TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

Produced with financial support from the Direction de santé publique de la Montérégie - Centre intégré de santé et des services sociaux de la Montérégie-Centre and the Canadian Institutes of Health Research

Print Form

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

"Observe, understand, and analyze an intervention to improve how social inequalities in health are taken into account"

This discussion tool is provided to your team so that members can think collectively about how to better take into account social inequalities in health (SIH) in their project, with the aim of reducing them, or at least not aggravating them. This discussion tool is not intended to measure the impact or the effectiveness of an intervention in reducing SIH; rather, its main objective is to open up dialogue on SIH. It complements other tools that you are likely to use to ensure the quality of your project. It will support your team in the process of identifying and analyzing strengths and elements to improve with respect to reducing social inequalities in health. It incorporates key strategies such as participation, action on social determinants of health, collaboration, intersectorality, and empowerment.

For whom?

Persons who plan, implement, evaluate, and ensure sustainability of public health projects, in collaboration with sectoral and intersectoral partners (e.g., ministries, school boards, municipalities, schools, community organizations).

How and when to use it?

There is no `right moment' to use the tool, nor a required number of work sessions to complete it. It is presented in five sections that can be used independently, according to where you are with your project, whether at the point of conducting joint planning, adjusting an existing plan or intervention, implementing it, evaluating it, and/or planning for sustainability.

To begin, we suggest you identify at what your stage your project is; then, for each discussion element of that stage, identify which of the five possible choices, from 0 to 4, best represents the level of progress in discussing and addressing that element. Here is a description of the five levels within which to situate your project's progress with regard to taking SIH into account:

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

(0) **"Not considered"**: means that the element has not been considered in the intervention, or that the team is not able to express its position with respect to this question. Discussion should be initiated!

(1) **"Discussion initiated"**: means that the element has been discussed briefly and the thought process is still in an early stage. There is more work to be done!

(2) **"Concrete measures proposed"**: indicates that the element has been discussed at length within the team, that concrete proposals are being reviewed, but that they now have to be carried out. All efforts must be concentrated on consolidating gains and working to achieve concrete measures!

(3) **"Concrete measures undertaken":** means that several concrete actions have been undertaken, but they are not yet sufficient to fulfill your action's full potential for reducing SIH. You are on the right path, only a bit more effort is needed!

(4) **"Element accounted for"**: means that the element has been significantly taken into account in the actions implemented. Now you need to sustain what has been achieved!

Finally, in the section on the right, we invite you to provide comments explaining the identified level of progress as well as notes on contextual elements and specific measures taken. Once your analysis is completed, there is a reserved section at the end of the stage where you can record your assessment and suggestions for possible improvement.

At the end of the grid, there is a final section where you can record the overall assessment of the project and note paths for improvements to be pursued or undertaken.

Important considerations:

- Terms marked by an asterisk * are defined in the section "Definitions of useful terms and concepts for completing the grid," provided in appendix. To reach it, you can click on the "Glossary" button … and then to return, click on "Back to page".
- The terms "project" and "intervention" are both used to refer to the action your team is conducting. Normally, the term **project** - and sometimes also "program" or "plan" - is used more often at a regional scale, while "intervention" is used at a local scale. Again, the tool is flexible: whether you consider your action to be a project or an intervention, the tool can be applied with equal relevance.
- If it is your first time using the tool, you can request support from a person who has a firm knowledge base concerning social determinants of health and SIH to help facilitate your team discussions.

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

Project title:	Quit Smoking Centre (Centre d'abandon du tabagisme – CAT)
Brief project description:	CAT have been in operation for ten years. The practitioners working at the CAT have several mandates: tobacco-use prevention, support groups for tobacco-use cessation, knowledge transfer, etc. In CSSS, each year, around four cohorts of twenty persons are welcomed at the Quit Smoking Centre, located at the CLSC. Its budget comes from the Direction de santé publique (DSP) and serves to hire resources (e.g. a social worker (4hrs); a respiratory therapist (7hrs)) who respond to clientele needs. Tobacco-use cessation support groups meet during the week and in the evening. Prevention activities for their part are mostly focused on school environments.
Project target population*:	The population 18 years of age and older, with emphasis on different populations in vulnerable psychosocial situations. The population of the territory is very disadvantaged.
What subgroups* does the project target?:	- Persons in situations of materially deprivation and psychosocially vulnerability - Young people in school settings - Persons with mental health problems

Project development stages

1. PROJECT PLANNING	2. PROJECT IMPLEMENTATION	3.EMPOWERMENT	4.EVALUATION	5. SUSTAINABILITY

Glossary

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

Work session time and place: May 19, 2015, by telephone and at the CLSC

Team members present for the work session and each one's role in the project:

Social worker (SW)
Coordinator for social health determinants at the Direction de santé publique for the region
Community organizer (CO)
Respiratory therapist (RT)
The SW and the respiratory therapist are responsible for the CAT program. The CO and the Direction de santé publique support them.

1. PROJECT PLANNING: elements to consider and address	Not considered	Discussion initiated	Concrete measures proposed	Concrete measures undertaken	Element accounted for	Not applicable	Reasoning, measures undertaken, and contextual elements
	0	1	2	3	4		
PROBLEM AND NEEDS ANALYSIS							
Q1. The nature of the problem of **social inequalities in health*** (SIH) and the problems experienced by the different **target subgroups*** of the population concerned by the project have been clearly described and defined in the project.	☒	☐	☐	☐	☐	☐	No

Glossary

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

1. PROJECT PLANNING: elements to consider and address	Not considered	Discussion initiated	Concrete measures proposed	Concrete measures undertaken	Element accounted for	Not applicable	Reasoning, measures undertaken, and contextual elements
	0	1	2	3	4		
Q2. The context and the **social determinants*** likely to have an effect on identified SIH issues have been described.	☐	☐	☐	☐	☐	☒	The actors work together to help persons in situations of psychosocial vulnerability or living with mental problems. SIH are the backdrop to everything! Even if practitioners do not necessarily use the actual words "social inequalities in health", these issues are always at the top of their mind. However, there is no
Q3. Different determinants have been investigated for each of the target subgroups of the population concerned by the intervention (e.g., age, sex, cultural background, level of education).	☐	☐	☐	☐	☒	☐	The team studied MSSS statistics and conducted surveys to identify the target groups among young people and blue-collar workers. Schools and municipalities were involved in the surveys.
Q4. The target subgroups have been identified using a description of the SIH problem that is based on different sources of information: • theoretical knowledge or explanatory models • scientific knowledge/ surveillance data • advice from subject matter experts and/or professionals	☐	☐	☐	☐	☒	☐	The program, which came from the MSSS, does not have a specific focus on SIH. The identification of subgroups (persons with mental health problems, youth, people in situation of poverty) with respect to SIH was essentially based on practical and field knowledge (i.e. professionals and practitioners).

Glossary

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

1. PROJECT PLANNING: elements to consider and address	Not considered	Discussion initiated	Concrete measures proposed	Concrete measures undertaken	Element accounted for	Not applicable	Reasoning, measures undertaken, and contextual elements
	0	1	2	3	4		
Q5. The SIH problem description has taken into account the opinions of the different target subgroups of the population concerned by the intervention.	☒	☐	☐	☐	☐	☐	No
Q6. The actors involved in the intervention share a similar vision of the context and SIH issues for each of the target subgroups	☐	☐	☐	☒	☐	☐	The actors work together to help persons in situations of psychosocial vulnerability or living with mental problems. SIH are the backdrop to everything! Even if practitioners do not necessarily use the actual words “social
ACTION OBJECTIVES, RATIONALE, AND DESIGN							
Q7. The focus of the project and its activities target the social determinants of health at the root of the SIH identified.	☐	☐	☐	☒	☐	☐	The project targets certain social determinants of health by making services accessible, by going into the community (e.g., by visiting schools) and by making an effort to adapt to contexts (e. g., adapting to the context of factory workers) and to individual needs
Q8. The intervention proposes an array of activities to address the different needs of the target subgroups of the concerned population, following the strategy of **proportionate universalism***.	☐	☐	☐	☐	☒	☐	See the answers to the previous questions. The intervention is adjusted according to each group. To help more disadvantaged persons sign up for the workshops, individualized support is sometimes needed. To reach out to young

Glossary

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

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	0	1	2	3	4		
Q9. The project's focus is specifically to reduce SIH	☐	☒	☐	☐	☐	☐	No, but the modifications made are for this purpose.
Q10. The intervention objectives are consistent with the analysis of the SIH problem.	☐	☒	☐	☐	☐	☐	Same as previous question.
Q11. The methods and action strategies selected to reduce SIH are based on available **best practices***.	☐	☐	☒	☐	☐	☐	Yes, for young people – in the context of Healthy Schools (a best practices guide). However, for adults, the strategies selected are not necessarily based on best practice frameworks. For the mental health clientele: the strategies
Q12. Potential **undesirable outcomes*** for SIH have been anticipated.	☐	☐	☐	☒	☐	☐	Certain undesirable outcomes of the project implementation on SIH are anticipated, but currently cannot be easily accounted for. For example, we think that the photocopying costs to be charged to participants from now on may

Glossary

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

1. PROJECT PLANNING: elements to consider and address	Not considered	Discussion initiated	Concrete measures proposed	Concrete measures undertaken	Element accounted for	Not applicable	Reasoning, measures undertaken, and contextual elements
	0	1	2	3	4		
INVOLVEMENT OF PARTNERS AND OF THE TARGET POPULATION							
Q13. The main intersectoral partners concerned by the intervention have been involved from the beginning, at the planning stage.	☒	☐	☐	☐	☐	☐	They were involved in the implementation, but not in the planning.
Q14. Field practitioners with specific experience in the area of fighting SIH have been involved from the beginning, at the planning stage.	☐	☒	☐	☐	☐	☐	Not at the beginning, but progressively, over time and through discussions, by making linkages with all the social interventions, SIH intervention experts were mobilized (DSP, CO).
Q15. Persons from the different target subgroups have been involved from the beginning, at the planning stage.	☐	☒	☐	☐	☐	☐	No, not at the beginning, but it was done while underway. Surveys were conducted after the training was delivered (and now on a continuous basis), so that the interventions could be adjusted (during implementation).
Q16. The various opinions, potentially opposing visions, and the power relationships between the different partners involved in the decision-making process surrounding SIH issues have been presented and discussed.	☐	☒	☐	☐	☐	☐	No, there were no opposing visions. Over time, there were adjustments to be made with respect to more negative comments about the program. For example: many discussions around psychiatry and people with mental health

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

Overall evaluation

Examine all of the replies and comments you have provided for this stage. Now, assign yourself an overall grade for the stage with respect to measures undertaken to better take SIH into account. Simply choose between green, yellow or red. As the yellow category is a particularly large one, it may be useful to identify potential improvements within this category. This grade will give you an idea of your project's SIH-gradient at this particular stage.

Stage assessment

SIH form the backdrop to the project, but they are not specifically taken into account. The program takes into account problems related to the extreme (and long-standing) poverty that exist within the territory, but additional efforts could be made to take into consideration the social gradient with respect to tobacco use on the territory.

Many inequalities can be observed (e.g., no transportation is

Highest priority suggested improvements

According to the cultural and historical context of the target subgroups' environments, organizational contexts, your human and financial resources, and the values shared or not shared by the project stakeholders.

Suggested improvement 1

There is still work to be done with the entire professional team of the CSSS, in terms of social analysis, to develop a more macro-level vision of SIH relating to tobacco use on the territory. Some thought also has to be given to the position and role of the CSSS with respect to SIH related to tobacco use.

Lead person: Mrs. Influence

Timeframe: Ongoing process

Suggested improvement 2

Lead person:

Timeframe:

2. PROJECT IMPLEMENTATION: elements to consider and address	Not considered	Discussion initiated	Concrete measures proposed	Concrete measures undertaken	Element accounted for	Not applicable	Reasoning, measures undertaken, and contextual elements
	0	1	2	3	4		
ORGANIZATION AND STEERING OF ACTION							
Q17. Measures have been deployed to encourage and equip intervention workers to reduce SIH.	☐	☒	☐	☐	☐	☐	There are currently very few concrete measures in place to support the other CSSS practitioners in this respect. The managers perceive several barriers to influencing socioeconomic aspects of the programs and to targeting SIH reduction. They do not want to get involved with the
Q18. The proposed action takes into account the cultural and historical context of the environments to which target subgroups belong.	☐	☐	☐	☐	☒	☐	Yes, particularly with regard to the adaptations made to reach the 3 subgroups, namely the young people at the youth centre, blue collar workers, and persons being seen for psychiatric/ mental health problems.
Q19. **Incentive measures*** have been deployed to encourage the different target subgroups to participate in implementing the intervention.	☐	☐	☐	☐	☒	☐	Yes: Gifts, tobacco-use cessation accessories, assigned roles for participation in special event days, awarding certificates, etc.
Q20. Work methods have been adopted that enable the team to take into account target subgroups' point of view and encourage their contribution.	☐	☐	☐	☒	☐	☐	Surveys are conducted after the different CAT activities, along the way, to gather participants' perspectives. But it could be taken further, for example by consulting subgroups earlier, during the action planning stage.

Glossary

2. PROJECT IMPLEMENTATION: elements to consider and address	Not considered	Discussion initiated	Concrete measures proposed	Concrete measures undertaken	Element accounted for	Not applicable	Reasoning, measures undertaken, and contextual elements
	0	1	2	3	4		
Q21. The roles, tasks, and responsibilities specific to SIH reduction have been clearly identified for all actors involved in the intervention.	☐	☐	☒	☐	☐	☐	They are defined as part of their larger mission within teams for healthy living or for social determinants, which advocates for populational responsibility. However, in their role within the CAT project, their specific responsibility with
Q22. The lead person for the intervention as well as all team members have taken all possible steps to acquire sufficient knowledge so that they can confidently conduct activities intended to reduce SIH.	☐	☐	☒	☐	☐	☐	Partly for the CSSS XXX, but there is still work to be done with the managers and the practitioners.
Q23. The lead person for the intervention, the intervention workers, and partners have considered how to monitor for any potential undesirable outcomes, which could contribute to increasing or perpetuating SIH.	☐	☐	☒	☐	☐	☐	For the managers, even at the DSP level, this has not yet been thought through. Social actions are difficult to quantify, and managers rely mainly on quantitative data!
LEADERSHIP							
Q24. Leadership in areas related to SIH is shared between the different intervention stakeholders.	☐	☐	☐	☒	☐	☐	Yes, the respiratory therapist and the social worker share the leadership.

2. PROJECT IMPLEMENTATION: elements to consider and address	Not considered	Discussion initiated	Concrete measures proposed	Concrete measures undertaken	Element accounted for	Not applicable	Reasoning, measures undertaken, and contextual elements
	0	1	2	3	4		
Q25. The lead person for the intervention is aware of SIH and provides leadership to engage stakeholders in reducing SIH.	☐	☐	☐	☒	☐	☐	Same as the previous question. They responded to needs as best they could, but they think that all the intervention workers need to "carry the SIH torch."
ACTION ADAPTABILITY AND ACCESSIBILITY							
Q26. The intervention processes, particularly the communication tools, are adapted to the **literacy*** level of each target subgroup.	☐	☐	☐	☒	☐	☐	The discussion has begun, but there is a lot of work still to be done with the CSSS communications service to ensure that information provided to the different groups is clearer. The tools (e.g. tools from the ministry) were developed for another context, and it is
Q27. Mechanisms have been deployed to facilitate the participation of the target subgroups and to adapt to the following constraints: Physical accessibility, Geographic accessibility, Financial accessibility, Action acceptability	☐	☒	☐	☐	☐	☐	Few concrete actions have been taken. There is still a lot of work to de bone to improve accessibility of the premises, in terms of both geographic and financial accessibility. Even tools required to conduct the interventions are at risk of being cut from the program, e.g., the device to measure carbon monoxide levels may be cut.
Q28. Potential sources of **stigmatization*** and discrimination have been taken into account.	☐	☐	☐	☒	☐	☐	Persons with low income, the more disadvantaged persons, persons with mental health problems, all were participating in the same activity group. They were all together, and the facilitators adjusted and adapted their

Glossary

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

Overall evaluation

Examine all of the replies and comments you have provided for this stage. Now, assign yourself an overall grade for the stage with respect to measures undertaken to better take SIH into account. Simply choose between green, yellow or red. As the yellow category is a particularly large one, it may be useful to identify potential improvements within this category. This grade will give you an idea of your project's SIH-gradient at this particular stage.

Stage assessment

Managers' failure to take SIH into account hinders optimal implementation of the intervention.

Highest priority suggested improvements

According to the cultural and historical context of the target subgroups' environments, organizational contexts, your human and financial resources, and the values shared or not shared by the project stakeholders.

Suggested improvement 1

A request was made to have the issue of SIH put on the agenda of team meetings, to prompt more focused reflection. Ideally, there should be a team discussion on the topic.

Lead person: Mrs. Influence

Timeframe: Ongoing process

Suggested improvement 2

Lead person:

Timeframe:

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

3.EMPOWERMENT: elements to consider and address	Not considered	Discussion initiated	Concrete measures proposed	Concrete measures undertaken	Element accounted for	Not applicable	Reasoning, measures undertaken, and contextual elements
	0	1	2	3	4		
Q29. The intervention aims to strengthen the **empowerment*** of target subgroups.	☐	☐	☐	☒	☐	☐	The different CSSS intervention workers equip participants so they can regain some control over their tobacco use, their emotions, and their health (so that they can in turn also reinforce others). The approach is based on empowerment and is thus aimed at strengthening the power to act on tobacco use; however, the action is not intended to act on all of the social determinants of health.
Q30. Activities have been undertaken to improve competencies, participation, self-esteem, and/or critical awareness among the target subgroups, thus enabling them to take action on what matters to them by participating in this project.	☐	☐	☐	☐	☒	☐	Yes, same as previous answer.

Glossary

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

Overall evaluation

Examine all of the replies and comments you have provided for this stage. Now, assign yourself an overall grade for the stage with respect to measures undertaken to better take SIH into account. Simply choose between green, yellow or red. As the yellow category is a particularly large one, it may be useful to identify potential improvements within this category. This grade will give you an idea of your project's SIH-gradient at this particular stage.

Stage assessment

Things are going well, keep on going.

Highest priority suggested improvements

According to the cultural and historical context of the target subgroups' environments, organizational contexts, your human and financial resources, and the values shared or not shared by the project stakeholders.

Suggested improvement 1

None

Lead person:

Timeframe:

Suggested improvement 2

Lead person:

Timeframe:

4. EVALUATION: elements to consider and address	Not considered	Discussion initiated	Concrete measures proposed	Concrete measures undertaken	Element accounted for	Not applicable	Reasoning, measures undertaken, and contextual elements
	0	1	2	3	4		
EVALUATION PLANNING AND IMPLEMENTATION							
Q31. The provisions for monitoring implementation of the intervention include specific monitoring of actions concerning SIH.	☐	☒	☐	☐	☐	☐	No. There is only an older, previous evaluation of the mechanism's implementation. No monitoring procedure has been put in place, but discussions to remedy this are underway.
Q32. An evaluation plan targeting SIH-related actions in particular has been developed from the initial planning stage of the intervention.	☒	☐	☐	☐	☐	☐	
Q33. The partners involved in the project have helped design and carry out the evaluation plan, which focuses on SIH reduction in particular.	☒	☐	☐	☐	☐	☐	

4. EVALUATION: elements to consider and address	Not considered	Discussion initiated	Concrete measures proposed	Concrete measures undertaken	Element accounted for	Not applicable	Reasoning, measures undertaken, and contextual elements
	0	1	2	3	4		
Q34. Persons from the different target subgroups affected by the intervention have participated in designing and carrying out the evaluation plan, which focuses on SIH reduction in particular.	☒	☐	☐	☐	☐	☐	
Q35. The data collection methods (e. g. tools, approach, questionnaires) are adapted to the different levels of literacy of the respondents surveyed for the evaluation.	☒	☐	☐	☐	☐	☐	
EVALUATION RESULTS							
Q36. The evaluation assesses the intervention's capacity to reduce SIH.	☒	☐	☐	☐	☐	☐	

4. EVALUATION: elements to consider and address	Not considered	Discussion initiated	Concrete measures proposed	Concrete measures undertaken	Element accounted for	Not applicable	Reasoning, measures undertaken, and contextual elements
	0	1	2	3	4		
Q37. The evaluation includes indicators for determining the intervention's effects on the different target subgroups.	☒	☐	☐	☐	☐	☐	
Q38. The evaluation looks at potential undesirable effects of the intervention that might generate, increase, or perpetuate SIH.	☒	☐	☐	☐	☐	☐	
Q39. The recommendations issued following the evaluation include adjustments to be made to the project with respect to reducing SIH.	☒	☐	☐	☐	☐	☐	

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

4. EVALUATION: elements to consider and address	Not considered	Discussion initiated	Concrete measures proposed	Concrete measures undertaken	Element accounted for	Not applicable	Reasoning, measures undertaken, and contextual elements
	0	1	2	3	4		
Q40. The recommendations issued following the evaluation involved the different partners, including persons in the target subgroups.	☒	☐	☐	☐	☐	☐	
Q41. There is a procedure for monitoring long-term effects to see whether or not the benefits or results of the intervention that affect SIH are maintained.	☒	☐	☐	☐	☐	☐	

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

Overall evaluation

Examine all of the replies and comments you have provided for this stage. Now, assign yourself an overall grade for the stage with respect to measures undertaken to better take SIH into account. Simply choose between green, yellow or red. As the yellow category is a particularly large one, it may be useful to identify potential improvements within this category. This grade will give you an idea of your project's SIH-gradient at this particular stage.

Stage assessment

There is no evaluation planned to accompany the project.

Highest priority suggested improvements

According to the cultural and historical context of the target subgroups' environments, organizational contexts, your human and financial resources, and the values shared or not shared by the project stakeholders.

Suggested improvement 1

Develop a plan for evaluating the CAT program that includes the SIH dimension, and implement it on the CSSS territory.

Lead person: Mrs. Evaluation

Timeframe: 2017

Suggested improvement 2

Lead person:

Timeframe:

5. SUSTAINABILITY elements to consider and address	Not considered	Discussion initiated	Concrete measures proposed	Concrete measures undertaken	Element accounted for	Not applicable	Reasoning, measures undertaken, and contextual elements
	0	1	2	3	4		
Q42. Actions favouring sustainability of activities and of their effects on reducing SIH have been planned since the project planning stage.	☐	☐	☐	☒	☐	☐	The activity budgets are recurring. The CAT are in the community (e.g., CEGEP, schools), which makes their adoption in these settings easier and creates the opportunity for multiplying agents to reinforce the messages.
Q43. Steps have been planned or taken to stabilize organizational resources dedicated to intervention activities targeting SIH reduction.	☐	☒	☐	☐	☐	☐	Given the restructuring of the healthcare network currently underway, it is difficult to know what importance will be given to this project. The project team has little insight into the ongoing processes and thus into how to intervene to help maintain the project. The intervention workers do not know who to call on to stabilize the resources.
Q44. The functioning of the organization leading the intervention has been adjusted to enable it to take SIH into account more easily.	☐	☒	☐	☐	☐	☐	The organization adapted itself by offering a workshop schedule that was as convenient as possible for everyone and especially for low wage workers. The organization wanted to make sure these workers would be able to participate in the workshops without losing work hours. Moreover, the organization ensured that workshop materials were offered to the participants for free.

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

Overall evaluation

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Stage assessment

Sustainability depends mostly on the restructuring and deployment of the Programme national de santé publique (provincial public health program).

Highest priority suggested improvements

According to the cultural and historical context of the target subgroups' environments, organizational contexts, your human and financial resources, and the values shared or not shared by the project stakeholders.

Suggested improvement 1

Persuade more and more CSSS social workers who are not associated with the CAT program but rather with other public health/health promotion programs, to help sustain CAT activities. Spread interest in the CAT program within the organization itself, among other professionals.

Lead person: Mr. Multiplier

Timeframe: Today

Suggested improvement 2

Conduct lobbying on this question, which is seen as a priority.

Lead person: Mrs. Influence

Timeframe: September 2016

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

Overall team assessment with respect to SIH		Remarks	Suggested improvements
Project planning	☐ ☒ ☐	The target populations are not consulted during planning, but are during the implementation. SIH form the backdrop to the project, but they are not specifically taken into	There is still work to be done with the entire professional team of the CSSS, in terms of social analysis, to develop a more macro-level vision of SIH relating to tobacco use on the territory. Some
Project implementation	☐ ☒ ☐	Managers' failure to take SIH into account hinders optimal implementation of the intervention. Although the CAT is not focused on the issue of SIH, the latter remains the	A request was made to have the issue of SIH put on the agenda of team meetings, to prompt more focused reflection. Ideally, there should be a team discussion on the topic.
Empowerment	☐ ☐ ☒	Things are going well, keep on going.	None
Evaluation	☒ ☐ ☐	There is no evaluation planned to accompany the project.	Develop a plan for evaluating the CAT program that includes the SIH dimension, and implement it on the CSSS territory.
Sustainability	☐ ☒ ☐	Sustainability depends mostly on the restructuring and deployment of the Programme national de santé publique (provincial public health program). The CAT program workers and the	Conduct lobbying on this question, which is seen as a priority. Persuade more and more CSSS social workers who are not associated with the CAT program but rather with other public health/health promotion programs, to

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

Definitions of terms and concepts useful for completing the grid

Social inequalities in health *Back to the page…*

Social inequalities in health refer to the disparities in health associated with social advantages or disadvantages (e.g., income, schooling, social inclusion). These disparities are unjust and avoidable, and it is possible to mitigate them. Social inequalities in health are distributed according to a social gradient. The terms "social inequalities in health" and "health inequities" are sometimes used interchangeably (http://nccdh.ca/images/uploads/Glossary_EN_Feb_26.pdf). The social gradient implies a continuum, that is, that individuals' state of health correlates with their socioeconomic status (for example their level of education or of income). Social gradient serves to describe the phenomenon by which those at the top of the social pyramid enjoy better health than those directly beneath them, who in turn are healthier than those below, and so on, all the way to the bottom levels (Guide INPES, 2010 http://www.inpes.sante.fr/CFESBases/catalogue/pdf/1333.pdf).

Target population and target subgroups *Back to the page…*

An intervention's target population consists of subgroups that can be distinguished from each other for the purposes of adapting the action to each one. To be effective, an intervention must plan activities for each of the target subgroups. This means notably that not all target subgroups will be addressed in the same way, as they vary by language, level of education, socioeconomic level, etc. For example, an intervention targeting the children in neighbourhood x must address the different needs of the target subgroups identified, such as children 0 -5 years old in migrant families, children in single-parent families, or children in families within middle-level socioeconomic groups. Thus, an intervention aiming to reduce social inequalities in health will not try to reach only the poorest, but rather all of the various groups within the concerned population affected by the health issue, all along the social gradient, while modulating the intervention's intensity according to socioeconomic level and needs.

Empowerment *Back to the page…*

Empowerment is a process or an approach that aims to help individuals, communities, or organizations have greater power to act and take decisions on the important aspects of their life, and have greater influence on their environment. For the purposes of developing this discussion tool, the framework proposed by Ninacs, outlined below, has been used to define empowerment (Ninacs, W., 2003). Individual empowerment occurs on four levels: participation, competencies, self-esteem, and critical awareness.

- Participation manifests progressively, from silent participation to exercising the right to speak (including the right to refuse to speak), followed by the right to be heard, and culminating in the right to participate in decision-making. Participation also refers to a growing capacity to contribute and to take responsibility for one's participation, which involves the capacity to act rationally and the willingness to become engaged.

- Competencies include the knowledge and skills necessary for participation, on the one hand, and execution of the action on the other. They can involve both the acquisition of new skills and the re-evaluation of skills already possessed. Self-esteem leads individuals to perceive that they have the capacity to act to achieve personal or collective objectives.- Critical awareness represents the development of a collective conscience (the individual is not the only one with a problem), a social awareness that assuages individual feelings of guilt through the realization that individual or collective problems are influenced by the way in which society is organized. The culmination of critical awareness is political awareness and the acceptance of personal responsibility for change (the solution to structural problems depends on social change, that is, political action).

TAKING BETTER ACCOUNT OF SOCIAL INEQUALITIES IN HEALTH: THE REFLEX-ISS TOOL

Social determinants of health *Back to the page…*

Social determinants of health are interdependent social, political, economic, and cultural factors that generate the conditions in which individuals are born, live, grow up, learn, work, have fun, and grow old. Interaction between social determinants of health transforms and changes them over time and over life periods, affecting the health of individuals and groups in different ways. Inequitable distribution of social determinants of health among social groups is at the root of the establishment and perpetuation of social inequalities in health within a country or between various countries. (http://nccdh.ca/images/uploads/Glossary_EN_Feb_26.pdf)

Proportionate universalism *Back to the page…*

This approach consists in offering the entire population a certain number of universal services, and then intensifying action to address the specific needs of persons, depending on the difficulties they are facing (Marmot Review (2012). Fair society, healthy lives: Strategic review of health inequalities in England post-2010). Thus, the approach does not focus on only the poorest people.

Best practices *Back to the page…*

Best practices are activities based on sound scientific evidence, extensive community experience, and cultural knowledge. They also refer to interventions developed based on recognized criteria to increase their potential effectiveness. Health-centred interventions will be more effective if based on established best practices. (http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/ipchls-spimmvs/glossary-glossaire-eng.php)

Incentive measures *Back to the page…*

Incentive measures are intended to motivate subgroups to participate, e.g., through certified training, financial compensation, meals offered to participants, participation certificates, provision of daycare, reimbursement of travel costs.

Undesirable outcomes *Back to the page…*

Unforeseen consequences that go against the intended goal, e.g., increasing social inequalities in health, increasing stigmatization, deterioration in the target group(s) state of health, negative change in attitude of the general population or of certain actors with respect to the target subgroup(s).

Health literacy *Back to the page…*

Health literacy is "the ability to access, comprehend, evaluate, and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course." According to the Intersectoral Approach to Improving Health Literacy for Canadians, a health literate individual is able to: 1) understand and carry out instructions for self-care, including administering complex daily medical regimens, 2) plan and achieve the lifestyle adjustments required for improved health, 3) make informed positive health-related decisions, 4) know how and when to access health care, 5) share health promoting activities with others, and 6) address health issues in the community and society. (http://www.cpha.ca/uploads/progs/literacy/examples_e.pdf)

Intervention acceptability *Back to the page…*

The result of a process through which the parties involved jointly establish the minimal conditions required for a project, program, or policy to be adopted in a harmonious and timely way, in its natural and human setting. It also refers to the need to act while respecting the cultural context and history of the intervention's setting. (http://www.cpeq.org/files/guides/guide_bonnespratiques_web.pdf, p.2)

Stigmatization *Back to the page…*

Behaviours, life habits, life conditions, or other personal characteristics are linked to a moral judgment that defines illnesses or ill people as either "good" or "bad". The stigmatization process is based, among other things, on the idea that persons are responsible for their problem or illness, at least in part, and therefore deserve to be blamed given their behaviour. In this way, individuals who smoke, drink alcohol, eat rich foods, or have unprotected sexual relations are judged negatively and blamed when their health is affected or even just because it could be affected. (http://www.inspq.qc.ca/pdf/publications/1637_DimensionEthiqueStigmatisation_OutilAideReflexion.pdf)