



## *Improving Health in Saskatoon: from Data to Action*



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Bridging the Gap – February 2012

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# The Health Picture in Saskatoon

- Health appeared to be good and improving
- Data averaging was hiding serious discrepancies between neighbourhoods
- Public Health Observatory helped fill gaps in data
- *Health Disparity by Neighbourhood Income* established determinants independently associated with health disparity



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# The Health Picture in Saskatoon

Compared to others in the city, people in the six lowest income neighbourhoods were:

- 15 times more likely to have a teen give birth
- 5 times more likely to have an infant die in its first year
- 15 times more likely to attempt suicide
- 14 times more likely to have Chlamydia
- 34 times more likely to have hepatitis C
- 7 times more likely to have gonorrhea
- twice as likely to have diabetes.



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# The Issue/Challenge

*How could the SHR team focus investment on those initiatives most likely to help them meet the following targets?*

- Reduce poverty in households from 17% to 10% in five years (by 2013)
- Reduce poverty in children from 20% to 2% in five years (by 2013)



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# Partners and Decision-Makers

- Regional Inter-sectoral Committee (RIC)
- Health care partners
- Community organizations
- Residents of Saskatoon



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# Group Work

(15 minutes)

- How would you present the case to the RIC members? What arguments would you use to urge them to action?
- Given the range of partners and decision-makers involved, how would you go about engaging them in the process, to get the 'buy-in' required for action?



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# Presenting the Case to RIC

- Verified data
- Evidence-based solutions
- Economic argument
- Setting a common agenda
- Consultation with the community



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# Promoting Intersectoral Action

- Multi-level partnerships can be difficult to manage
- The perspectives of some of the partners provide a sense of the challenges faced



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# Promoting Intersectoral Action

Community partners –

*“This research is nothing new. This is my community. I know the abject poverty my neighbours endure!”*

*“My group has been fighting poverty for decades. What’s public health sticking their noses in here for?”*

*“We’re a small group. It will take a lot of our resources to work with all the partners around the table, and besides, how will our voice be heard with groups like the health region and businesses represented?”*



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# Promoting Intersectoral Action

Government partners –

*“We’re used to dealing with roads, water, housing issues... How can we have any impact on health?”*

*“Here’s another report on what’s wrong with our city. How about giving us some resources to fix it?”*

*“How do we know that our efforts are going to make a difference? Improvements are probably because the economy is strong in Saskatoon right now.”*



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# Promoting Intersectoral Action

Health partners –

*“We’re stretched to capacity already! Now we also have to deal with social problems in our city?”*

*“Residents really like the ‘healthy active living’ program I put on. They would be upset if it was cancelled, and my funds were moved to an equity program.”*



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# Promoting Intersectoral Action

Residents –

*“You don’t have to tell me about this! I’m on welfare. They should have given the money to people like me, instead of wasting it on committees and meetings.”*

*“We take care of our poor in Saskatoon. The differences in health in this report just can’t be true!”*

*“I know what living in poverty feels like, but – talk to a big, official committee about it? I don’t think I could do that.”*



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# Group Work

(15 minutes)

*How would you overcome the issues raised by various partners in the process?*

- Ongoing communications
- Power struggles
- Resource issues
- Working with many partners
- Involving those affected by poverty
- Credibility gap
- Letting go



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# Addressing Challenges

- Community partners
  - Appreciated the request to help
  - Wanted to get on with solutions
  - Facilitated community discussions



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# Addressing Challenges

- Government and health partners
  - Saw the connection between their work and health
  - Highlighted their role in improving health
- Saskatoon Residents
  - Thought even small differences in health due to income was unacceptable
  - Supported interventions that helped children



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# Actions to Date

- Reducing health disparity is an organizational priority for SHR
  - Making the case to shift funding from acute care to health determinants
  - Program and policy changes
  - SDH now part of city-wide strategic planning
- RIC developed poverty-reduction strategy
  - Working groups focus on Aboriginal employment and affordable housing, and an action plan for the city



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# Actions to Date

- A website tracks progress
- Detailed inventory of policy and program changes maintained



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# Policy and Program Changes

- Personal income tax threshold changes
- Increase in minimum wage
- Increased funding for affordable housing
- Inner city schools have more health services
- Increased mental health and physical activity promotion in inner city schools



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# Summary of Learning

## Group Work (10 minutes)

*Having heard the results of SHR's effort, can you pinpoint the elements that led to its success?*

*How would you apply those elements to your own situation?*



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# Elements of Success

- Leadership
- Relationships
- Research
- Community culture and spirit
- Multi-sectoral approach
- Timing



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