

**Health Equity
Through
Data in Motion**

Building a Community That Moves Us Forward Together



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH





4 principles For Building a Community That Moves Us Forward Together

1. Community supports health

WHO Building Blocks for Health Systems

SYSTEM BUILDING BLOCKS

SERVICE DELIVERY

HEALTHWORKFORCE

HEALTH INFORMATION SYSTEMS

ACCESS TO ESSENTIAL MEDICINES

FINANCING

LEADERSHIP / GOVERNANCE

WHO Building Blocks for Health Systems

SYSTEM BUILDING BLOCKS

SERVICE DELIVERY

HEALTH WORKFORCE

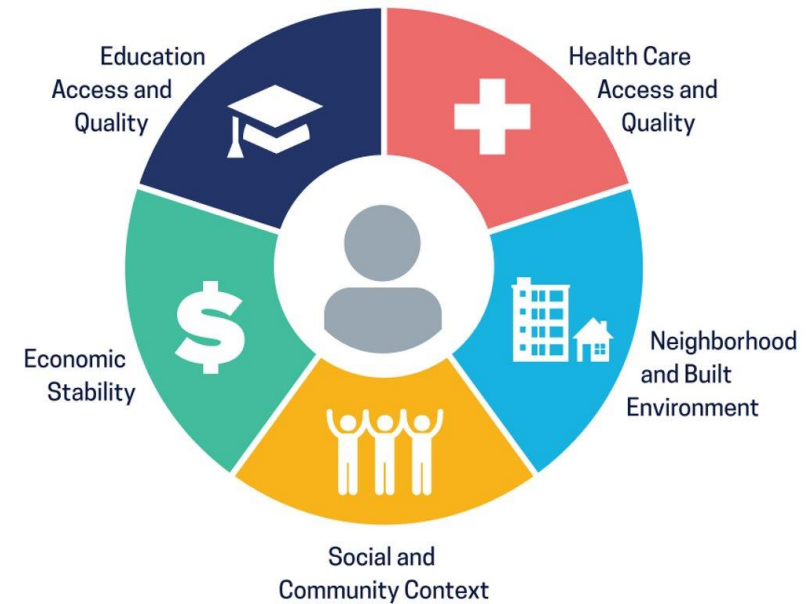
HEALTH INFORMATION SYSTEMS

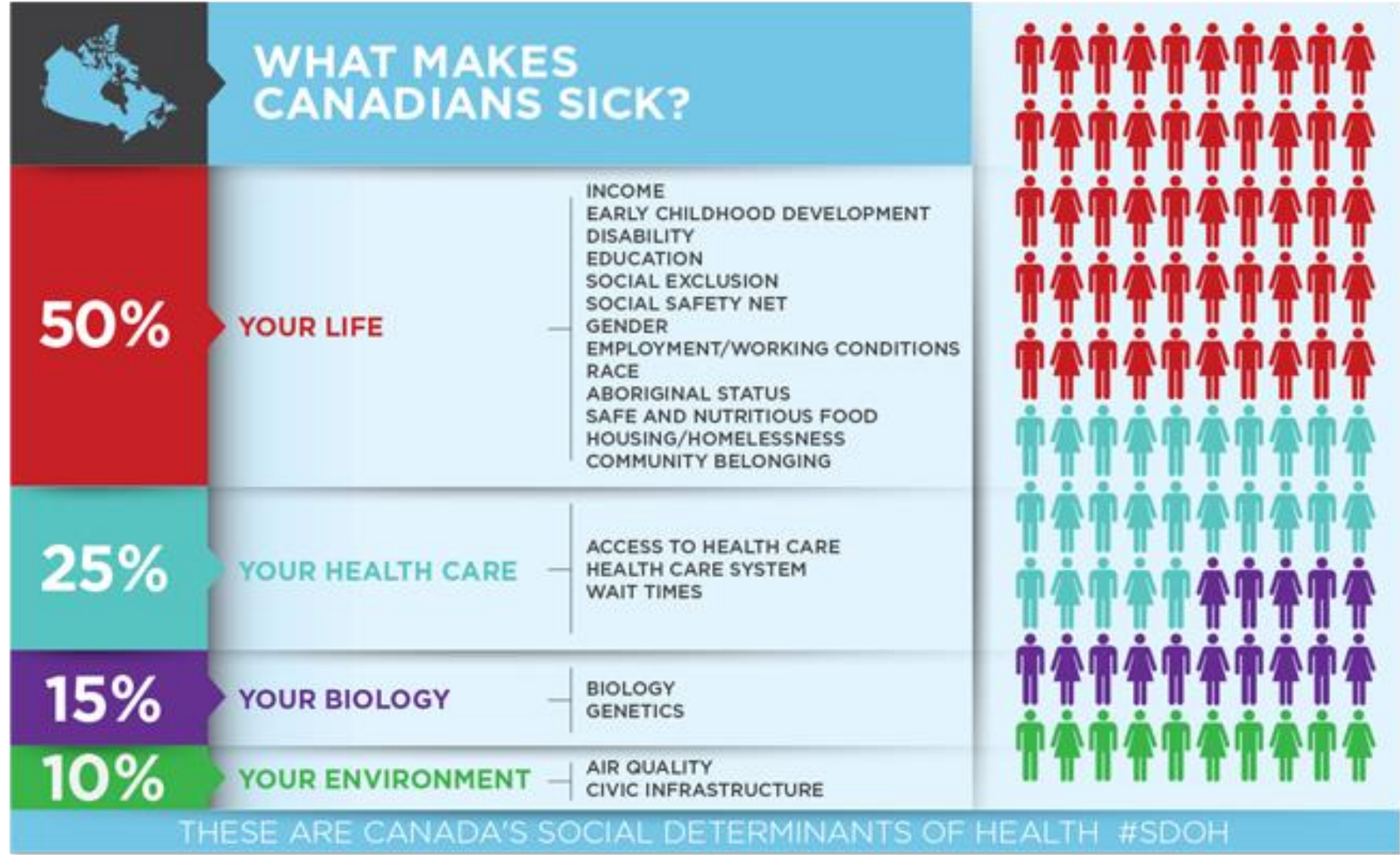
ACCESS TO ESSENTIAL MEDICINES

FINANCING

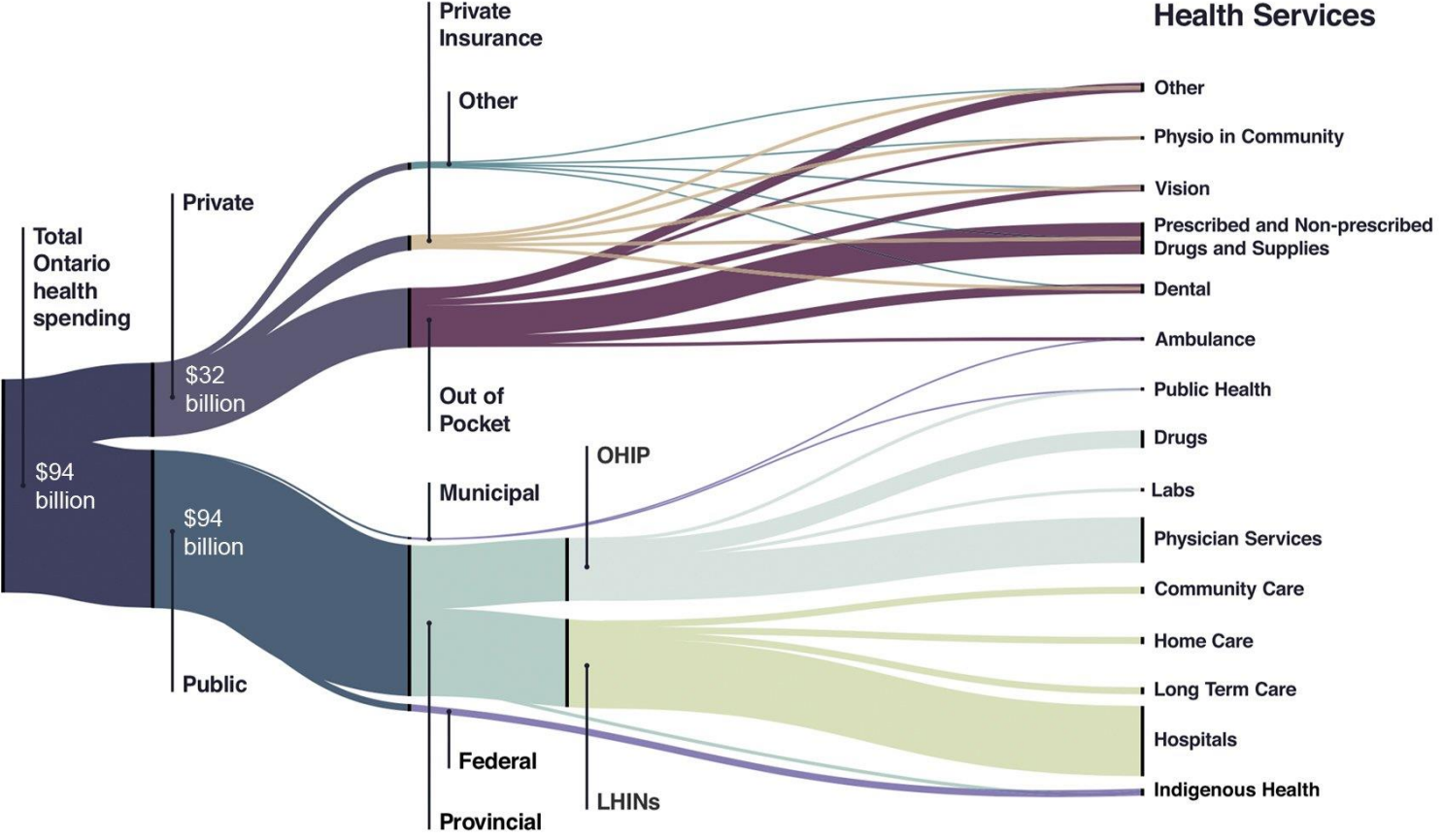
LEADERSHIP / GOVERNANCE

Social Determinants of Health





Health Spending in Ontario

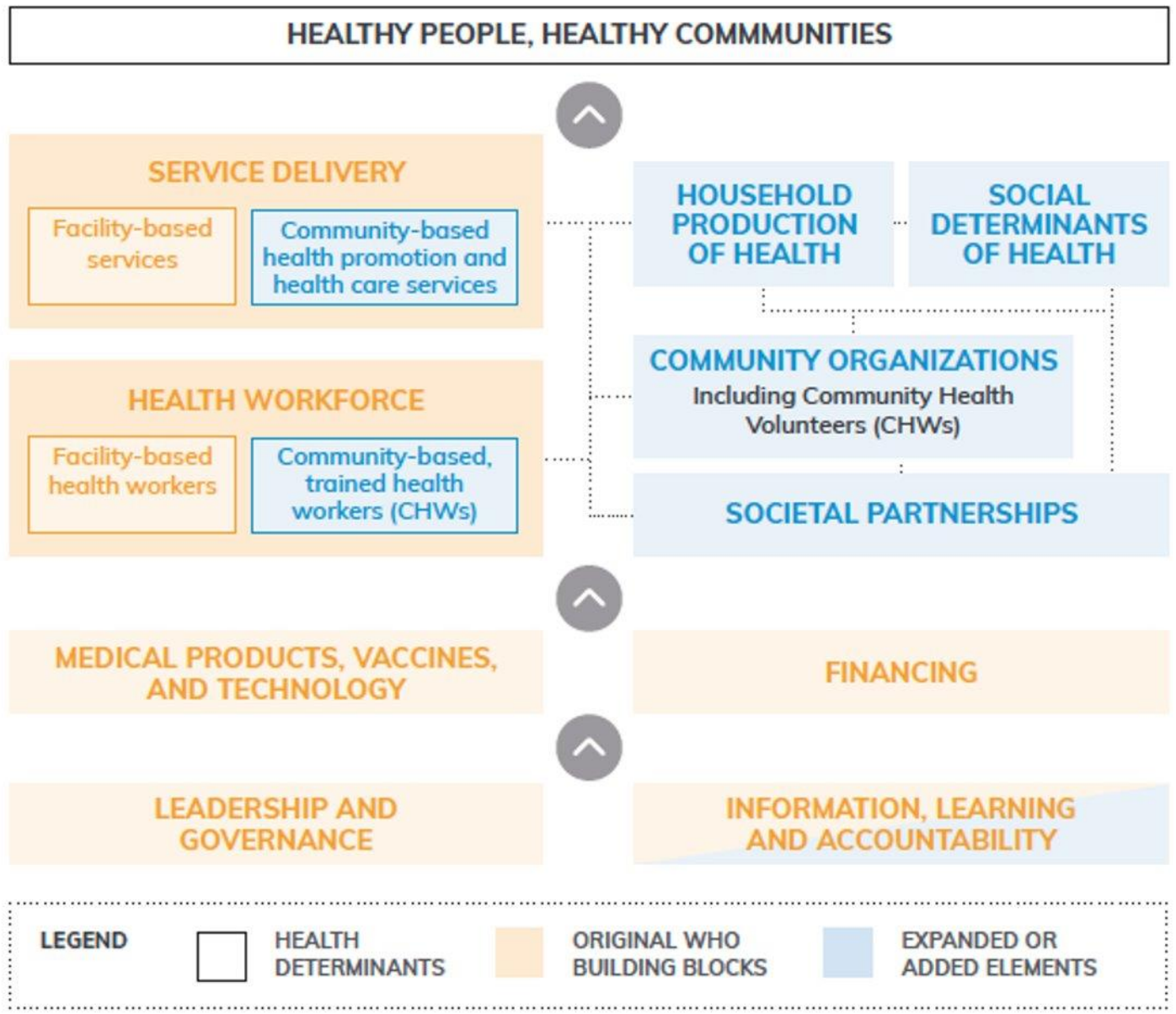


"If all caregivers took a week off, every Canadian would experience the collapse of our care systems before noon on the first day."

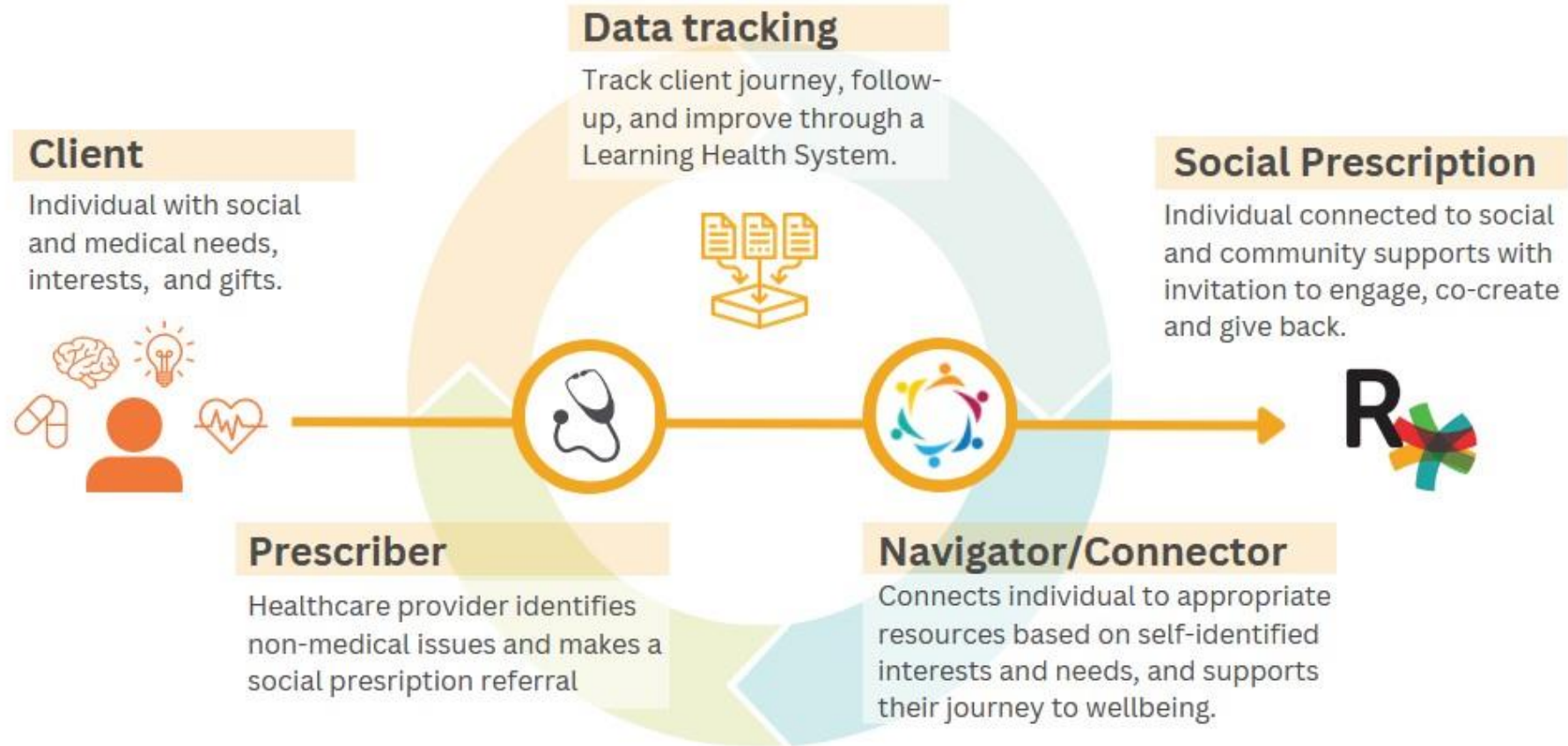


**Canadian Centre for
Caregiving Excellence**

**Centre canadien d'excellence
pour les aidants**



SOCIAL PRESCRIBING PATHWAY COMPONENTS



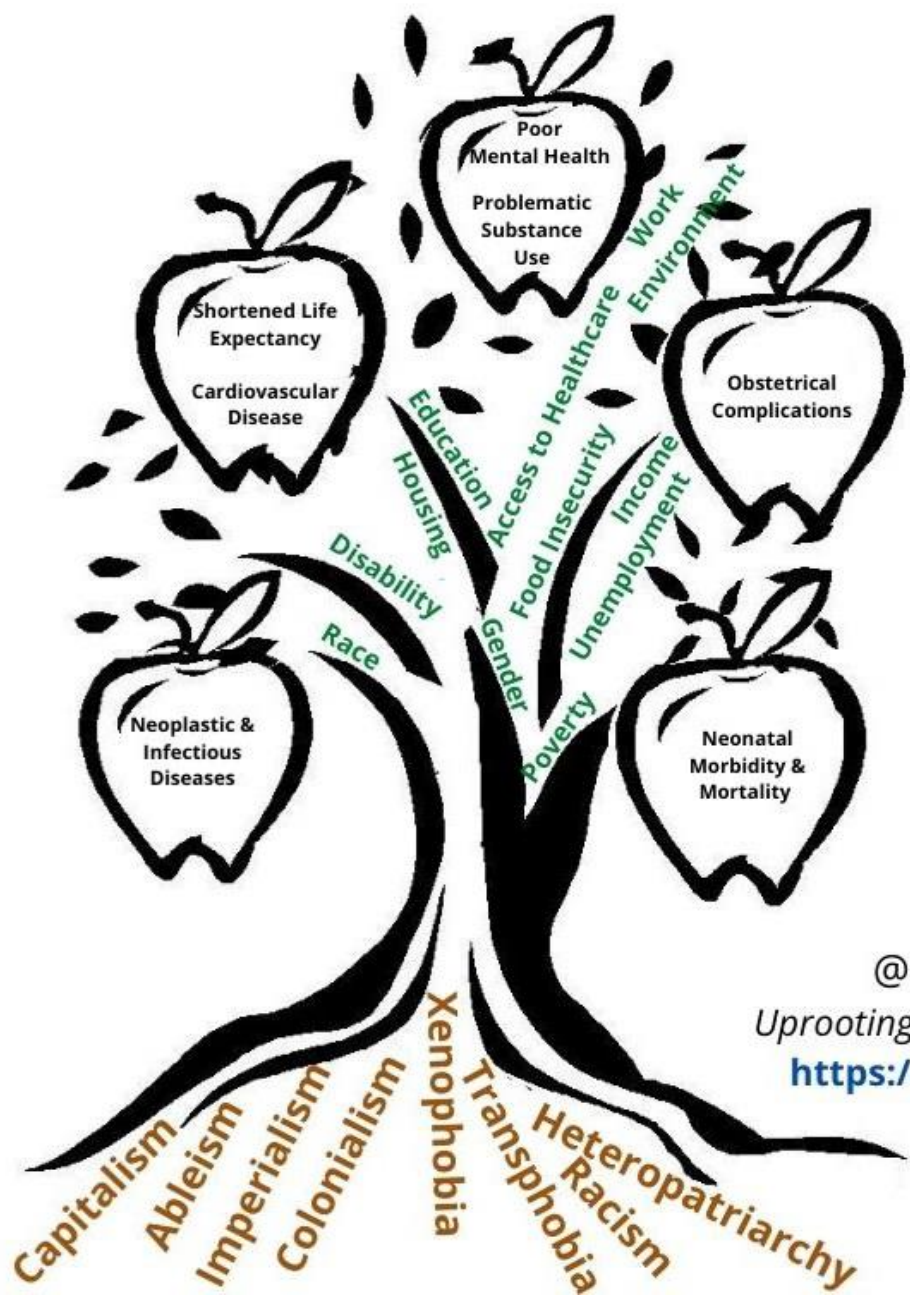
1. Community supports health

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What YOU can DO:

- Make community sector visible
- Think outside Ministerial boxes
- Respect community contributions
- Build community relationships
- Transfer and share resources with community

2. Community has a health history

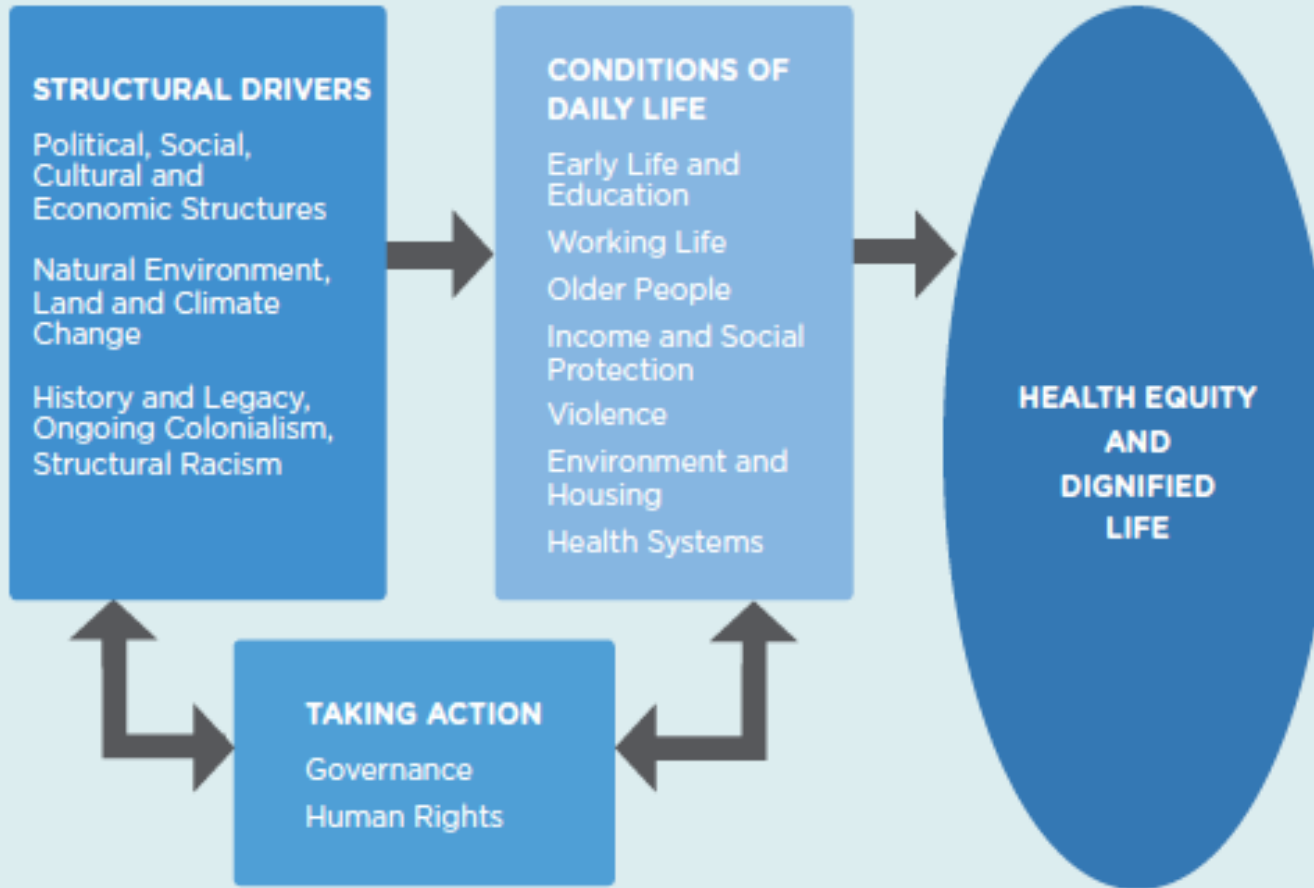


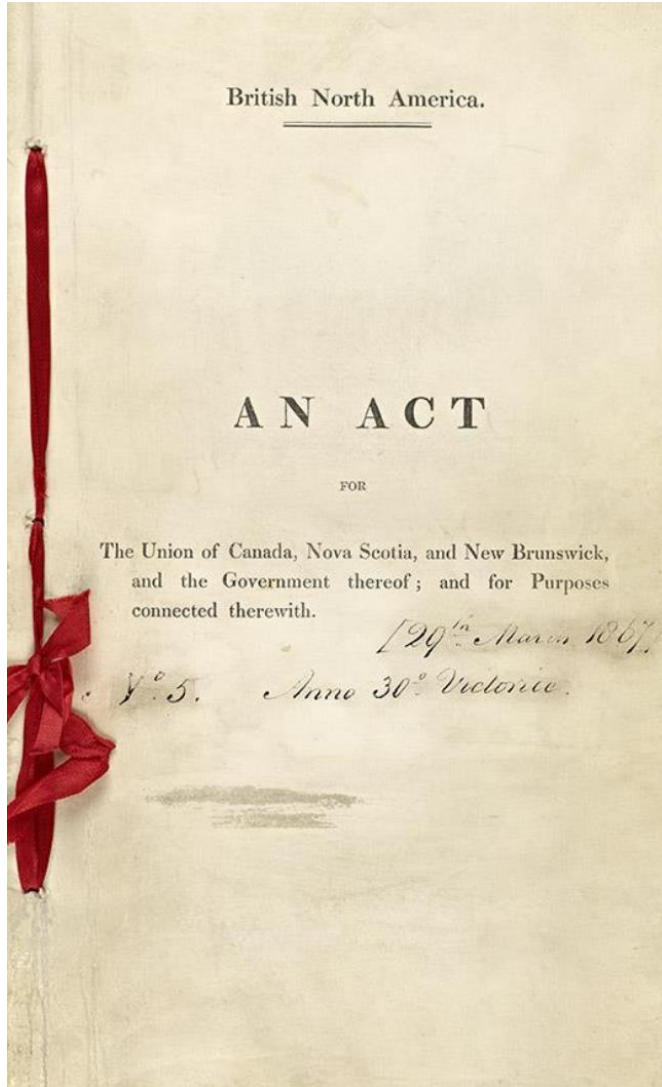
@NankyRai

Uprooting Medical Violence

<https://goo.gl/XkZztY>

INTERSECTIONALITY: SOCIAL AND ECONOMIC INEQUITIES, GENDER, SEXUALITY, ETHNICITY, DISABILITY, MIGRATION





2. Community has a health history

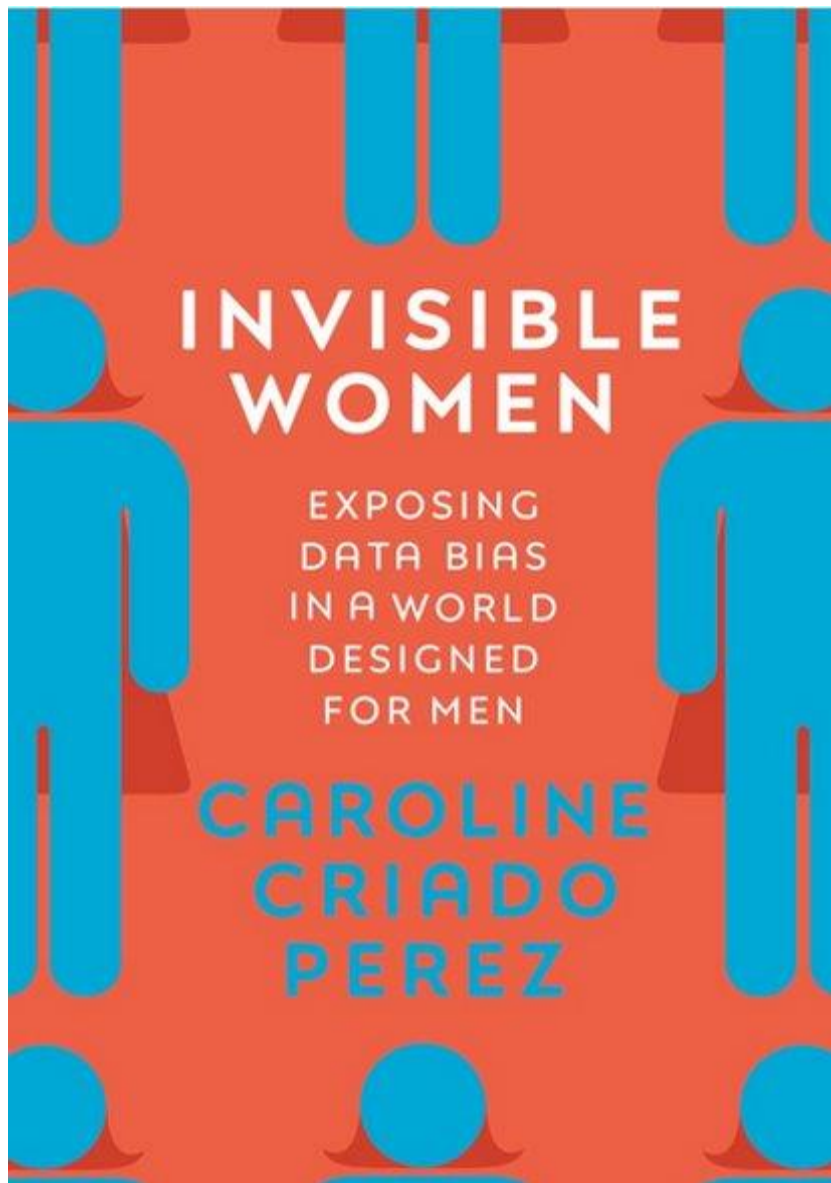
2. Community has a health history

What YOU can DO:

Always take a community health history!

- **Interrogate** inherited health governance structures
- **Ask** where inequities come from & who benefits
- **Seek** historical data and knowledge
- **Consider** what would be in our shared health record

3. Community improves quality



Pose: local experts and marginalised groups are excluded from the scientific aspects of research or from authorship positions that indicate ownership and reflect their intellectual contribution

Gaze: aligning research to the dominant audience, such that only the universal is deemed desirable and local experts or marginalised groups do not have the space to interpret their own reality

Pose: sidelining local interpretive tools in data analyses or in deciding whether an intervention is appropriate, such that falsehoods are perpetuated, and wrong interventions are promoted

Credibility deficit

"Everything done,
is to us &
without us."
(Medical Model)



"Everything done,
is done for us;
without us."
(Charity Model)

Expert

"Nothing for us,
without us."
(Social Model, Advocacy,
Co-design/Co-production/
Asset-based Approaches)

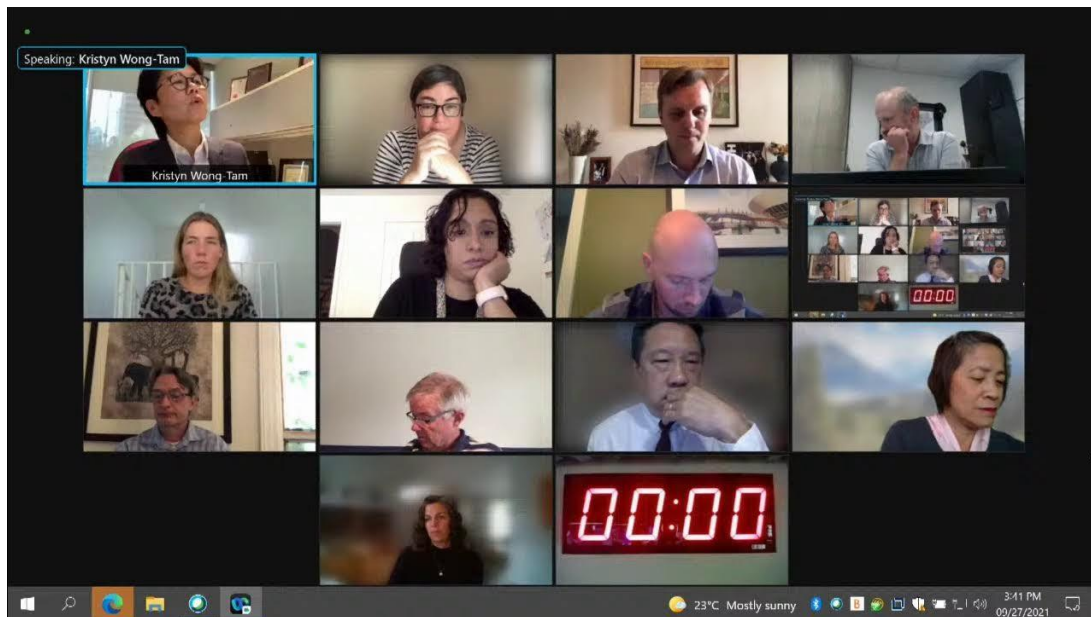


"Done by Us for Us."
(Asset-Based Community
Development)

Gapper

Alongsider/
Animator

Example: Boards of Health



Hamilton

Hamilton's board of health needs more diversity, local doctors and advocates say



Some doctors and nurses say there should be community reps on the board, not just councillors

Christine Rankin - CBC News - Posted: Mar 23, 2021 10:37 AM EDT | Last Updated: March 23, 2021



Lyndon George, an advocate, said that restructuring would free up seats for people with lived experience and expertise in healthcare. (Colin Coie-Pauletta)

Some Hamilton doctors, nurses and residents say they want city councillors to step aside from the board of health and make room for community voices.

Effective Community Governance Model



1 Community Problems Solving:

Aligns “Engaging Citizens” and “Getting Things Done.”

2 Organizations Managing for Results:

Aligns “Measuring Results” and “Getting Things Done.”

3 Citizens Reaching for Results:

Aligns “Engaging Citizens” and “Measuring Results.”

4 Communities Governing for Results:

Aligns all three core skills.

3. Community improves quality

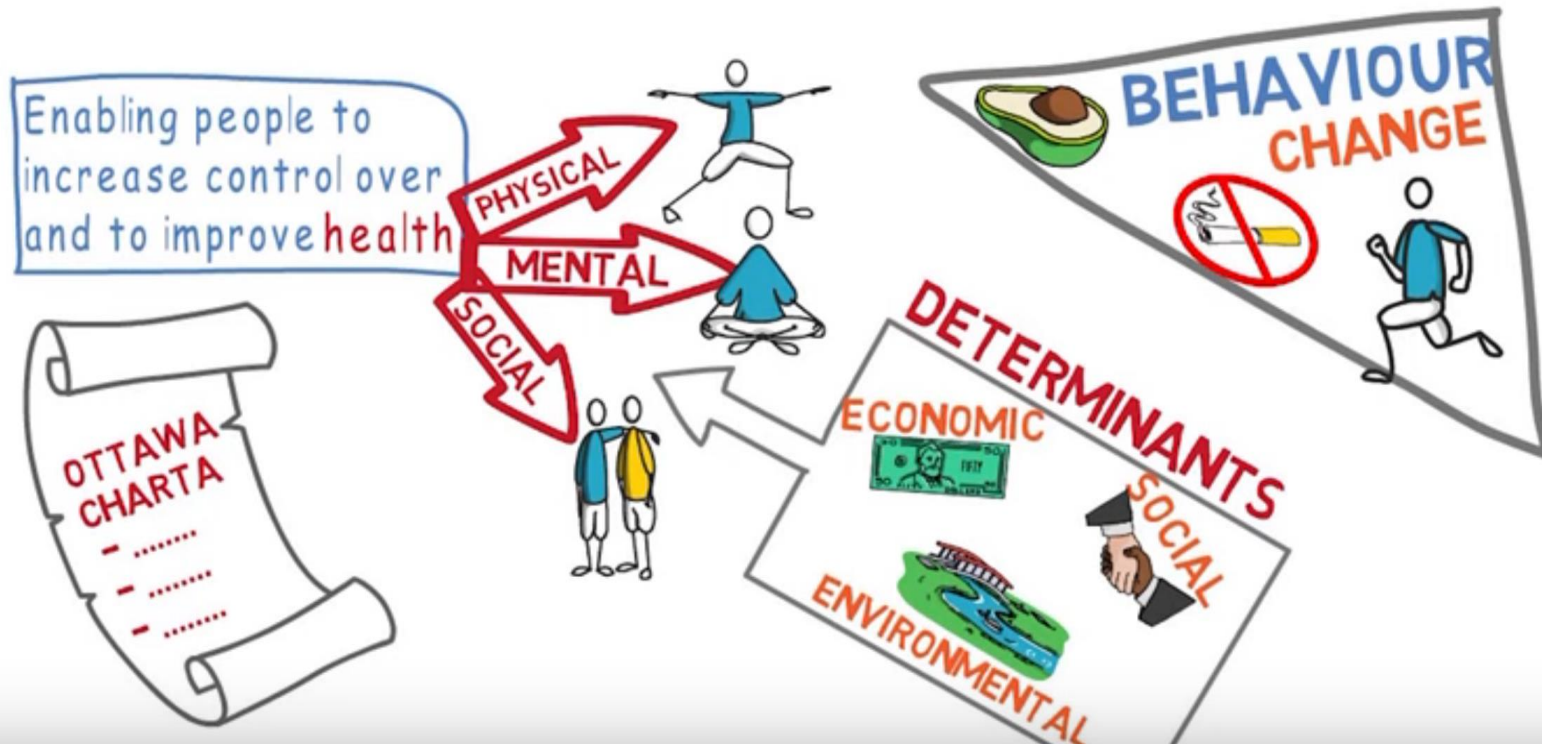
3. Community improves quality

What YOU can DO:

- **Prioritize** community governance, including data sovereignty (OCAP, EGAP)
- **Recognize** community knowledge production, interpretation and learning
- **Support** self-determination for sustainable health promotion & upstream action

3. Community brings the joy

HEALTH PROMOTION



Autonomy



When it feels like so much control has been taken away, making a small decision of their own can help someone rediscover their autonomy. THE CANADIAN PRESS/Nathan Denette

Competence



During times of collective crisis, people can feel powerless in the face of forces larger than themselves.
THE CANADIAN PRESS/Frank Gunn

Relatedness



Feelings of loneliness and social isolation have grown during the COVID-19 pandemic. (AP Photo/Eric Gay)

Beneficence

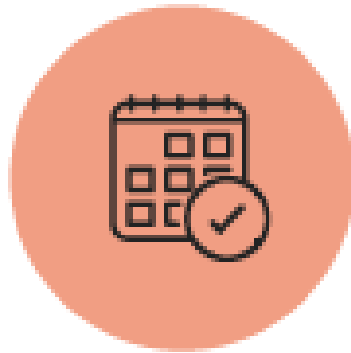


Regardless of our own constellations of ability, health and privilege, we all have something to give that can have a positive impact on others. (AP Photo/Gregorio Borgia)

The value of co-production lies in:



Delivering outcomes
that actually matter
to people



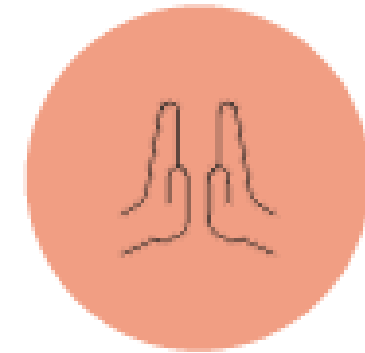
Efficiency,
in the long
run



Working
towards social
justice



Empowering
people and
building capacity*



Connecting us as
humans, working
towards shared goals

3. Community brings the joy

3. Community brings the joy

What YOU can DO:

- Support self-determination for sustainable health promotion & upstream action
- **Remember**, you are a citizen, part of community, not just a "professional"
- **Make space** for fuller selves
- **Find purpose** in your actions

4 principles For Building a Community That Moves Us Forward Together

- 1. Community supports health**
- 2. Community has a health history**
- 3. Community improves quality**
- 4. Community brings the joy**

4 actions For Building a Community That Moves Us Forward Together

1. **Make community contributions visible** when you engage with health systems
2. **Take community health histories** to understand antecedents of inequity
3. **Build community governance** for better outcomes
4. **Bring the joy** – support self-determination for everyone's wellbeing

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- www.talkingtreaties.ca
- CMA 2013. Health care in Canada: What makes us sick?: Canadian Medical Association town hall report <https://nccdh.ca/resources/entry/health-care-in-canada>
- Huynh 2019 <https://twitter.com/taimhuynh/status/1091352001915416576?s=20>
- <https://canadiancaregiving.org/>
- Bhakuni, H., & Abimbola, S. (2021). Epistemic injustice in academic global health. *The Lancet Global Health*, 9(10), e1465-e1470.
- Besson, Emilie S. Koum. "How to identify epistemic injustice in global health research funding practices: a decolonial guide." *BMJ global health* 7.4 (2022): e008950.
- www.allianceon.org/socialprescribing
- Sacks, E., Morrow, M., Story, W. T., Shelley, K. D., Shanklin, D., Rahimtoola, M., ... & Sarriot, E. (2019). Beyond the building blocks: integrating community roles into health systems frameworks to achieve health for all. *BMJ global health*, 3(Suppl 3), e001384.
- Rai, N. 2017. Uprooting Medical Violence. https://docs.google.com/document/d/1fVkvw2vOSF_TowE3cmfo_wM4s6_Yp74Lzhz2sUUj4iA/edit
- Coates, A., Castro, A., Marmot, M., Mújica, O. J., Eijkemans, G., & Victora, C. G. (2020). Just societies: A new vision for health equity in the Americas after COVID-19. *Revista Panamericana de Salud Pública*, 44.
- <https://www.parliament.uk/about/living-heritage/evolutionofparliament/legislativescrutiny/parliament-and-empire/collections1/parliament-and-canada/british-north-america-act-1867/>
- http://digital.scaa.sk.ca/gallery/medicare/en_display.php?ref=en_doc-strike&max=114&dir=doctors-strike&img=46
- <https://carolinecriadoperez.com/book/invisible-women/>
- <https://www.nurturedevelopment.org/blog/abcd-approach/bridging-the-gap-expert-to-alongsider/>
- Touesnard, Natasha, Patten, San, McCrindle, Jenn, Nurse, Michael, Vanderschaeghe, Shay, Noel, Wyatt, Edward, Joshua, & Blanchet- Gagnon, Marie-Anik. (2021). Hear Us, See Us, Respect Us: Respecting the Expertise of People who Use Drugs (3.0). Zenodo. <https://doi.org/10.5281/zenodo.5514066>
- European Open Science Cloud Governance Framework. Author(s): Matthew Dovey; Per Öster; Sergio Andreozzi; Ursula Bassler; Volker Beckmann; Juan Bicarregui; Magchiel Bijsterbosch; Sergi Girona; Anca Hienola; Saara Kontro; Leif Laaksonen; Yannick Legre; Brian Matthews; Jessica Parland-von Essen; Oriol Pineda; Dale Robertson; Stelios Sartzetakis; Matthew Scott; Sanna Sorvari Version: 2.12 Date: 25/02/2019 <https://europeanopensciencecloud.github.io/Governance/>
- <https://socialprescribingacademy.org.uk/resources/how-to-get-started-with-co-production-in-social-prescribing/>
- <https://www.youtube.com/watch?v=HkBorjikoJk>