

## Purpose

In April and May 2013, 242 out of 320 public health staff (76%) from the Halton Region Health Department attended a 3-hour education session about the Social Determinants of Health (SDoH) and health equity. The objectives of the sessions were to provide staff with:

- Knowledge about how equity and inclusion affect population health outcomes.
- Awareness about how inequities are generated and maintained.
- An opportunity to explore personal views and assumptions related to the SDoH/health equity.
- Knowledge about social justice values and beliefs so that staff can align their actions with these values and beliefs and support the Health Department's Social Determinants of Health Vision Statement.
- Knowledge to support the use of a Health Equity Impact Assessment tool.

## Methods

Implementation of the SDoH/Health Equity Staff Education Sessions occurred in two stages. The first was the establishment of a SDoH/Health Equity Workgroup. This workgroup then planned and implemented the second stage, the interactive education session for all public health staff in the health department.

There were four sources of data used for this evaluation:

1. Data from the presentation slides using Turning Point software.
2. An evaluation survey handed out to participants at the end of each education session.
3. Flipchart notes from the education sessions about what staff could do to promote health equity.
4. A debriefing session held with members of the SDoH/Health Equity Staff Education Workgroup.

## Key Findings:

Staff Education Sessions:	Staff Education Workgroup:
<ul style="list-style-type: none"> <li>• Knowledge and awareness about the SDoH/health equity increased.</li> <li>• Knowledge and awareness of how health inequities are generated and maintained increased.</li> <li>• Awareness of staffs personal views related to the SDoH/health equity increased.</li> <li>• Staff plan on using the SDoH/health equity resources available within the Health Department.</li> <li>• Staff were able to provide examples of how they could apply what was learned in their work as a public health professional.</li> </ul>	<ul style="list-style-type: none"> <li>• Strengths of the workgroup included: the opportunity to receive training, the peer led structure, and participation in an initiative because of interests and passions. The primary challenge was program priorities conflicting with priorities for SDoH/health equity work.</li> <li>• Participation in the workgroup provided leadership, networking and skill building opportunities for the members.</li> <li>• A SDoH/Health Equity Workgroup is integral to sustaining SDoH/health equity work at a program level and within the health department.</li> </ul>

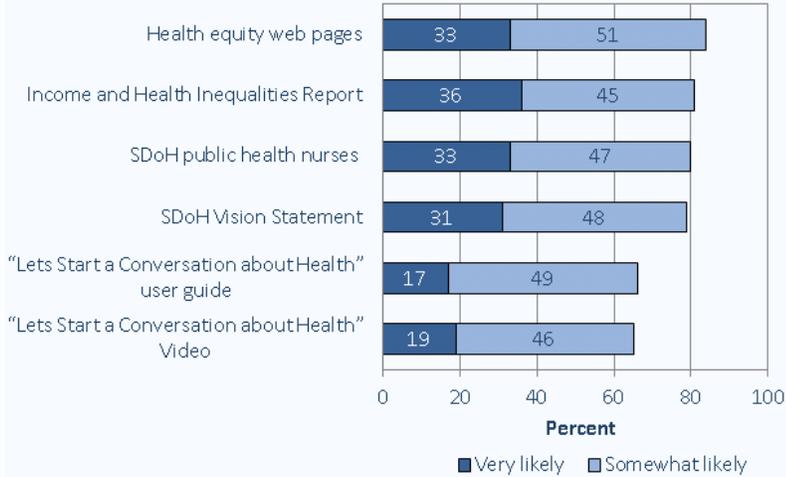
For more information on the SDoH and Health Equity visit Halton's Webpage:

**Health Equity: Creating Better Health for All**

<http://www.halton.ca/healthequity>

For a copy of the **full report** for this evaluation, please contact the SDoH public health nurses at Halton Region.





This figure shows that about 80% of staff who attended the SDoH/Health Equity Staff Education Sessions are likely to use the following Health Department SDoH/health equity resources: Health equity web pages, Income and Health Inequalities Report, SDoH public health nurses and the SDoH Vision Statement. About 65% are likely to use the "Let's Start a Conversation about Health" user guide and video.

## How Staff Plan to Apply what They Learned at the Sessions:

1. **Use their increased awareness of the SDoH/health equity** by keeping an open mind and digging deeper into their clients' situations.
2. **Incorporate the SDoH into program planning** by applying an SDoH lens, exploring the concept of levelling-up and health inequity.
3. **Look at ways to improve accessibility of programs and services** by exploring: timing and availability, language and cultural barriers, financial assistance and geographic barriers including transportation.
4. **Provide better assessment and referral to programs and services** for housing, employment, financial, medical and other services.
5. **Advocate for clients** in order to increase equity, including working as a liaison between clients and community agencies.
6. **Start a conversation with community partners** by incorporating SDoH/health equity into community planning.
7. **Target high risk populations** while also ensuring programs and services are available universally.



## Recommendations:

- Continue to offer SDoH/Health Equity Staff Education Sessions.
- Health Department SDoH/health equity resources should be used to promote the SDoH/health equity agenda.
- Consider how to develop the Health Departments capacity to "assess and report" and "participate in policy development."<sup>1</sup>
- Create an ongoing interdisciplinary SDoH/Health Equity Workgroup.
- Move forward with training for the Health Equity Impact Assessment (HEIA) tool.

<sup>1</sup> The National Collaborating Centre for the Determinants of Health Four Key Roles for Public Health