



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 February 21

REPORT ON HEALTH EQUITY STAFF CAPACITY BUILDING ACTIVITIES

Recommendation

It is recommended that the Board of Health receive Report No. 014-19 re: “Report on Health Equity Staff Capacity Building Activities” for information.

Key Points

- A working group of the Health Equity Advisory Taskforce (HEAT) conducted a comprehensive needs assessment in 2017 to guide staff capacity-building efforts within health equity core competency domains.
- A capacity-building plan was approved for implementation between 2018 and 2020. This report provides an update on activities and outcomes at the end of the plan’s first year, with next steps.

Background

Despite a majority of Canadians enjoying good health, the Public Health Agency of Canada in 2008 identified that health inequalities persist, and are worsening in some cases. When health inequalities are considered to be systemic, unjust, and avoidable, these are commonly referred to as “health inequities.”

The 2018 Ontario Public Health Standards: Requirements for Programs, Services and Accountability - Health Equity Guideline stipulates that boards of health shall apply a health equity approach within all aspects of their work, including processes for community inclusion and engagement, training, planning, implementation, and evaluation by fostering organizational capacity for health equity action. Middlesex-London Health Unit (MLHU) is committed to understanding and addressing health inequities, which negatively impact health outcomes. Enhancing health equity is a critical component of achieving MLHU’s mission.

MLHU’s 2015–20 strategic plan identifies knowledge exchange and skill-building activities for the social determinants of health as a critical to “deliver maximum value and impact” with MLHU resources (MLHU 2015, p. 16). In 2017, a comprehensive needs assessment was conducted to guide staff capacity-building efforts within health equity core competency domains, and a staff capacity-building plan was approved.

Health Equity Staff Capacity Building Plan

The Health Equity Staff Capacity Building Plan sets out a comprehensive approach to build staff capacity to advance health equity and address the social determinants of health within staff members’ areas of practice. The National Collaborating Centre for Determinants of Health (NCCDH) suggests that building the capacity of an interdisciplinary public health workforce to deliver equity-focused public health interventions is critical to advancing health equity.

MLHU will implement staff capacity-building activities in nine evidence-informed, prioritized domains: 1) Advocacy, 2) Assessment and Analysis, 3) Communication, 4) Diversity and Inclusion, 5) Indigenous Public Health Practice, 6) Leadership and Systems Thinking, 7) Partnerships, Collaboration and Intersectoral

Action, 8) Policy and Program Planning, Implementation and Evaluation, and 9) Public Health Sciences. The three domains prioritized for 2018 included: *Advocacy, Indigenous Public Health Practice, and Public Health Sciences*. Accomplishments to Date are listed in [Appendix A](#).

Next Steps

MLHU leadership and staff at all levels played a pivotal role in building a health equity staff capacity plan relevant to individual and team needs, and in supporting implementation of staff capacity-building activities. Further capacity-building opportunities will be offered in 2019 and 2020 focused on the domains prioritized in 2018 (where needed).

Additional capacity-building opportunities will be provided over the next two years in the following prioritized domains: Diversity and Inclusion, Leadership and Systems Thinking, and Policy and Program Planning, Implementation and Evaluation. Employees will continue to be encouraged and supported by the Health Equity Core Team, program managers, and other teams focused on the Foundational Standards to apply learning to practice.

This report was prepared by the Health Equity Core Team, Office of the Chief Nursing Officer.



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