



Shaping Health Equity Practice in Perinatal Public Health:

A Review Of Key Policy Documents In
British Columbia (2002-2017)

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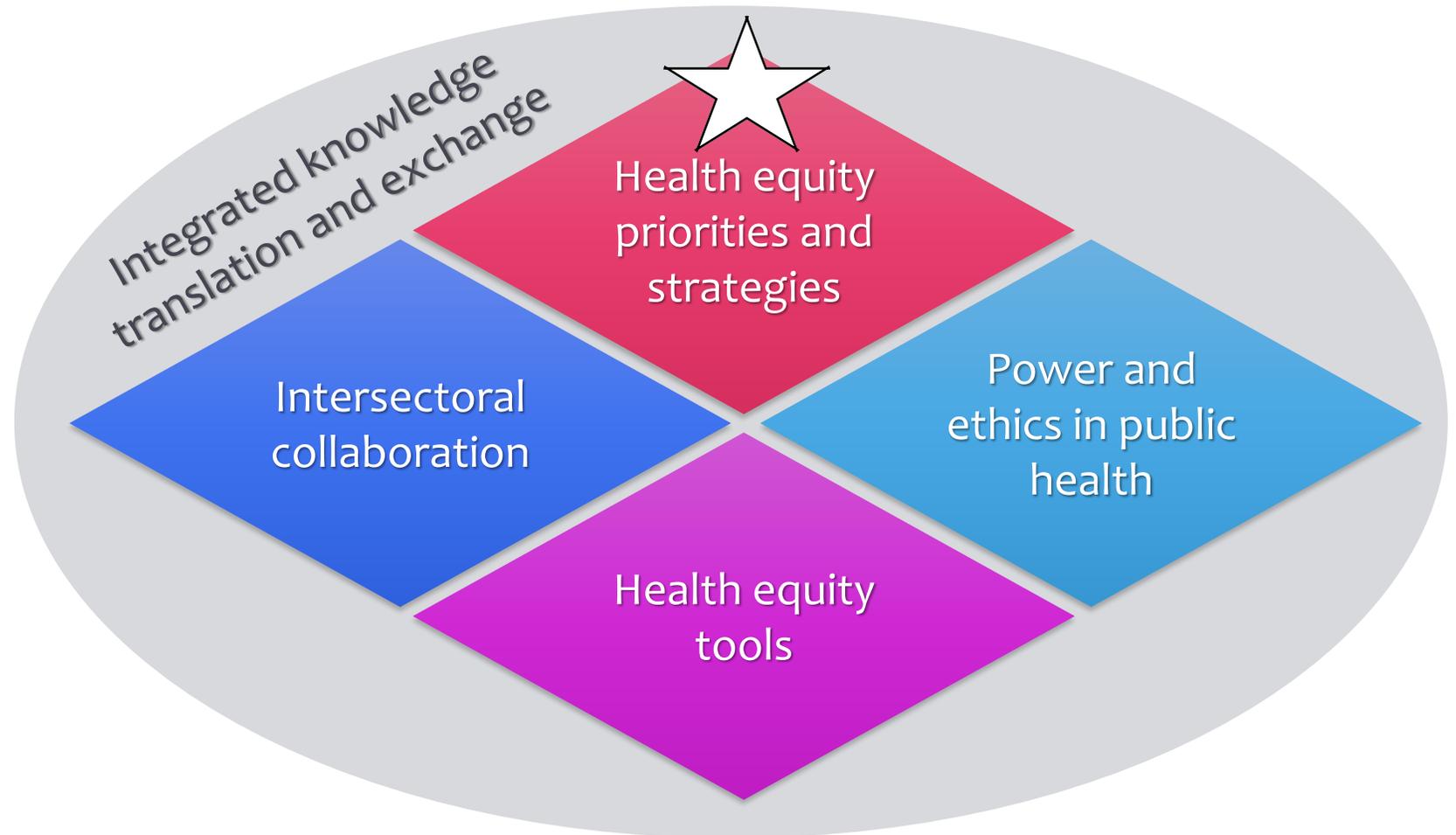
Research Question

What is the policy context influencing the application of a health equity lens in relation to mental health promotion, prevention of mental disorders and harms of substance use within perinatal programs in BC?



Equity Lens In Public Health (ELPH) Program Of Research

Purpose: To guide and inform learning about the integration of an equity lens in public health and to contribute knowledge of health inequities reduction.

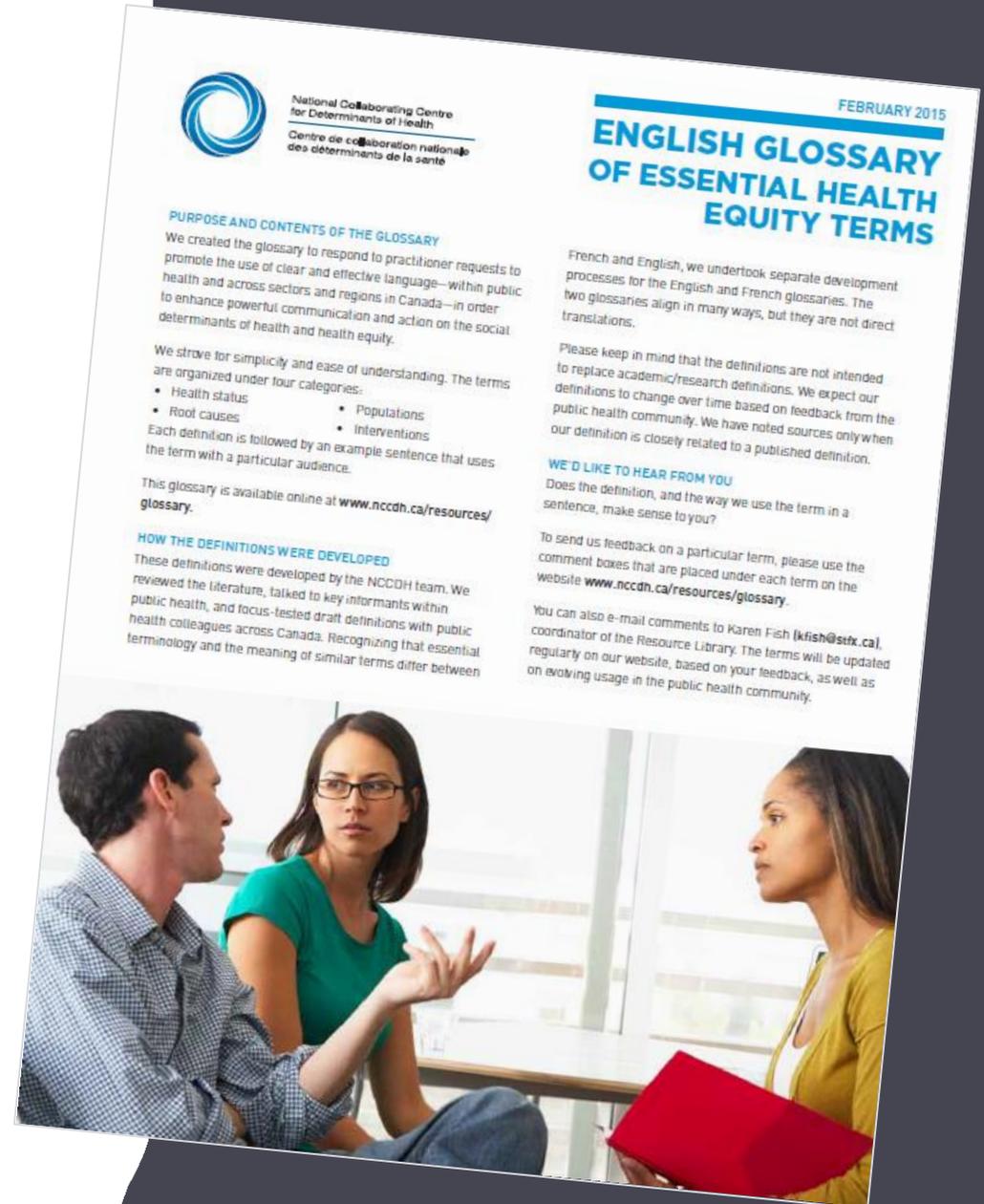


Health Equity

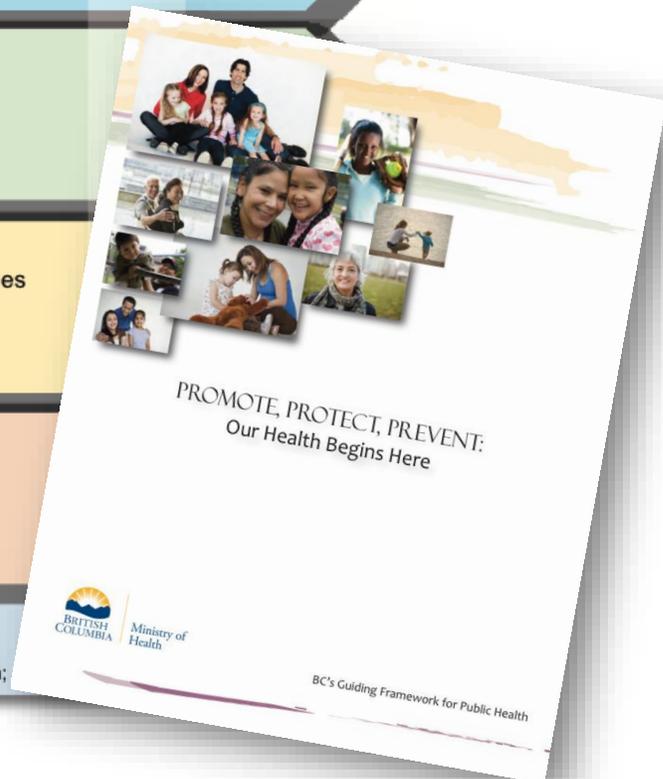
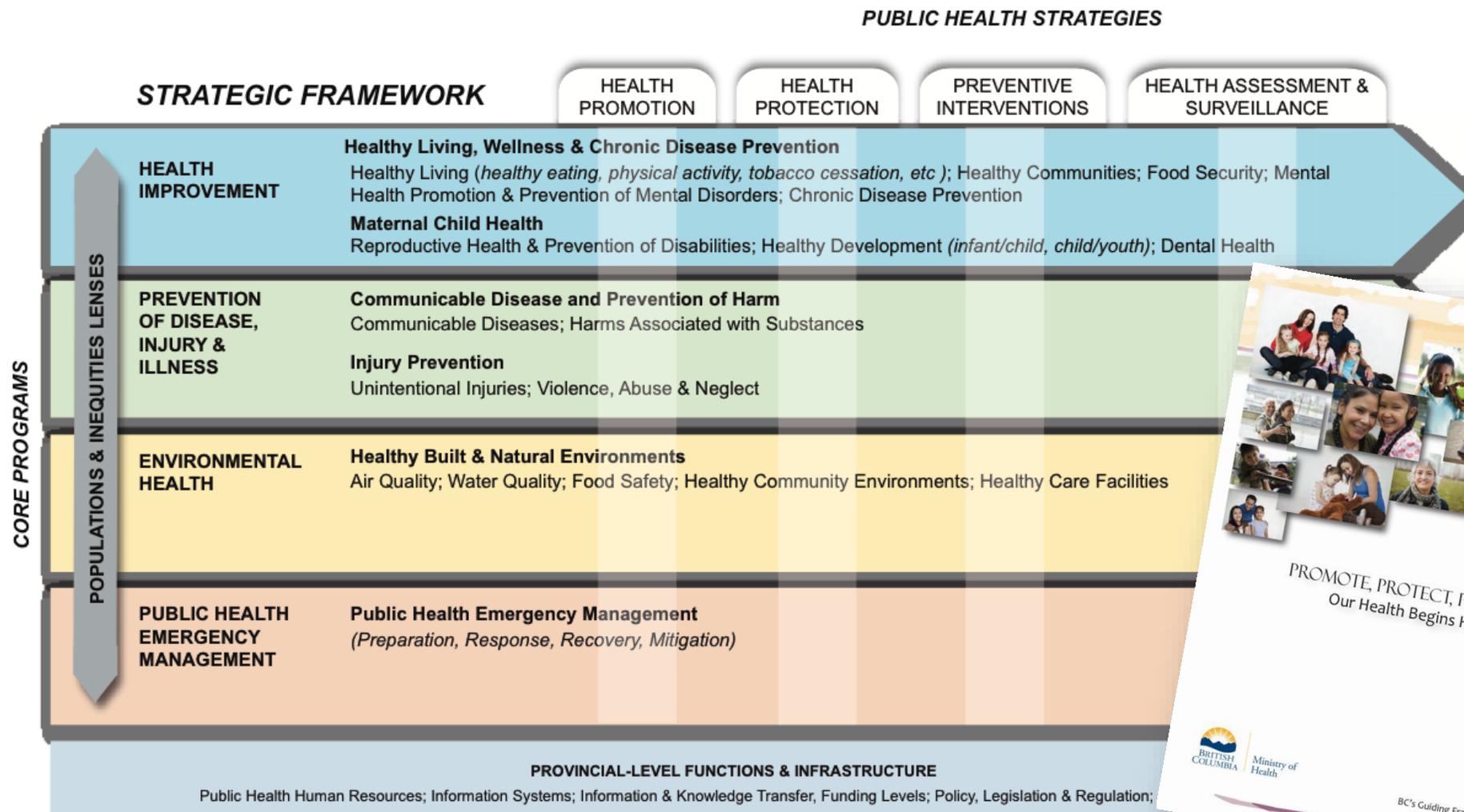
Health equity means all people (individuals, groups and communities) [are able] to reach their full health potential and are not disadvantaged by social, economic and environmental conditions.

NCCDH Glossary of Essential Health Equity Terms

<http://nccdh.ca/resources/glossary/>



Applying an Equity Lens In Public Health



Why Perinatal Public Health Services?

1. Many perinatal initiatives/programs are inherently related to health equity

2. PH traditionally targets many of their programs at perinatal population

3. Leading issues in perinatal services are PPD, IPV & Substance Use



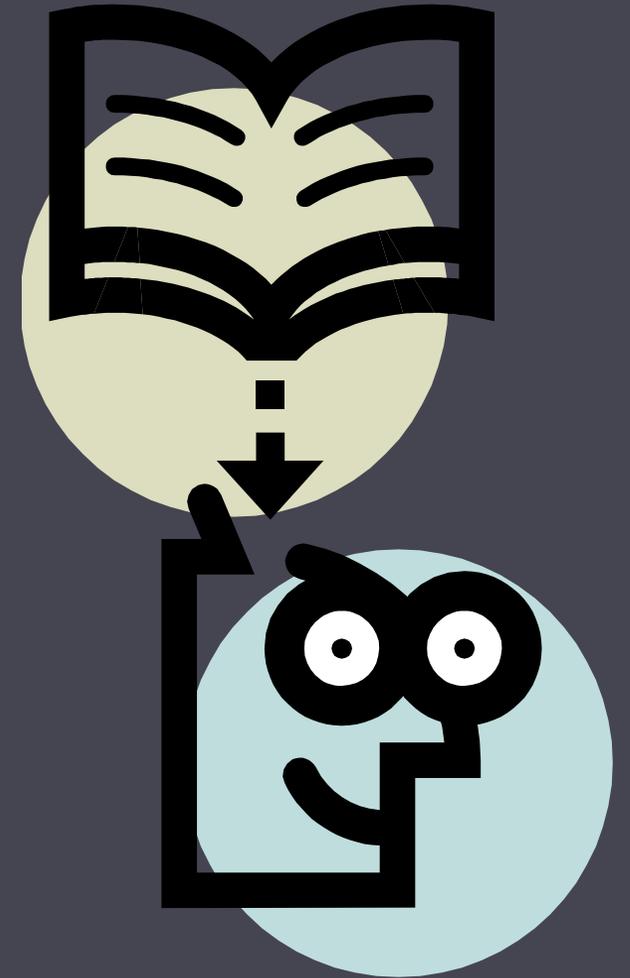
Perinatal Analysis

Data with perinatal public health front line staff organically formed an analysis group for understanding the application of health equity in perinatal services

Policy Documents as Contextual Influences

Documents

- “...are important to the work of governments and organizations as essential tools that guide thinking and action...”
- “... progression or movement of knowledge into action and research into policy is channeled through a document...”



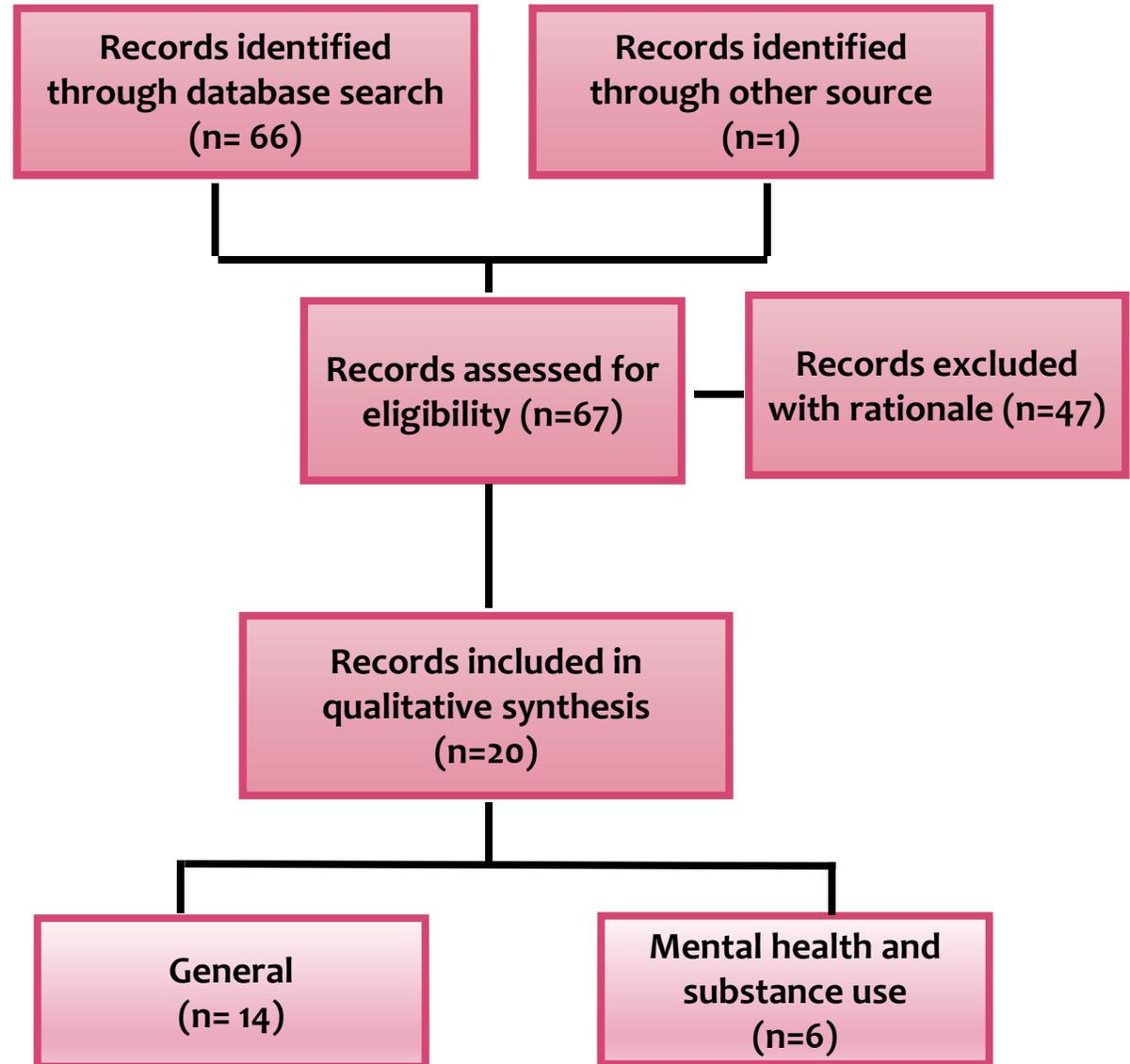
Focus of Our Scoping Review

Provincial level policy documents in BC that are either:

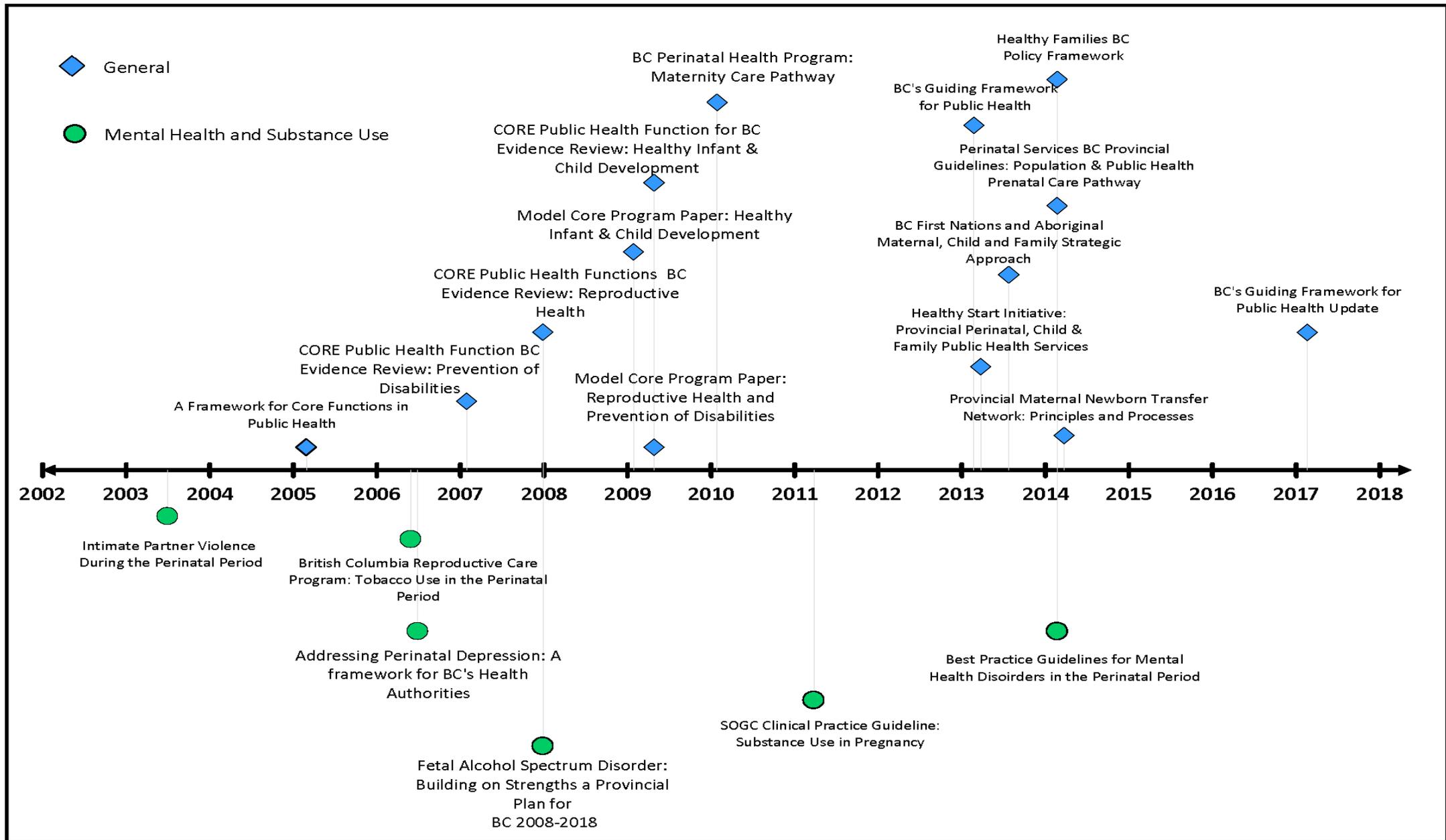
- ❖ a foundational document that guides perinatal service delivery generally,
- ❖ OR guides perinatal service delivery in relation to mental health promotion, prevention of mental disorders and harms of substance use as its primary focus;
- ❖ AND publically available;
- ❖ AND published between 2002 and 2017.



Sample



Documents Timeline



Document Analysis

Framework for document analysis was guided by Pinto et al.

- ❖ Methodology was based on constant comparative analysis drawn from grounded theory.
- ❖ Sets of questions were developed to guide the analysis.

RESEARCH

Open Access

Equity in public health standards: a qualitative document analysis of policies from two Canadian provinces

Andrew D Pinto^{1,2}, Heather Manson^{3*}, Bernadette Pauly^{4,5}, Joanne Thanos⁶, Amanda Parks⁷ and Amy Cox⁴

Table 1 Questions developed iteratively to analyse key documents

<i>Preliminary questions</i>	<ol style="list-style-type: none">1. Are the following terms mentioned in the documents? Where are they mentioned?<ol style="list-style-type: none">a. equity, equitiesb. inequity, inequities2. Are equity/equities or inequity/inequities explicitly defined in the documents?3. In what context is equity/equities or inequity/inequities mentioned?4. Is improving equity or reducing inequity an explicit goal?
<i>Secondary questions</i>	<ol style="list-style-type: none">1. What proxy terms are used to relate to equity?2. Is the definition of equity in the ON and BC documents related to social justice?3. Is addressing health inequities in the ON and BC documents equated with addressing structural conditions that produce inequities?4. Is there reference to the SDOH in the ON and BC documents, and if so, what are the expectations of PH (explicitly or implicitly) in addressing them?5. Are there specific examples of certain populations to focus on? E.g. low-income, Aboriginal, etc6. To what extent is accountability to address inequities mentioned or considered in the docs?7. Are there specific actions recommended or expected from PH in addressing health inequities?
<i>Tertiary questions</i>	<ol style="list-style-type: none">1. How does equity intersect with accessibility?2. Are there unexpected or unusual ideas about equity that appear?3. Are there programs or standards where equity seems to have been missed?

Data Analysis - Our Process



1. Initial read through
2. Second read through with preliminary questions

1. Are the following terms mentioned in the documents? Equity, equities?	2. Are the following terms mentioned in the documents? Inequity, inequities?	3. Are equity/equities or inequity/ inequities explicitly defined in the documents?	4. In what context is equity/equities/ inequity/ inequities mentioned?	5. Is improving equity or reducing inequity an explicit goal?
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3. Third read through with secondary questions

1. What proxy terms are used to relate to equity?	2. Is the definition of equity in the document related to social justice?	3. Is addressing health inequities in the document equated with addressing structural conditions that produce inequities?	4. Is there reference to the SDOH in the document, and if so, what are the expectations of PH (explicitly or implicitly) in addressing them?	5. Are there specific examples of certain populations to focus on? E.g. low-income, Aboriginal, etc.?	6. To what extent is accountability to address inequities mentioned or considered in the docs?	7. Are there specific actions recommended or expected from PH in addressing health inequities?
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4. Forth read through with tertiary questions

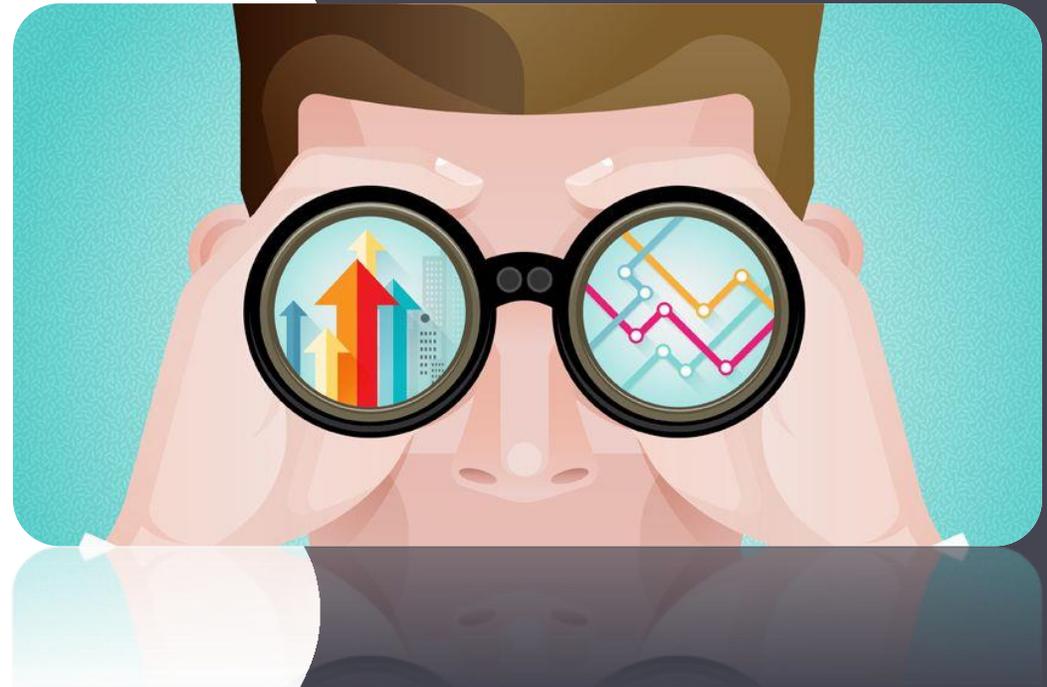
1. How does equity intersect with accessibility?	2. Are there unexpected or unusual ideas about equity that appear?	3. Are there programs or standards where equity seems to have been missed?
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Findings

	General Policy Documents	Documents with Focus on Mental Health & Substance Use
Equity referenced	Equit* rarely mentioned Improving equity/ reducing inequity not an explicit goal	Equit* not mentioned in 4/6 documents Improving equity/ reducing inequity not an explicit goal
Equity Defined	Equity not clearly defined	Equity not explicitly defined
Usage and Application of Equity	Included specific actions and a way forward for addressing inequity Equity addressed in the context of... <ul style="list-style-type: none"> ▪ Gender equity; ▪ Naming vulnerable, disadvantaged and marginalized populations/ groups; ▪ Appropriate distribution of health care services across populations (e.g. proportionate universality) 	Equity implicitly discussed in the context of: <ul style="list-style-type: none"> ▪ Naming vulnerable, disadvantaged and marginalized populations/ groups; ▪ Identifying risk factors/ conditions that produce vulnerability; ▪ Addressing barriers to accessing screening and health services/ interventions
Missed Considerations	Structural conditions (e.g. systems and policies) and clear linkages to inequities How to practically apply an equity lens	Structural conditions (e.g. systems and policies) that produce inequities Impact of labelling vulnerability(ies)

Implications for Policy, Practice and Research

- ❖ Need for critical examination of policy context within which attitudes concerning the role of health equity in supporting pregnant and parenting women and their families are formed.
- ❖ Need to refresh perinatal documents to include a stronger understanding of what the application of an equity lens is for public health.



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