Inner City Health Strategy Fall Policy Summit Report

THE INNER CITY HEALTH STRATEGY WORKING GROUP

The Context

The Inner City Health Strategy Working Group is a group of community organizations, advocates and researchers who have joined together under the auspices of Hamilton Urban Core to develop a strategy for addressing inner city health inequity and injustice with a focus on poverty and racism as the key co-determinants of health.

In April 2011 the groundbreaking Inner City Health Strategy Policy Summit: Poverty, Racism and the Impact on Health was held. An overwhelming number of participants indicated that the Summit should have been held over a two day period and confirmed they would attend a future Policy Summit. To that end the Fall Policy Summit: Knowledge Building and Education: Health Policy, Access and Community Mobilization was held in November 2011.

Four theme or discussion areas were identified for the Fall Summit and presenters with expertise in these areas were invited to participate as panelists. The theme areas of foci were: Connecting Data and Research Policies and Priorities to Health Equity and Access; The Issue of Access Polices and Practices: An Example of Community Mobilization; Food security and Impacts: Barriers Accessing Healthy Food In Vulnerable Communities: The Intersection of Practice and Policy: Focus on Accountability of Providers Within Health and Social Systems.

In addition the panel presentations, each theme area was used as a focal point for the discussion tables. Each discussion table was asked to discuss the identified topic using four key questions as a guide   This required participants to share in the transfer of knowledge and identify key concerns or key learnings regarding current polices, legislation, best Practices; the connection of policies, legislation, and best practices are to the issue and the relationship to health equity.

> *"It is important to keep in mind the injustices and oppressions faced by one group must be confronted by all groups pursuing equity and justice"*
> Dr. Uzma Shakir

Opening Keynote Address

The Fall Policy Summit opened with ***"Understanding the Connection: Poverty, Policy & Legislation that Keeps People in Poor Health"*** a keynote address by Uzma Skakir, Director of Equity, City of Toronto. In addition to giving examples of policy and legislation that is related to the subject, Uzma highlighted the importance of community mobilization in addressing legislation that keeps people in poor health She suggested that municipal government is perhaps the easiest government to appeal to and that having a direct relationship with city councillors is important. She emphasized the necessity of sharing the work and building meaningful partnerships as well as understanding the political climate and surroundings by knowing the current trends and priorities of government. Uzma's thought provoking and insightful delivery of the topic, set the tone for the Summit.

Summary of Panel Presentations

The Issue of Access Policies and Practices: An Example of Community Mobilization – Axelle Janczur

A call to action is an important strategic example of community mobilization, particularly as it relates to access issues resulting from policies and practices. The development of an organizational communication strategy is an effective tool that ensures staff capacity building around community mobilization. Important to community mobilization and access issues is the use of trained interpreters within the framework of all programs and services. The challenge of sustaining such an important service is the lack of adequate funding in many community based organizations. Important to increasing access is to provide child minding services and transportation support (bus tokens, etc.) Incorporating community engagement processes such as peer-to-peer outreach increase opportunities for knowledge transfer; the information from which can be used to develop appropriate polices. "Don't Ask, Don't Tell" Policy is one way to improve service access as this type of policy protects one's privacy, ensures confidentiality and builds organizational credibility and trust with clients and the community at large. Community mobilization is important in issues related to food service access because existing ID Access Process at food banks, create barriers for low income families in additional to due to the stigma attached when accessing food and clothing banks.

Connecting Data and Research Policies and priorities to Health Equity and Access – Dr. Grace-Edward Galabuzi

Highlights of this presentation included understanding the power of different evidence for policy intervention; understanding the role of research in the policy cycle; developing appropriate research methods for different stages of a policy campaign. Dr. Galabuzi also shared some ideas around how to effectively present the case for policy change. He suggested the importance of: Knowing one's policy audience; analyzing implications of evidence; identifying policy barriers and problems; developing practical policy alternatives and recommendations. While Dr. Galabuzi cautioned participants that solid evidence and good policy analysis/proposals is not enough to get the government to act, he did emphasize that research is the building block for solid policy analysis and defining practical/realistic alternatives. Regarding priorities to health equity and access, Dr. Galabuzi referenced findings from a research project he conducted in one of Toronto's neighbourhoods. In one example. He drew the link between income insecurity, and poor health status. Highlighted also were challenges and barriers to livelihood which included lack of local job opportunities, place based discrimination, gender based discrimination Dr. Galabuzi noted that racism, discrimination based on religion, age, and language and communication are factors that impact on peoples access to employment and consequently equitable health care.

> *"The intersection of poverty, racism, social exclusion contribute to health risks and impact health status of individuals and communities."*

The Intersection of Practice and Policy: Focus on Accountability of Providers Within Health and Social Systems – Simone Atungo, Floydeen Charles-Fridal

Accountability is important to improving the quality of public service. Accountability is also the extent to which a person is answerable to an higher authority. It is the responsibility for one's own actions and is a key principle of professional practice that is obligatory for health care providers. Areas of accountability include, professional competence, legal and ethical conduct, financial performance, adequacy of access, public health promotion and community benefit. Highlights from this presentation included knowledge transfer about who fits into the category of a regulated health professional and what the responsibilities are; defining standards of practice and cultural competence in standards of practice; the role of regulated health bodies; accountability of social service providers such as the Ministry of Community and Social Services. The Office of the Fairness Commissioner, Health Professionals Regulatory Advisory Council (HPRAC) The Ombudsman's Office and The Ontario Coalition of Accountability were named as examples of what kind of mechanisms are in place to ensure accountability. Some advocacy strategies were shared and included, public dialogue, partnerships, public education and political lobbying. . A complete copy of the presentation may be obtained upon request

Quick Facts

109, 366 or 14% of Ontario's licensed professionals were internationally trained.

There are 40 regulatory bodies in Ontario.

Highlights from the Discussion Tables
Discussion tables provided participants with an opportunity to share experiences and knowledge and to further examine the theme areas. Conscientious discussion pertaining to the theme areas led to several conclusions, some of which included:

Connecting Data and Research Policies & Priorities to Heath Equity and Access
- Access to health care goes beyond the policy in place – must be creative and focus on the client
- How a policy is written and implemented is disconnected from the targeted population
- Resources available to implement existing policies might not be adequate
- Community and individual consultation to policies and services being delivered is absent

The Issue of Access: Policies and Practices That Keep People In Poor Health
- Lack of equity of knowledge/access to programs and services – comprehensive communication plan is needed for all stakeholders
- Lack of accountability in policy implementation
- Cost factors are a big barrier to equity
- No legislated access to language interpretation
- There are some best practices models in place that exist through partnerships and existing coalitions

Food Security and Impacts: Barriers Accessing Health Food In Vulnerable Communities

♦ Health promotion and health provision are disconnected
♦ Onus is on individual to stay healthy when they do not have jobs – purchasing food that is cheaper but not nutrient rich. Eating health food suffers mostly because other expenses take priority
♦ Lack of education on how to use the foods readily available
♦ Best practices include, food boxes, traveling trucks, farmers markets and community gardens
♦ A committed and consistent approach to food literacy in schools
♦ Supporting Community groups/service providers in teaching new immigrants how to prepare foods available
♦ Food security should be part of the Ontario Poverty Reduction Strategy/Ontario Diabetes Strategy

The Intersection of Practice and Policy: Focus on Accountability of Providers Within Health and Social Systems

♦ Equitable/Equity should be redefined
♦ "Policing of policies"
♦ May benefit from having a policy accountability body that is transparent, inclusive, practical
♦ Sustainable funding for equity measurements and accountability is required
♦ Process for citizen complaints is not functional

Recommendations

Formal and informal recommendations were made at the Summit. Highlights of the recommendations include:

♦ Develop an Inner City Health Strategy webpage
♦ Continue to explore strategies for further discussion
♦ Create an opportunity to hear from the participants about the work they are engaged in that is related to topic
♦ Consider including presentation that focuses on teaching how service providers can write policy briefs and policy proposals
♦ Include First Nations perspectives on food, health, nutrition etc. in presentation
♦ Working Group should develop clear working definitions of terms (e.g. equity, access) for the purposes of its work and made available to participants

> *"It was a learning and empowering experience. I hope you continue the great work."*
>
> *'Compelling speakers and a good amount of time for Q&A*
>
> Summit Participants

Next Steps

♦ Think Tank
♦ Fall Policy Summit
♦ Dissemination of Summit Report
♦ Implementation of Communication Plan
♦ Update on Health Equity Institute

Summit Evaluation Summary

√ Overall 90% of participants' assessed the Summit as being excellent or very good
√ 91% of participants thought that the objectives of the Summit were achieved
√ 91% of the participants agreed that the knowledge and information gained from the Summit met their expectations
√ 86% of participants indicated that the knowledge and information from the Summit will be either definitely or mostly applicable or useful in their work
√ 99% of participants listed the panel presentation as one of the top three aspects of the Summit that they found useful

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The Inner City Health Strategy Working Group

The Inner City Health Strategy is a pioneer initiative designed to create strategic alliances, community initiatives, and a supportive body of research with the objective of influencing policy and funding decisions. By these means, the Strategy hopes to make a material difference in the lives and health outcomes of those living in poverty, or with too-low incomes, and to effect positive change in the inner cities. The Inner City Health Strategy Working Group is a collaborative partner-ship that is based on the premise that through the combined thinking, energy and efforts of a focused group a more ambitious vision of what must be done to address health disparities in the inner city will emerge. The Strategy posits that poverty, racism and the racialization of poverty are key co-determinants of health and their relationship is one of cause and effect. In this regard the Strategy has produced and disseminated two reports: Racism, Poverty & Inner City Health Current Knowledge and Practices and the Inner City Health: Experiences of Racialization and a Fact Sheet.

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