EQUITY-INTEGRATED POPULATION HEALTH STATUS REPORTING: ACTION FRAMEWORK

INTRODUCTION

This document is a companion to "Equity-Integrated Population Health Status Reporting: Action Framework" (NCCPH & NCCDH, 2016). It is intended as a brief introduction to the framework. Please see the complete framework document for more information on how the framework was developed and links to specific examples of promising practices related to each element.

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Population health status reporting (PHSR) is a vital tool for addressing the social determinants of health and improving health equity. The *Action Framework* is intended for people who are either directly engaged in creating community health status reports or are interested in learning about how they can use PHSR to drive action on improving health equity.
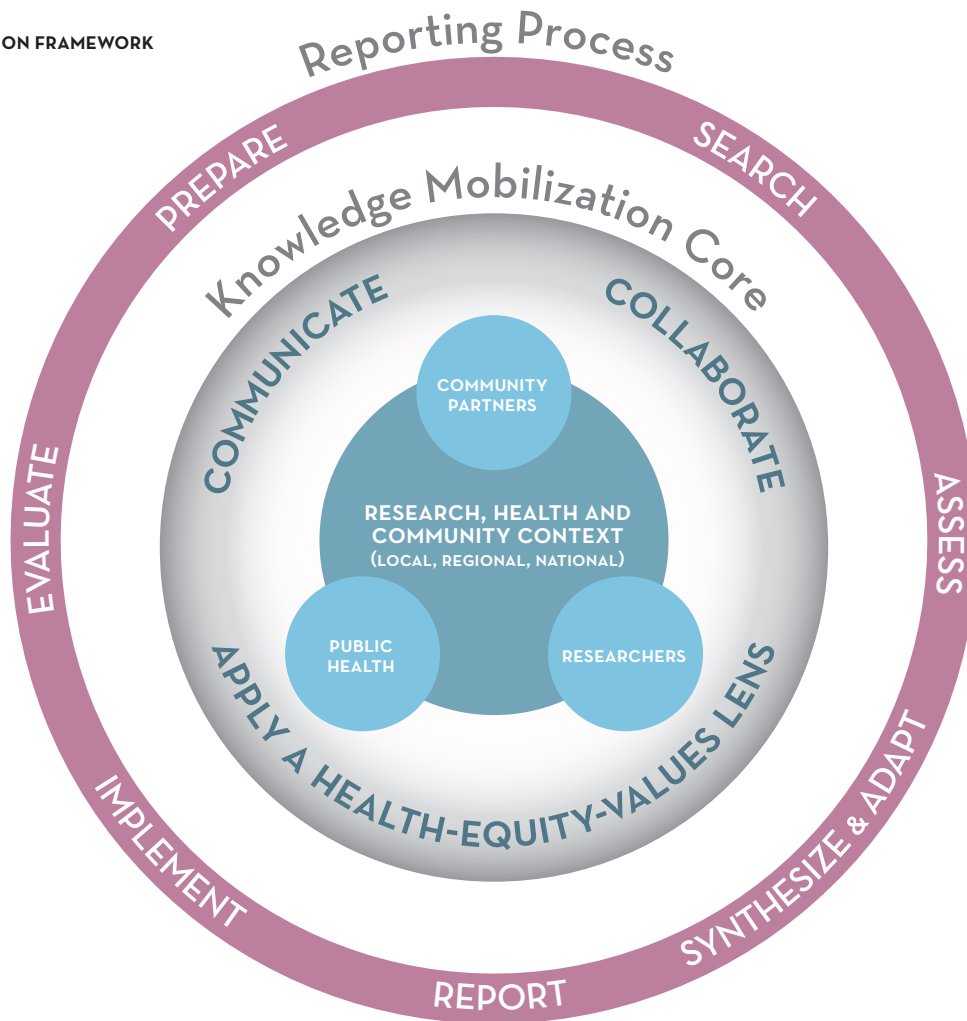
The *Action Framework* outlines an *ideal* equity-integrated PHSR process. But the complexity of public health organizations situated in even more complex environments is far from ideal. The framework should be used to help identify and

implement manageable steps specific to your context. It is our hope that the use of this framework will strengthen the integration of health equity into the PHSR process at local, provincial and national levels, resulting in increased capacity to take action on the social determinants of health.

The action framework elements
The *Equity-Integrated PHSR Action Framework* identifies and describes the necessary elements in a PHSR process that integrates health equity in an effective manner.

THE ACTION FRAMEWORK

A. KNOWLEDGE MOBILIZATION CORE

Where – provides the context
(Research, Health and Community Context)

Who – describes the primary actors
(Public Health, Researchers, Community Partners)

How – describes the approach needed throughout the process
(Communicate, Collaborate, Apply a Health-Equity-Values Lens)

B. REPORTING PROCESS/STEPS

What – describes the steps of the PHSR process and the key questions to consider for integrating health equity
(Prepare, Search, Assess, Synthesis and adapt, Report, Implement, Evaluate)

A. KNOWLEDGE MOBILIZATION CORE

The knowledge mobilization core is specific to the intended users (i.e. who the primary actors are and their location), held together by a collaborative approach that integrates health equity. It includes three main elements:

1. **Where –** a PHSR process can be done at any level, local, regional, or national. At each level there are different people, organizations, political cultures, and available data. Ultimately however, the community context and local issues inform the reporting process, and are impacted by it as part of the larger system(s). Over time, the community is better equipped to take action to address health equity issues, and the outcome is improvement in health equity within the local community context.

2. **Who** – the primary actors in a strong equity-integrated population health status reporting process are the public health sector, community partners and researchers; a process led by any actor alone is less likely to result in action. The capacity for leadership and action of each is critical to being able to effectively integrate health equity into a PHSR process. The public health sector is essential in implementing PHSR, and public health actors and advocates are well positioned to provide leadership to an effective PHSR process. Community partners (including government, community organizations and other grass-roots leaders) are critical throughout the entire process, and researchers working in a variety of settings and disciplines are important at different points in the process.

3. **How** – There is no 'one size fits all' approach to mobilizing knowledge in a PHSR process. However, there are principles that are essential to apply throughout the process, which have been captured in the framework as a series of questions that must be considered. These questions can be clustered into three groups:

- **Apply a health equity lens** – which means asking questions that ensure differences in health status are assessed for fairness and justice. These include questions about how we can ensure we are thinking about social, economic and political structures and systems that create health inequities, as well as questions about how we can more fairly distribute resources for health.
- **Collaborate** – which means including people from all sectors in order to strengthen the evidence and improve our understanding of what it means. Questions here include how to invite people to be part of our team when we don't know them, how to build trust, and how to move to taking action.
- **Communicate** – which means ensuring everyone, including those who will use the results of the process, has the latest information. We need to ask about how to ensure everyone knows what stage the process is at and how can we can share our story so that others are inspired to join us.

B. REPORTING PROCESS/STEPS

The reporting process in our framework includes seven steps for developing and implementing PHSR. Each step includes key questions to guide activities and ensure the right structures are implemented to support the work of the Equity-Integrated PHSR process.

Key equity questions for each of the seven steps:

1. **Prepare** - Who needs to be part of the process? What are the key questions and issues/problems? In what ways are equity values integrated into our investigation questions?

2. **Search** - What is the best way to find the relevant research evidence? What indicators will help us answer the research question? What other data are available? Do we need to develop a plan to collect additional data?

3. **Assess** - What are the data sources and the quality of the data? What limitations are inherent in the sources and data? Is there evidence available from other quantitative, qualitative or participatory research that can be used to complement the data? How do research approaches, data collection and analysis integrate health equity values? Do the various indicators adequately measure both assets and deficits? How well are population demographics disaggregated by geography, economic and social characteristics?

4. **Synthesize and adapt** - How can we synthesize, adapt and integrate different types of evidence to paint a more complete picture of inequities? What recommendations can we make for practice based on the available evidence? How are health equity values integrated into our recommendations? How do the recommendations relate to the local context?

5. **Report** - Who is our audience and what is the best way to communicate what we have learned?

6. **Implement** - How can we frame the findings so that they engage everyone? What is the best way to explore potential actions, spanning from community mobilization to policy development? How can we collaborate to implement these potential actions?

7. **Evaluate** - How well did the PHSR process contribute to achieving our organizational goals for the report, where improved equity is included and integrated among those goals? In what ways did increased community capacity to take action on the social determinants of health and health equity result from the process?

How to use the framework

Regardless of your position or role within a public health, research, or community organization, you can strengthen the health status reporting process to better integrate health equity:

- *Get a copy of your current population health status report* and meet with your colleagues to explore your understanding of health equity/inequity and discuss the extent to which these concepts are part of each step in the PHSR process.

- *Invite someone from the team that developed the report* to talk to your colleagues about how and where the principles of the knowledge mobilization core (application of an equity lens, communicate, collaborate) were undertaken in the PHSR process.

- *Convene a cross-disciplinary and inter-sectoral group* to discuss opportunities to better integrate equity into the PHSR process and implement a knowledge mobilization strategy from the beginning of the process.

Next steps for public health research and practice

We propose two main areas of research inquiry and look forward to supporting research-to-practice collaborations in these areas: 1) An assessment of current PHSR processes being implemented by public health in Canada, with the objective of evaluating both the process and outcomes, including policy change, 2) The development of clear performance standards for PHSR that effectively integrate health equity, organizational and healthy public policy objectives.

For public health practice, we want to emphasize the importance of examining evidence in a way which considers the meaning and relevance of data in a particular local context. What is known about the social factors which affect health is not universal in its applicability. This creates an opportunity to use a participatory approach to policy making and recognize that the work of drafting, tracking and reporting indicators is not a technical process for experts alone. To use PHSR in this way requires that the public health sector move beyond traditional monitoring and surveillance approaches and put a strong knowledge mobilization strategy at the core of their population health status reporting. With a strong knowledge mobilization core, PHSR can be a tool to drive action to improve health equity.

REFERENCE

NCCPH & NCCDH (2016). Equity-integrated population health status reporting: Action framework. Antigonish (NS): National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2016. Available from: www.nccph.ca/docs/PHSR%20Action%20Framework%20EN_final.pdf.