reconceptualising the SDoH  
Public Health Nursing Role in  
Ontario

# 2011 External Focus

## MLHU SDoH Job Description:

“Work collaboratively with communities, groups, families, & individuals to enable them to enhance their health and prevent disease”



# The Beginning: At MLHU 2011

- Initial focus was on an external, direct client service role (70% external and 30% internal)
- Identified three components of the work
- SDoH nurses were positioned on two different teams within MLHU



# Barriers to This Structure

- Lack of collaboration between SDoH nurses
- Reporting structure
- Capacity to undertake the work
- Lack of understanding of health equity by managers within the health unit
- Role confusion



# Strategic Realignment in 2013

- Creation of the Health Equity Strategic Action Group (HESAG)
- Areas of focus were identified with a shift towards building capacity of staff for health equity work within MLHU



# Strategic Realignment in 2013

## Wins:



- Created buy in within the HU to ensure health equity was an area of focus
- SDoH nurses had common goals on the SAG
- Resulted in management re-examining the roles of the SDoH nurses

# Strategic Realignment in 2013

## Continued Challenges:

- SDoH nurses continued to report to two different managers
- SAG became a barrier to the SDoH nurses getting their work done
- Centralization of the role still had not occurred





# Leadership Change - 2014

- New Medical Officer of Health hired in 2014
- Re-examination of all areas of the health unit starting with strategic direction
- HESAG had influence within the health unit resulting in the addition of a .5 Health Equity Integration Specialist



# Leadership Change - 2014

- SDoH nurses role re-defined with input from SDoH nurses and HESAG (70% internal focus and 30% external)
- Discussion is re visited regarding centralizing the role of the SDoH nurses



# Restructuring in 2015 - 2016

- Pivotal time for advocating for the centralization of the SDoH positions

## **Proposal:**

- Create a Health Equity Core team
- Reporting structure ideally to be to Foundational Standards with direct link to AMOH

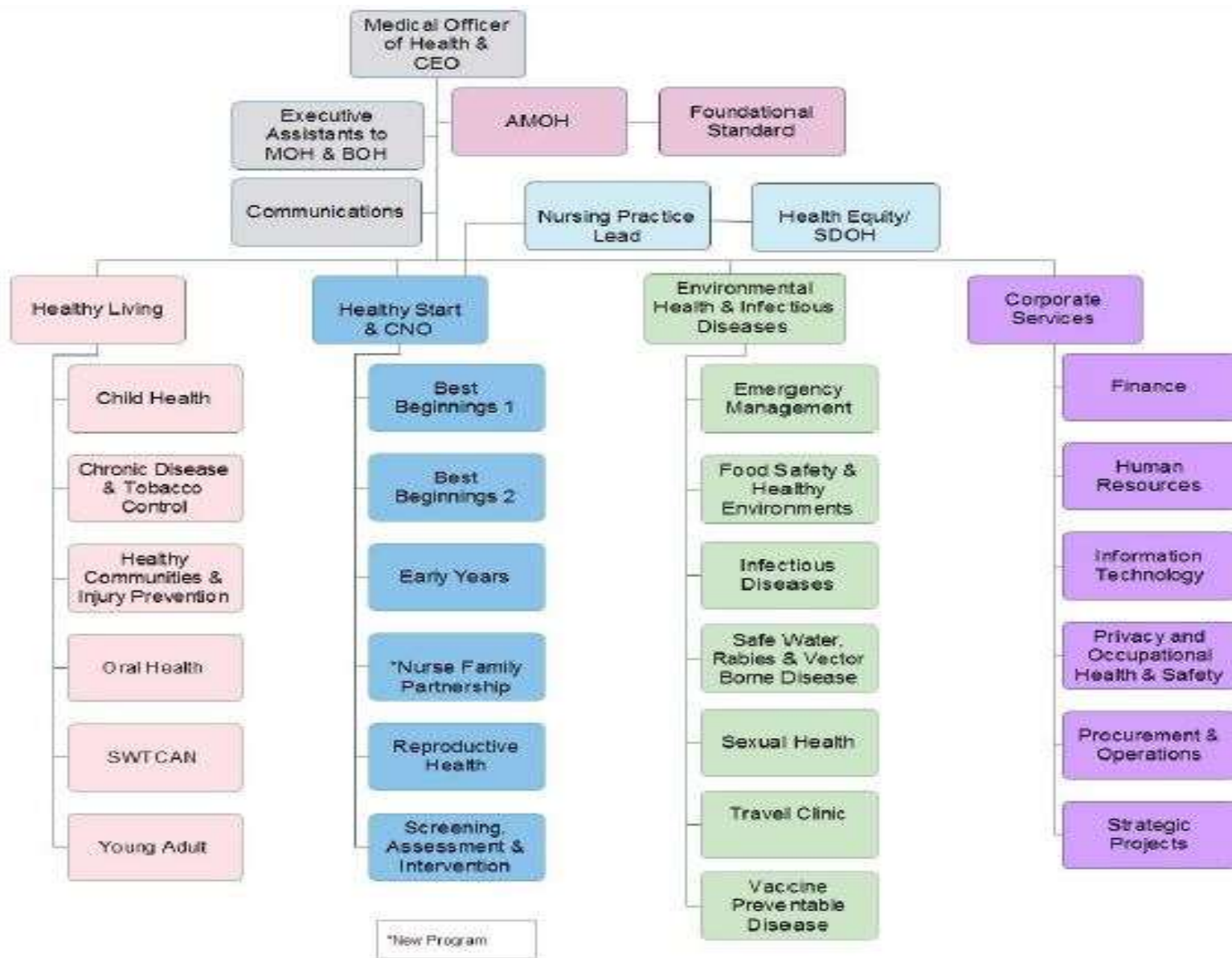


# Restructuring in 2015 - 2016

## Reality (January 1, 2016):

- SDoH nurses positioned on the Health Equity Core Team consisting of 2 SDoH nurses and HEIS.
- Report to the CNO Director
- To be re-examined in 6 months





# Continued Challenges

- SDoH nurses are not truly centralized as they report to a Director in one division
- All three members of Health Equity Core Team (HECT) have been there less than a year



# Lessons Learned

- Senior Leadership support for SDoH nurse role is crucial
- Centralization of the SDoH role
- Important to have a multidisciplinary committee
- SDoH PHN provincial network has been crucial

