

Beyond Reporting: Using Data to Achieve Health Equity

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Measuring Health Equity: Digging into the Data
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WOMEN'S HEALTH
IN WOMEN'S HANDS
COMMUNITY HEALTH CENTRE

INCREASE • INNOVATE • IGNITE

Location

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Presentation outline

- Mandate of WHIWH
- Client Demographics
- Linkage of data to issues
 - Issues being addressed
 - Poverty
 - Mental health
 - Multiple co-morbidities –diabetes, mental health and HIV
 - Links to external research
- Questions

Mandate

- Feminist, Pro-choice, anti-racist, and multi-lingual health center for women.

- Provision of primary healthcare services for black women and women of colour from the African, Caribbean, Latin American and South Asian communities in Toronto and surrounding areas
 - Immigrant, refugee and non status women
 - Diverse cultural and linguistic backgrounds
 - over the age of 16 across the lifespan
 - Women with disabilities

Client demographics:

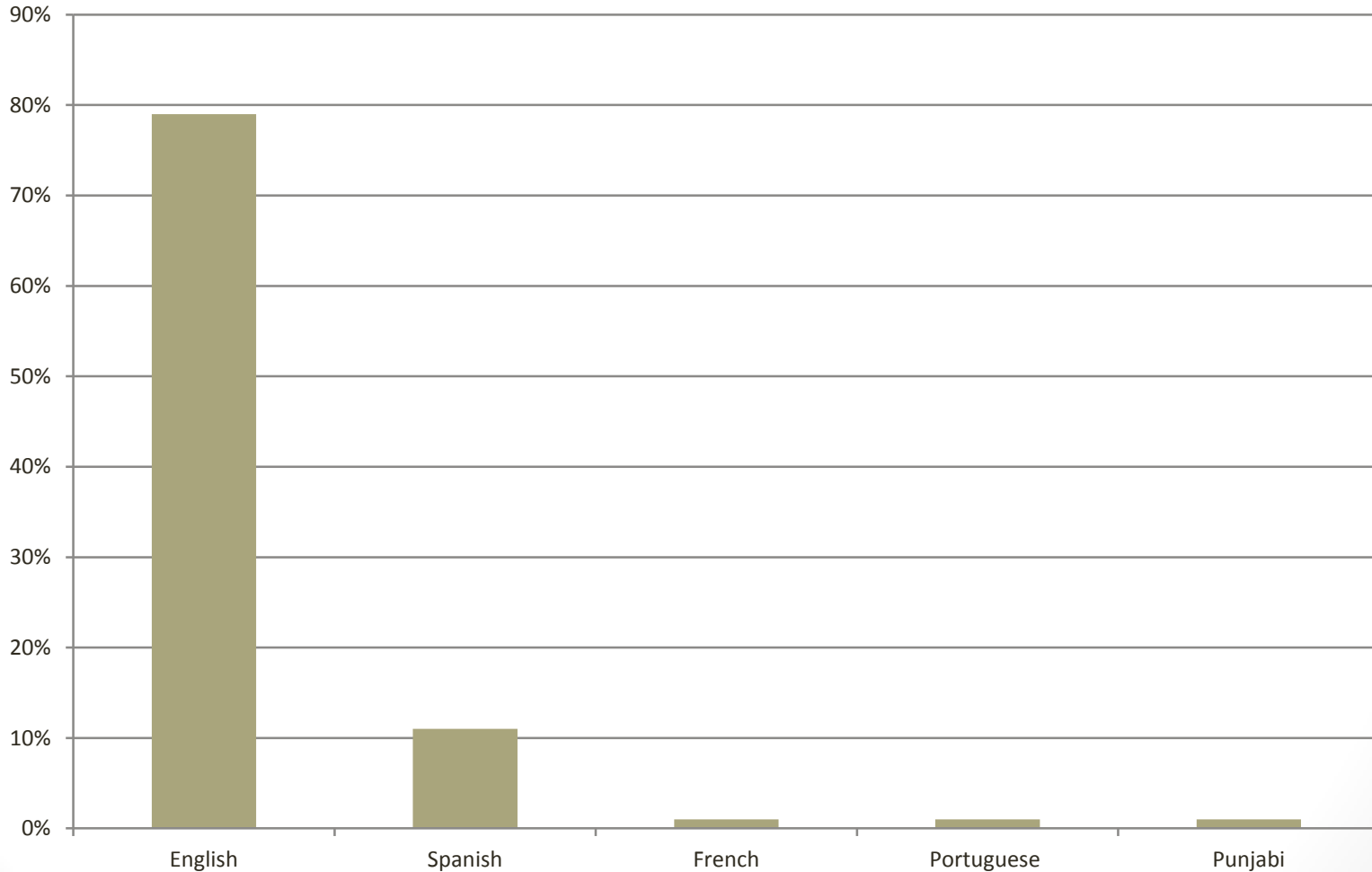


Active Clients
(n=2235)

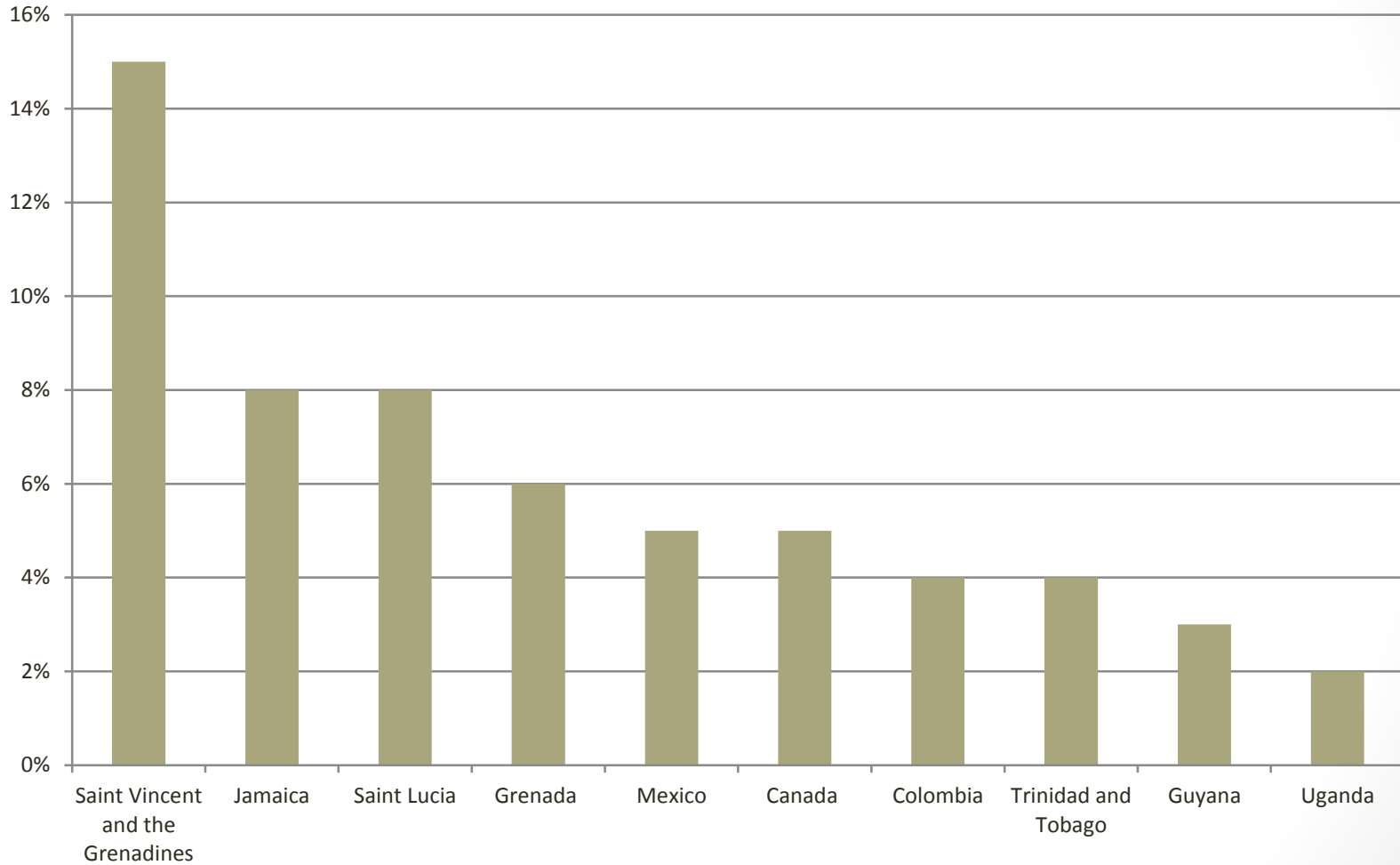
1. Top 5 Client Ethnicities

Caribbean	32%
Black	24%
African	15%
Latin American	11%
South Asian	6%
Hispanic	4%

3. TOP 5 LANGUAGES Spoken



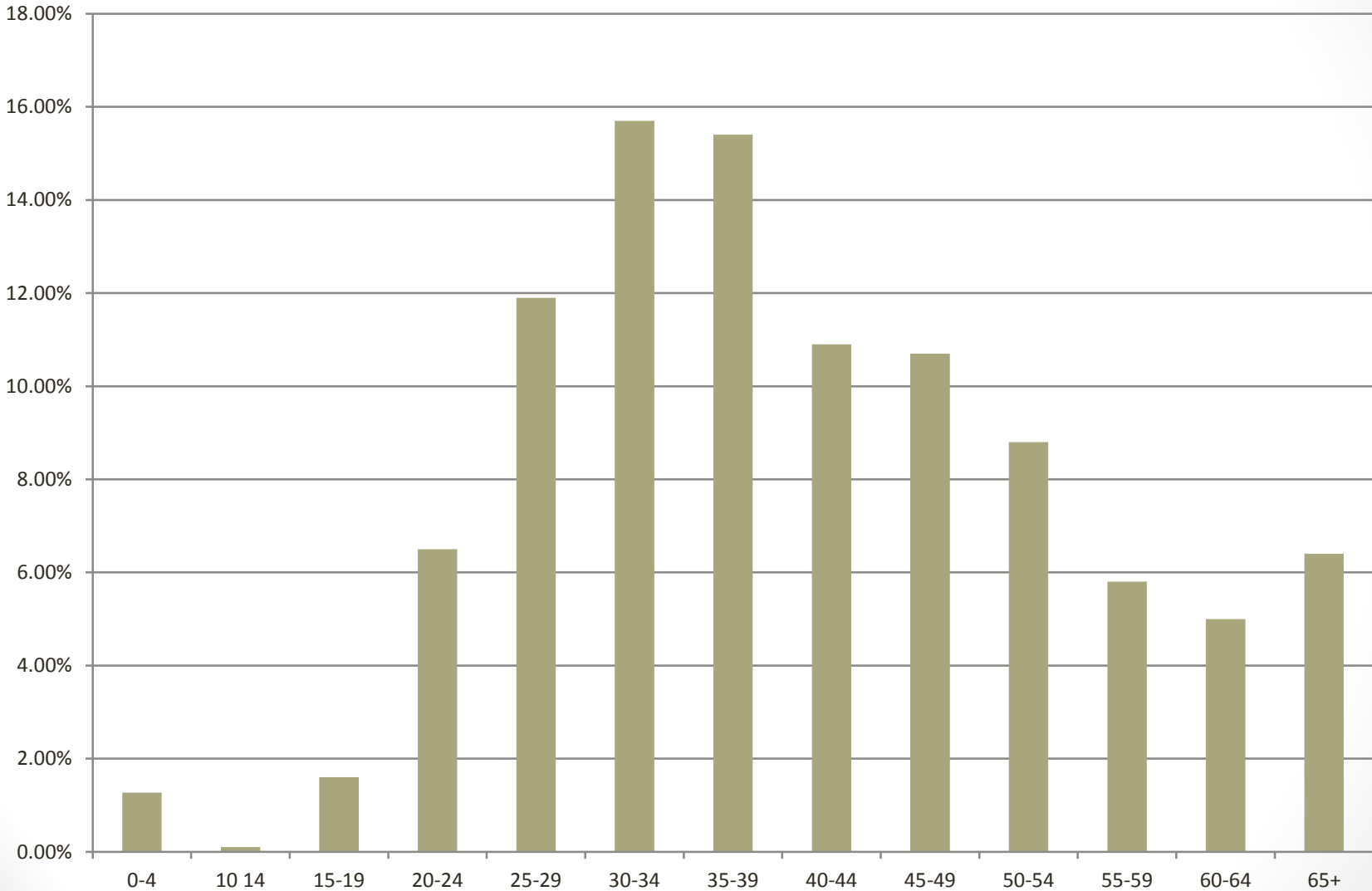
Top 10 Countries of origin/birth



Changes in source countries shift due to a no of factors:

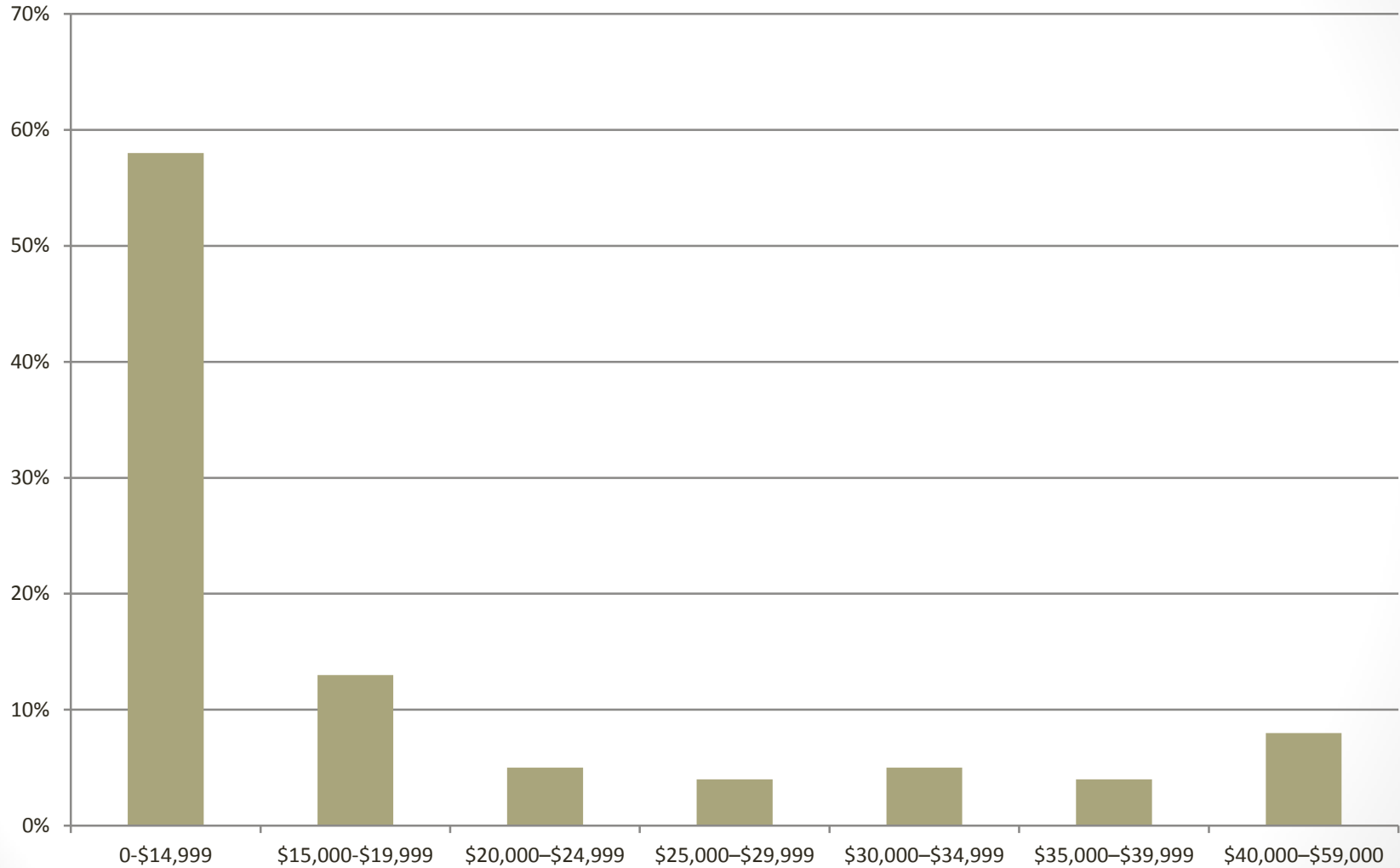
1. Changes in immigration policies
2. Human rights abuses e.g. violence against women and criminalization of same sex relationships
3. Political and civil unrest e.g war – Rwanda, Burundi, DRC, Somalia, etc
4. Visa requirement – until recently there was no visa requirement for people coming to Canada from St. Vincent and the Grenadines
5. Economic turmoil - recession in 2008 led to people moving from highly affected areas to Canada
6. Natural disasters – e.g earth quake in Haiti

Age Range



- 70% of clients are in their reproductive years: 20 – 49 years:
 - Preconception, pregnancy and postpartum (the 3 Ps) planning is important particularly for Women living with HIV who are living longer and interested in having children and can have uninfected children due availability and access to treatment
 - WHIWH works with HIV specialists to support women living with HIV or those whose partners are HIV-negative to plan for safe 3 Ps
 - Pre and postnatal groups

Income Distribution



Linkage of data to issues: Utilization of Data

Issues being addressed



WHIWH 2012
Statistics

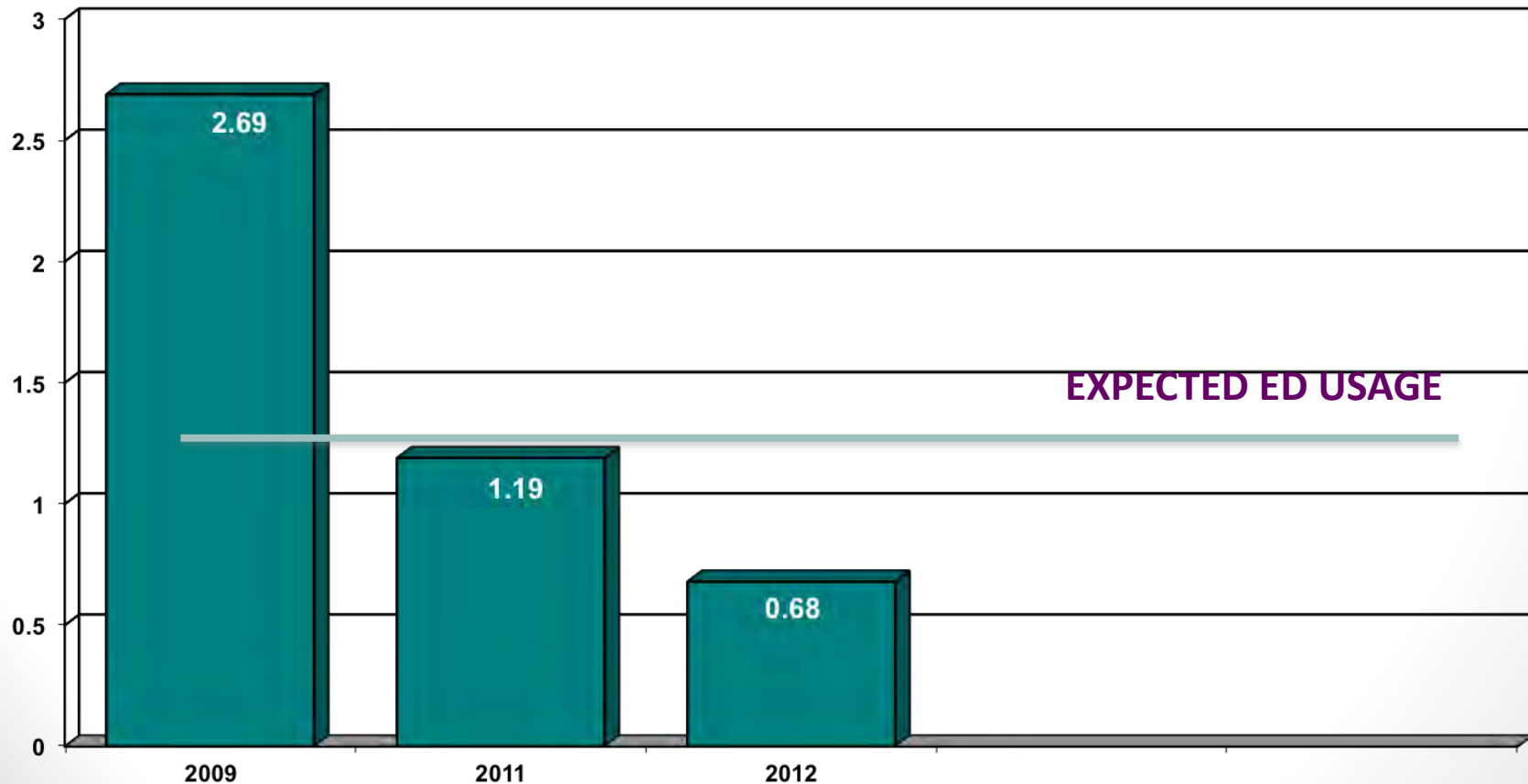
Issues addressed

- Over 70% poverty
- 31% mental health
 - 6% serious mental health issues
- 11% HIV/AIDS
- 10% Co-Morbidities of HIV/Diabetes/Mental Health
- 0.8% addictions
- 40% uninsured

Addressing Poverty:

- Accessible housing – housing worker from Fred Victor comes once a week to work with women with housing issues
- Emergency Foodbank:
 - Partnership with Daily Bread Food Bank
 - Food delivered twice a month
- HIV positive women
 - Tokens and childcare to facilitate participation in community activities
 - Access to medication for non-status women
 - Skills and capacity building support

Partnership on Mental Health: Reduction in ED Utilization



- Establishment of partnership with WCH and more recently with CAMH to have a psychiatrist come to WHIWH 1 day a week to provide psychiatric care
- Involved in development of an intervention in partnership with WCH to deal with mental health and other other co-infections :
 - a) Was pilot tested with women with diabetes and found to be efficacious
 - a) Its now being pilot tested as an online intervention with women living with HIV
 - a) Obtained funding from the AIDS Bureau, Ontario Ministry of Health and Long Term Care to work with HIV positive women experiencing mental health issues utilizing popular media – body mapping, Digital Story Telling Videos, etc

Focus on 3 Chronic Diseases:

- Women's Health in Women's Hands has identified three priority health issues based on internal data:
 - Diabetes
 - HIV/AIDS
 - Mental Health
- The organization has also established a strategic objective to deliver:
 - High quality
 - Client centered
 - Evidence informed services

Interdisciplinary Teams

- Three (3) Interdisciplinary teams (IDTs) have been established
 - Diabetes, Mental health and HIV/AIDS
 - Co-Chaired by a Management and Practice Lead
- Aims of the IDTs are to:
 - Increase access to services for women experiencing one or more of the three chronic infections
 - Increase capacity of staff and our partners to deliver effective and culturally appropriate services to women
 - Develop internal and external processes for tracking pathways of care
 - Improve monitoring and evaluation of services provided and utilized by women
 - Support intervention development
 - Strengthen/Establish relevant partnerships to support identified aims

External Research

Macro

Meso

Micro

Chronic illnesses/disease:

- 21 HIV/AIDS project
- 3 Mental Health Projects
- 2 diabetes projects

Social Determinants of Health (3 projects):

- Non-status clients and immigration
- Negotiating Citizenship and Social Rights for non stats women and children
- Exploring how Immigrant Women Conceptualize Activism

Primary Health Care:
Access and Utilization of Primary Health Care for Black Women and Women of Colour

Knowledge Translation and Exchange Activities

Facilitating Access to and Utilization of Primary Healthcare

WHIIWH RESEARCH MODEL

Research Partners

1. CBR researchers
2. Academic researchers
3. Policy makers
4. Students, community leaders, peers, service users

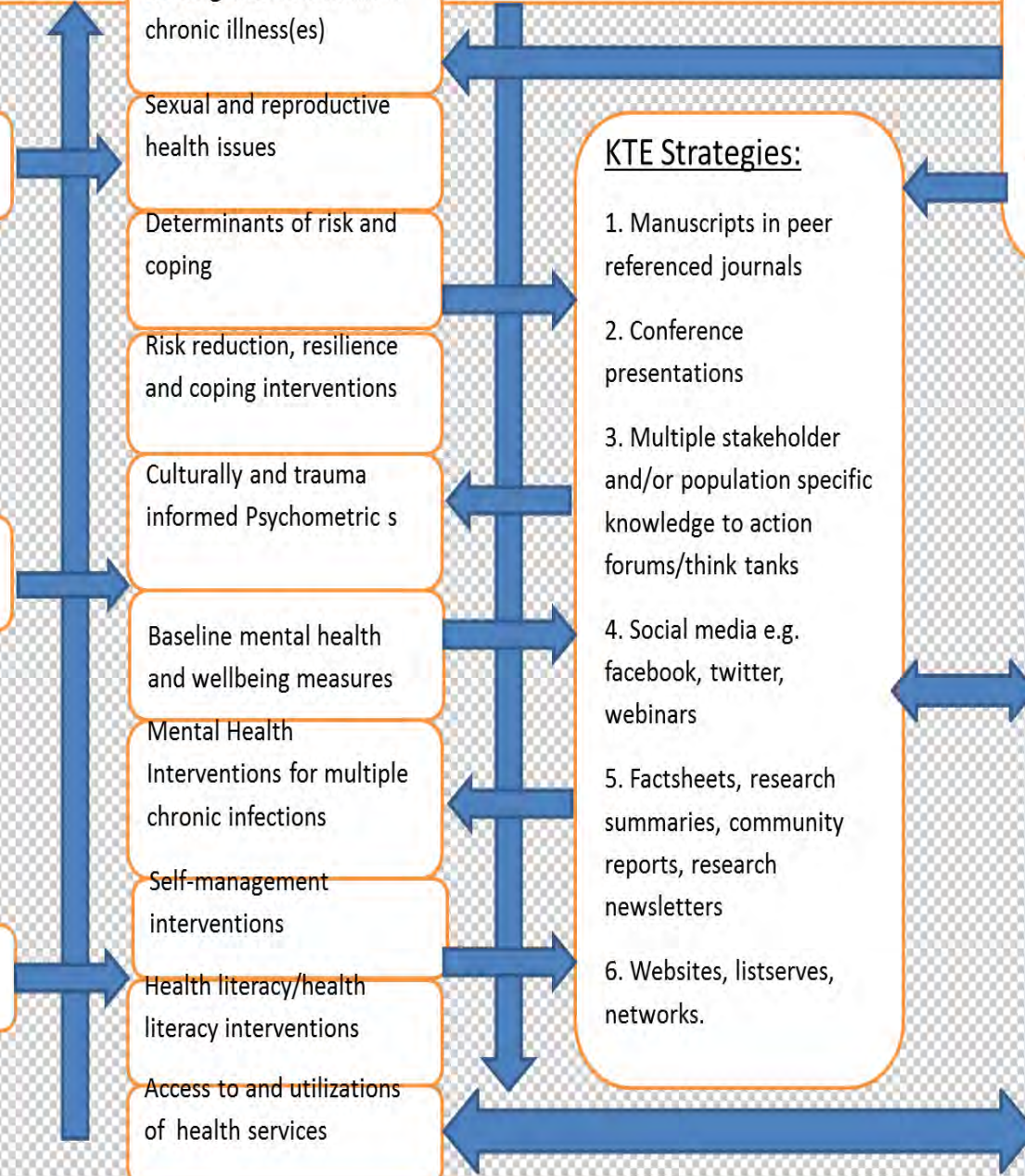
<p>HIV/AIDS</p> <p>Mental Health</p> <p>Diabetes</p>	Dealing with one or more chronic illness(es)
	Sexual and reproductive health issues
	Determinants of risk and coping
	Risk reduction, resilience and coping interventions
	Culturally and trauma informed Psychometric s
	Baseline mental health and wellbeing measures
	Mental Health Interventions for multiple chronic infections
	Self-management interventions
	Health literacy/health literacy interventions
	Access to and utilizations of health services

KTE Strategies:

1. Manuscripts in peer referenced journals
2. Conference presentations
3. Multiple stakeholder and/or population specific knowledge to action forums/think tanks
4. Social media e.g. facebook, twitter, webinars
5. Factsheets, research summaries, community reports, research newsletters
6. Websites, listserves, networks.

Staff Capacity Building

1. Research methods
2. Study design
3. Data collection, analysis and interpretation
4. Abstract, manuscript and report writing
4. KTE for multiple audiences
5. Knowledge to action – policy and practice



QUESTIONS

