REDUCING THE EQUITY GAP IN HEALTH AND HEALTH CARE

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Research Profile Presentation
BACKGROUND

1. Inequities in health and health care access for disadvantaged populations continue to exist.

2. Health inequities along ethno-cultural and social status lines are common knowledge and are rooted in multiple factors, such as gender, class, geographical location and other issues associated with differential access to health care, which are interwoven in complex ways (social determinants of health).

3. Current evidence suggests that marginalized populations such as visible minority and Aboriginal peoples have poorer health outcomes (compared to whites) from preventable and treatable conditions such as diabetes.

4. Limited access and poor quality of care take a significant toll, as those in remote and rural low middle income countries more likely than their Urban counterparts to report delay in seeking care, and less likely to report that they have not received needed care.

5. Health scholars are expected to provide leadership by unpacking the complexity of health inequities, and creating innovative solutions to the challenge of today’s healthcare systems.
AIM OF RESEARCH PROGRAM

The program of research seeks to identify, understand, measure, reduce and evaluate inequities in health and health care access for marginalized populations.

Grounded in Critical Social Theory (CST), this program of research recognizes that the social conditions in which people live interact to strongly influence their chances to be healthy.

Health is closely tied to the environment around us - where we live, work, learn and play.
SPECIFIC OBJECTIVES

1. Impact on health care professionals to improve the quality of maternal child health

2. Impact on health care professionals to ensure that they provide culturally safe and competent care to marginalized communities

3. Develop evidence informed cross cultural communication tools to improve inter-professional health care for marginalized populations

4. Identify relevant and innovative strategies to address the social determinants of health including the sociopolitical factors that impact on the health and well-being of racialized people

5. Impacts on the health care system and health policy by creating an empowering environment for historically marginalized population to advocate for themselves in both health and policy arenas.
Theoretical Underpinnings

Research projects are conceptually guided by the principles of participatory action research (PAR).

• PAR is a flexible process providing both a socially and culturally adaptable framework for research.

• It is not only an approach to investigating phenomena from the perspectives of those being studied.

• It is also a means for mobilizing collective social action to address the identified issue and for creating change at multiple levels.
DESCRIPTION OF RESEARCH PROGRAM

Through projects in Canada and abroad including low middle income countries (LMICs), Dr Etowa’s work focuses on two research themes related to health inequities:

1. Projects exploring the issues influencing the health and access to health care for marginalized groups, such as:
   i. Visible Minority people in Canada
   ii. Aboriginal peoples
   iii. Immigrant women,
   iv. Women and newborn in especially in rural communities in a low middle income country such as Nigeria.
   v. HIV/AIDS in African Caribbean and Black (ACB) people in Canada

2. Projects examining human resources for health with a particular focus on improving maternal, newborn and child health in Nigeria.
   i. Building nurses and midwives research and policy development capacity
   ii. Maternal- Child mortality is an issue of serious concern in Nigeria.
Research Program at a Glance

Reducing the Equity Gap in Health and Health Care

Health and Healthcare Access
- Role of PHN in Postpartum Home visiting
- Optimizing food choices during Pregnancy and early Postpartum
- HIV vulnerabilities and Resilience among ACB heterosexual men

Human Resources for Health
- E-Track: HIV AIDS Surveillance in Canada
- Using MIP to improve MNCH in Nigeria
- Carnegie ADF-Engaging in Strategic collaborations
- Recruitment and Retention of Aboriginal Student
- Interdisciplinary practice to Improve MNCH in Nigeria

Optimizing food choices during Pregnancy and early Postpartum

HIV vulnerabilities and Resilience among ACB heterosexual men

Using MIP to improve MNCH in Nigeria

Carnegie ADF-Engaging in Strategic collaborations

Recruitment and Retention of Aboriginal Student

Interdisciplinary practice to Improve MNCH in Nigeria
CURRENT PROJECTS: Carnegie ADF Nurses’ Capacity Building Initiative in Nigeria

Building interdisciplinary leadership capacity to strengthen health system and improve maternal, newborn and child health (MNCH) in Nigerian Communities:

1. Project funded by The Carnegie Foundation’s African Diaspora Fellowship-Washington, DC, USA

2. The Carnegie ADF award will provide opportunity for capacity building and hands-on training of practicing nurses and midwives in the areas of research productivity, curriculum development, and faculty and graduate student overall mentoring, with the ultimate goal of fostering the use of evidence-based educational curriculum and clinical practice.
CURRENT PROJECTS: Perinatal Food Choices

- Optimizing food choices and practices in the perinatal period for immigrant women

- This three Canadian Institute of Health Research (CIHR) funded study seeks to explore and understand **ethno-cultural food choices and practices of immigrant women during the perinatal period**, and specifically the intersection of these factors in the social context of cultural adaptation and adjustment.

- Using **focused ethnography research** tradition, the study provides targeted knowledge transfer, including the creation and evaluation of a pilot implementation, of tailored nutrition education materials to **improve cultural competence and cultural safety** of health care providers for ultimate improvements in the health of immigrant mothers and their infants.
CURRENT PROJECT: MIP-MNCH in Nigeria

Using Multiple Intervention Program (MIP) Framework to Improve Maternal, Newborn and Child Health Outcomes: an Interdisciplinary Approach for Community Empowerment and Health Improvement in Rivers State of Nigeria

Project is supported by the Global Health Research Initiative in Canada and seeks to:

• provide answers to why rural women attend ANC at public health centres and yet deliver at home or with traditional birth attendants;
• why urban women attend ANC at public health facilities but prefer to deliver at private clinics/hospitals.

• It will also examine how a novel service-provider twinning approach can train health workers to mothers and their families to foster more deliveries at the public health facilities.
CURRENT PROJECT: Early Home Visiting

Listening to the voices of mothers and public health nurses regarding early home visits (EHVs).

1. The 3-year project is exploring how universal and targeted early home visits (EHVs) programs for mothers and babies are organized, delivered, and experienced from the perspectives of public health nurses, mothers, and managers in Canada.

2. It a qualitative research study with the Canadian site located within Public Health Services in Halifax, Nova Scotia which provides services to both rural and urban populations.

3. Findings from this study will add to a timely international dialogue on universal and targeted early home visits that are conducted by public health nurses in collaboration with a diverse group of mothers, babies, and their families.

- The perspectives of PHNs, managers, and mothers will provide important information to improve EHV and health outcomes of mothers and their families.
CURRENT PROJECTS: MNCH in Nigeria

Developing collaborative multidisciplinary initiative to improve maternal, newborn and child health outcomes in Nigeria

The project was funded my Rotary Club International, Ottawa west Chapter and seeks to:

• Train maternal, newborn and child health (MNCH) care providers in Nigeria on safe motherhood practices

• Understand the role of nurses and midwives in interdisciplinary primary health care practice in rural communities.
CURRENT PROJECTS: E-Track HIV Surveillance

E-Track surveillance system:

- Monitoring trends in the prevalence of HIV and associated behavioural and socio-demographic factors among people in Canada who were born in countries where HIV is endemic.

- Project is funded by the Public Health Agency of Canada (PHAC)
CURRENT PROJECT: Aboriginal Students Mentoring

Mentoring Program of Aboriginal students:

- A collaborative Initiative between the Aboriginal Nurses Association of Canada and the School of Nursing collaborative Initiative to improve the recruitment and retention of Aboriginal learners at the University of Ottawa.
CURRENT PROJECTS: ACB Heterosexual Men

Reducing HIV vulnerabilities and Promoting Resilience among self-identified heterosexual African, Caribbean and Black Men in Ontario seeks to:

• Reduce HIV vulnerabilities and promote resilience through active engagement of self-identified heterosexual African, Caribbean and Black (ACB) men in community HIV responses, programs, research, and policy.

• Initiative funded by the Canadian Institute of Health Research (CIHR)
CONCLUDING REMARKS

Overall, Dr Etowa’s program of research contributes to better understanding of the complex interplay of various determinants of inequities in health and health care access.

In collaboration with colleagues across Canada and abroad Dr Etowa is working to reduce inequities in health and healthcare access through research and policy development, with the ultimate goal of improving health outcomes for disadvantaged populations in Canada and around the world.
Thank You

Questions

Interdisciplinary practice to

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