

Assessing Equity in the Provision of Community Based Health Services: A Post-Mortem Analysis

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Abstract: *This practice note addresses challenges encountered in assessing client equity in the provision of health services by a large, urban community health services organization. A client equity data-collection tool was designed and health services staff were trained in its use. Anticipated and unanticipated challenges arose in developing training materials, delivering staff training, fostering staff buy-in, administering the data-collection tool, assuring data quality, and interpreting results. Strategies for mitigating the challenges are presented.*

Keywords: *community health, health equity, health equity evaluation, mental health services, Reconnect*

Résumé : *Cette note sur la pratique traite des défis associés à l'évaluation de l'équité accordée aux clients qui reçoivent des soins de santé dans une grande organisation de soins de santé communautaire en milieu urbain. Un outil de collecte de données sur l'équité accordée aux clients a été conçu et le personnel de soins de santé a reçu une formation pour l'utiliser. Des défis prévus et imprévus sont survenus dans le développement du matériel de formation, la prestation de la formation pour le personnel, l'encouragement de l'adhésion du personnel au projet, l'utilisation de l'outil de collecte de données, la qualité des données et l'interprétation des résultats. Nous présentons les stratégies utilisées pour minimiser ces défis.*

Mots-clés : *santé communautaire, équité accordée aux clients dans le domaine de la santé, évaluation de l'équité en soins de santé, services en santé mentale, Reconnect*

Providing equitable access to high-quality care requires the monitoring of inequities, that is, avoidable, unfair, and unjust differences between groups (Kirst et al., 2013; Whitehead, 1991). Inequity can result in poorer care and increased health care costs (Betancourt et al., 2017). This practice note details challenges experienced when assessing equity of care in a large, urban community health service provider in West Toronto.

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CONTEXT

The organization's target population includes individuals aged 15 years and older living with highly complex mental health, substance use, and physical health issues. The study aimed to delineate the demographic profile of individuals served by the organization and collect information related to equity of service. Recognizing that the cultural competence of staff affects their capacity to meet the unique needs of different populations (Cross et al., 1989), the organization expressed interest in using study findings to revise and enhance policies, practices, and cultural competence.

Interventions included a data-collection tool and a training protocol. The organization's primary funder had mandated the implementation of a standardized tool to facilitate the collection of demographic information in various health-care settings. Hospitals and community health centres were provided funds and resources to implement the tool, give training on its use, and promote its adoption. The team that developed the study did not receive the same level of support, leading to allocation of internal funds toward tool and training material development, in addition to data analysis.

DIMENSIONS OF EVALUATION PRACTICE

Stakeholder engagement

Stakeholder perspectives should inform the planning of an evaluative study (CDC, 1999). The goals and objectives of the client equity study were determined through discussions with the organization's senior leadership. Throughout the data-collection period, front-line staff provided feedback on the process and issues related to data-quality or client-response capacity. Training sessions provided staff with an additional avenue for communicating with the study team.

Study design

Recognizing the implicit assumptions held by stakeholders is critical (Van Ingen et al., 2015). The study's training protocol provided staff an opportunity to address cultural assumptions about different groups and build capacity in recognizing health disparities. Collecting data for a study has the potential to cause stress or concern among staff about increased workload and assessment of their performance (Thyer, 2010). Given the high level of dependency on staff for data collection, interventions were specifically designed to limit impact on staff workload and performance. The study was participatory and utilization-focused. Intended users and those involved in the process were frequently made part of decision making related to study design and implementation (Patton, 2011).

Reporting and communication of evaluation results

Results were presented in an easily interpretable format for stakeholders at varying levels of the organization (Evergreen, 2018). Observations were shared with

management and senior leadership at pre-determined intervals, as well as to the entire organization through a formal report.

ANALYSIS OF THE CHALLENGES ENCOUNTERED

A post-mortem analysis is an effective learning strategy to understand why certain challenges arose during an evaluative project (Beynon-Davies, 2013). The following analysis details the challenges experienced in this project, how they were addressed, and recommendations to practitioners conducting similar work.

Challenges

Training and materials development

A major challenge lay in developing a training program for front-line staff. Health services staff had to be trained on the concept of health equity, collecting data from populations with varying levels of illness, and ensuring data quality. An examination of pre-existing training materials revealed that most had been designed more for acute care and in-patient facilities than for community-based, multidisciplinary organizations. Developing the training materials was a major, time-consuming task.

Staff buy-in

Staff already had to complete various administrative tasks at different stages of care for clients. It was challenging to motivate staff to take on the additional work required for a respectful and thorough collection of data on health equity.

Training delivery

Training diverse groups of staff on health equity led to frank discussions about how socio-demographic factors influence the health of certain populations, not only within the context of the organization but also across the entire health-care system. Some staff revealed deep-rooted beliefs inconsistent with equitable delivery of service to clients. Mediating difficult conversations about how factors like race, gender, and income affect access to health services was a challenge. Some staff shared experiences related to their personal life, or to individuals they had served, on the impact of socio-demographic status on health services equity. Other staff commented on components of the training material, unaware of the repercussions their feedback would have on the group. In some instances, this led to misunderstanding and tension.

Interpretation of evaluation results

The organization's senior leadership planned to use study findings to improve the organization's ability to meet the needs of its target populations. Study results included a summary of the number of client surveys completed within the different health-care programs offered by the organization. A key challenge was ensuring that both staff and senior leadership focused on the demographic data that had been collected rather than on comparisons of performance in collecting data.

Clearly, the objective of the study was to develop a deeper understanding of the organization's target population, not to measure the tool's adoption rate across programs within the organization. Shifting the organization's perspective from performance to exploration was a challenge.

Data quality and tool administration

Throughout the evaluation, staff serving clients who were receiving mental health services frequently mentioned difficulty in administering the survey to individuals who were unstable or otherwise incapacitated. These difficulties affected the volume of completed surveys and data integrity. Additional issues surfaced as the study progressed. Two versions of the tool were available to staff: hard copy and online. Errors occurred most frequently with questions on the hard copy that required a written response. Staff did not always ensure that surveys had been fully completed.

Anticipated challenges

The challenges related to staff buy-in, training delivery, data quality, and interpretation of evaluation results were anticipated. The organization had recently rolled out several quality-assurance tools to be completed by staff as part of their service to clients. It was anticipated that staff would demonstrate some resistance to incorporating yet another data-collection task in their workflow. Furthermore, it was anticipated that both staff and management would focus attention on the number of surveys completed rather than on the information collected. The organization is a high-performing community health service provider and, as a consequence, results-oriented service delivery is part of the culture.

Data-quality issues were anticipated when the hard-copy version of the survey was used. The study team expected that use of the paper version would lead to human error and reduced client cooperation. The study designers had also anticipated that there would be a wide range of conversations about equity within the various staff training sessions.

Unanticipated challenges

The biggest unanticipated challenge was in developing the training materials. Modification of pre-existing materials was required to meet the needs of the organization. However, the amount of time spent adapting training materials for use in the study was far greater than anticipated. Some would have required too much time of training-session participants or were not appropriate for a client seeking care from a community health service provider. In existing materials there was generally more emphasis on reporting than on health equity. In some cases, the data-collection approach was inappropriate; for example, the organization's receptionist administered the tool, or individuals completed the tool while in a waiting room.

Unanticipated challenges required the study team to revise its timeline. Study planners had originally set aside three weeks for creating a suitable training plan for staff, based on existing materials and documentation of best practices.

However, an additional two weeks were required to reformat existing materials. This resulted in delays related to the training, implementation of data collection, and subsequent analysis. Staff doubts about the importance of the work and their resistance to an increase in their workload led to delays in the rate at which information was obtained.

Once staff began implementing the tool, some of the organization's health service programs had higher rates of completion than others, leading to conversations about performance. This affected staff morale, and also data quality, in that there were instances where staff focused on increasing the number of surveys administered rather than on ensuring completeness of survey responses.

During training sessions, conversations about health equity were encouraged. Sometimes these conversations led to questions about the organization's stance on health equity-related matters, and whether the information collected as part of the study would lead to changes in service. Bringing the group back to the purpose of the training session took time away from presentation of the theoretical and practical components of the data collection exercise.

Addressing the challenges

1. Frequent status updates and open communication with senior management proved beneficial when revising the training materials. A fixed meeting schedule was set with the organization's senior leadership to keep them informed of progress.
2. The introduction of health equity champions at the organization was instrumental in assisting with issues related to understanding equity and data collection. Champions received more training on the purpose of the initiative as a means of building capacity within the organization and bolstering staff buy-in.
3. Three factors—messaging from leaders within the organization, staff recognition of the value of equitable service delivery, and clarity about study purposes—helped secure staff buy-in and curtail competition among health service programs with respect to volume of completed surveys. In particular, staff recognition of how different groups access health services across the city and how socio-demographic factors affect a person's health was critical in motivating them, increasing their commitment to collecting data, and enhancing their cultural competence.
4. Making the tool available online significantly increased data quality.
5. Providing codes of conduct to staff at the beginning of each training session encouraged constructive dialogue on the topics to be shared.

Recommendations for avoiding similar challenges

1. Gain a full understanding of the client or organization's ongoing, priority initiatives.
2. If staff are responsible for data collection, ensure the task is not onerous and does not interfere with primary job tasks.

3. Review existing training materials and determine with stakeholders whether the content in the training program is appropriate for the target audience.
4. If a staff training exercise involves a sensitive topic, be completely familiar with the subject matter. Be prepared for difficult conversations and do not try to shut them down.
5. Trainers should avoid the temptation to speak on behalf of the organization when confronted with questions related to organizational policy or strategic planning.
6. Data collection should be automated if possible. When manual data collection is required, ensure clear instructions are provided.
7. Identify common errors in initial data collection and bring them to the attention of participants in subsequent data-collection training sessions.
8. Be prepared to answer questions related to the purpose of an evaluative exercise. An on-site presence in the organization can be helpful.
9. Finally, focus on building internal capacity and leveraging existing resources. This increases the client organization's ability to continue evaluative work and to use study findings.

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