

# Theory of Change - Health Equity for People of Low Income in Simcoe Muskoka

Goal

People of low income in Simcoe Muskoka achieve health equity

Long-Term Outcomes

People with low income have access to needed health and social services

Improvement in the conditions contributing to health inequities for people of low income (social isolation, food, housing, employment, income, education, transportation)

Medium-Term Outcomes

Health and social services are reoriented to better meet the needs of people with low income

People of low income have a greater opportunity to participate in and manage their own health

Increased number of policies (social and economic) and processes that improve health equity for people of low income

Actions

Incorporate a health equity lens in all aspects of public health work

Create awareness among the general population, partners and decisionmakers of the conditions contributing to health inequities for people of low income

Engage in advocacy that will enhance health equity for people of low income

Collaborate with people of low income to build their capacity for self-advocacy and social capital

Enhance internal knowledge, skills, and positive attitudes related to addressing health inequities for people of low income

Engage with people of low income for planning and delivery of programs and services that achieve health equity

Collaborate internally and externally to address the conditions contributing to health inequities for people of low income

Formative Pathways

Reorient Public Health Services

Shift Social Norms, Values and Capacity

Strengthen Collective Impact

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## **THEORY OF CHANGE (TOC) ASSUMPTIONS:**

1. The social determinants of health are a priority for SMDHU.
2. SDOH PHN positions continue to be funded.
3. SMDHU uses the National Collaborating Centre for Determinants of Health's (NCCDH) framework for public health roles in addressing the SDOH (four roles/six strategies)<sup>1</sup>, however this could change over time as the issues, the internal and external environments, and our practice changes.
4. There is on-going support from SMDHU senior management to implement the TOC.
5. All SMDHU programs and departments are engaged in actions to achieve the TOC goal as required and where pertinent, feasible and applicable.
6. SMDHU has strong partnerships in place, and continues to build new ones, that will assist with achieving the TOC.

## **THEORY OF CHANGE EXTERNAL FACTORS:**

1. We are one of many partners within a complex system – we can't make the changes alone.
2. Many factors are outside of our control and the external and internal environments are constantly changing (i.e. politics, economy, population, etc.).
3. This is an issue of complexity with many variables and actors.
4. There are many unknowns.

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<sup>1</sup> [National Collaborating Centre for Determinants of Health - Integrating social determinants of health and health equity into Canadian public health practice: environmental scan 2010](#). (2011).

## SMDHU PRIORITY POPULATION THEORY OF CHANGE

Addressing the determinants of health and reducing health inequities is fundamental to the work of public health in Ontario.<sup>2</sup> Simcoe Muskoka District Health Unit has identified the determinants of health (DOH) as a strategic direction in its 2012-2016 Strategic Plan, with the goal of addressing the factors that create inequities in overall health and improving the quality of life for populations at risk of poor health outcomes.<sup>3</sup> To achieve this goal, three outcomes were identified:

- Populations at risk of health inequities, that require a coordinated and comprehensive agency response, are prioritized annually.
- Populations at risk of health inequities, that require a specific service area response, are prioritized annually. (This was revised in 2014 to focus on program areas)
- Within one year of a priority population being identified, a determinants of health plan for action to address the critical risk conditions to meet the priority population's public health needs is developed, approved, operationalized and tracked.

In 2013, SMDHU initiated a two-stage process for identifying priority populations. The first stage was an initial priority population screening process that allows for the comparison of indicators across populations at risk. The second stage was a more comprehensive assessment of the population engaging in dialogue with the identified priority populations, health unit staff and community partners to access additional information sources and perspectives on need, impact, capacity, and partnerships and collaboration. Based on an analysis of the data collected, people of low income (individuals and families) were identified as SMDHU's priority population.

To guide the development of an action plan for the identified priority population (PP), a situational assessment was conducted. Based on the results of the situational assessment, a Theory of Change (TOC) was developed to articulate the action plan's ultimate goal and the steps or pathways required to reach this goal. The TOC goal is that people living with low income in Simcoe Muskoka will achieve health equity.

To achieve this goal, certain pre-conditions must exist, including: an improvement in the conditions contributing to health inequities (i.e. food, housing, employment, income, education, transportation, etc.); and people with low income have access to needed health and social services (long-term outcomes).

In order to reach these outcomes an intermediate set of pre-conditions must exist, which include: people of low income have a greater opportunity to participate in and manage their own health; health and social services meet the needs of people with low income; and policies and processes exist that improve health equity (medium-term outcomes).

The desired change (as indicated in the goal and outcomes) will be brought about through the implementation of specific actions. These actions fall under three formative pathways that represent the health unit's greatest opportunity for impact and change based on the results of the situational assessment and

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<sup>2</sup> Ontario Ministry of Health and Long-Term Care. Ontario Public Health Standards (OPHS) 2008. Ontario Ministry of Health and Long-Term Care; 2008.

<sup>3</sup> Simcoe Muskoka District Health Unit. Strategic Plan 2012-2016. Simcoe Muskoka District Health Unit; 2012.

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on previous and existing work and experience of SMDHU in the implementation of the overall DOH strategic initiative. The three pathways and associated actions are:

1. Reorient public health services and programs to better meet the needs of people of low income
  - a. Incorporate a health equity lens in all aspects of public health work
2. Shift social norms, values and capacity
  - a. Enhance internal knowledge, skills, and positive attitudes related to addressing health inequities for people of low income
  - b. Create awareness among the general population, partners and decision-makers of the conditions contributing to health inequities for people of low income
3. Strengthen collective impact
  - a. Engage with people of low income for planning and delivery of programs and services that achieve health equity
  - b. Collaborate with people of low income to build their capacity for self-advocacy and social capital
  - c. Collaborate internally and externally to address the conditions contributing to health inequities for people of low income
  - d. Engage in advocacy that will enhance health equity for people of low income

Although the actions identified in the TOC are listed within one specific pathway, the reality is that many of these actions are inter-related and cross over from one to the other. In fact many of the 'Shift' and 'Strengthen' actions are critical to 'Reorient' and could easily be listed underneath this pathway. This interaction is depicted in the TOC map by the free flowing of actions between all three pathways.