



Attending to the Health Needs of African Nova Scotians: Exploring the Role of District Health Authorities

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Research Goals

To examine governing boards in health care to:

1. Determine the extent to which they understand, assess and attend to the health needs of African Nova Scotians;



Research Goals

2. To explore ways that governing Boards can modify their practices to be more attentive to health needs of African Nova Scotians and other vulnerable populations.



*Why is this topic of
Interest?*



What do we know?

- Certain groups have disproportionately higher rates of illness than the general population.
 - First Nations, Homeless, Disabled, Racialized Minorities, Individuals and Families Living in Poverty, Chronic Mentally ill, Refugees, etc.
- Not represented, or underrepresented on governing boards



What don't we know?

- Limited amount of research has been conducted on governing boards and how they attend to health needs of minority groups
- Issues around representation have not been resolved
- Do Boards have a significant role to play in attending to health needs of minority populations?



Framework for Analysis

- Feminist Ethics
- The principal insight of feminist ethics is that oppression, however it is practiced, is morally wrong. Therefore, moral considerations demand that we uncover and examine the moral injustice of actual oppression in its many guises."
 - (Sherwin, 1990)

African Nova Scotians (ANS)

- **Early Settlers in Nova Scotia**
 - Three main waves of immigration to N.S. (1783-1850)
 - ANS : 52% of Visible Minorities in N.S.
 - Pop.: 19,670 N.S. (2.2% of N.S. pop.) (Census 2001)
 - 66% (13,085) of total ANS population lives in Halifax County
 - Largest population of indigenous Blacks in Canada



Past and Present

- Evidence of hardship, injustice, and systemic racism
 - Black Learners Advisory Committee Report (1994)
 - Royal Commission on the Donald Marshall Jr. Prosecution (Head 1989)
 - Expropriation/ Forced Relocation of Residents of Africville 1964-1970



Health Status

- Limited research on health status of ANS
- Reliance on American Research
 - Reduced access to health services
 - poorer health status
 - higher rates of disease
 - Racism is endemic

Health Status (con't)

- Interviews with key informants from Health Assoc. of African Canadians
- Four main health issues:
 - lack of demographic data and research on health issues in Black community
 - limited access to culturally appropriate health services
 - lack of attention to the broad determinants of health
 - Racism is a significant health issue



Research Question 1

What is the role of governing boards in health care in Nova Scotia?

Background Information

- In January 2001 Nova Scotia established 9 DHAs and 37 CHBs
- Legislative mandate to serve the health needs of the catchment population
- DHAs are mandated to plan, manage and deliver health services
 - Acute Care, Mental health, Addictions, Public Health Services



Governance/Health Reform

- Health reform has shaped how boards attend to health needs
 - Regionalization of health services;
 - Local citizen control over decision-making;
 - Adoption of new “population health” approach to improving health;
 - maintain acute care focus;
 - Board's power is considerable, but not unlimited



Research Question 2

What is the Demographic profile of
DHAs and CHBs in N.S.?




Governing Boards

- Citizen governance
- potential relationship between board composition and understandings of Board members re: minority group needs
- Key assumptions:
 - greater diversity = greater understanding of disadvantaged populations
 - less diversity = less understanding of disadvantaged populations

Demographic Survey

- 11 Question Mail survey (March-October 2003)
- 9 DHAs (N=103) and 37 CHBs (N=424)
- Overall Response Rate (60%)
- DHA N= 62 (68%) CHB N=245 (57.8%)



Demographic Survey Overview of Findings

- Governing Boards in health care are predominately White, middle-aged, middle class, well educated, married or widowed, and employed or retired.
- Social elites
- Near absence of minority voices
- "Streaming Effect"



Research Question 3

How does the Capital District Health Authority assess, understand and attend to the health needs of African Nova Scotians?



Case Study of CDHA

- Interviews with Board Members and Senior Managers
- Document Review
- Examination of governance and management processes
- Interviews with Health Association of African Canadians (HAAC)



Data Analysis

- Critical Discourse Analysis
- Reflexive Ethnography
 - Insider Status
- Ethnography



Topics of Analysis

- Prevalent understandings of health needs of African Nova Scotians
- Information / Data / Research
- Examining Policy Options
 - Minority Representation on governance structures
 - Education and Awareness
 - Relationship Building



Prevalent Understandings

- Lack of knowledge of ANS
- Lack of internal processes to assess health needs of vulnerable populations
- conflicting paradigms of improving health status (medical model versus population health)
- Complexity of Mandate / Limited control / authority



Information/Data/Research

- Problems of information management
- lack of data sources for ANS and other vulnerable populations
- Complexity of converting community health data into policy. (2 Paradigms of health)



Key Findings from Case Study

- Org. leaders demonstrate a good understanding of their responsibility to attend to the health needs of catchment population.
- Barriers to attending to specific group needs:
 - lack of awareness of Black culture
 - lack of data on health issues affecting Black community
 - complex workload, lack of funding, competing interests



Key Findings (con't)

- Board is trying to work within two, often conflicting, paradigms of improving health status: medical model and population health model



Research Question 4

How can CDHA modify their governance and management structures and processes to ensure they attend and respond to the health needs of African Nova Scotians?



Policy Options (General)

- Medical Model:
 - improve access to culturally appropriate health services
 - diversity management
 - improve access to research and data
- Population Health Model
 - Acknowledge group differences
 - broad determinants of health
 - health system is one player among many



Policy Options (Specific)

1. Representation / opportunities for inclusion
2. Education / Awareness Raising
3. Building trusting relationships
4. Organizational responses



Policy Options - Representation

- Organization needs to explore new and innovative ways to engage and include the Black community in decision-making




Policy Options - Education

- Need to educate Board and Senior Management on Black culture and history
- Other vulnerable populations



Policy Options - Building Relationships

- Need to develop avenues for dialogue
- Need to build in accountability processes
- Search for opportunities to give voice to Black health concerns
- Trust / History / Listening
- Common research agendas
- Limited opportunities to address broad determinants of health (need to forge partnerships)



Policy Options- Organizational Responses

- Organizational responses
 - Diversity Management
 - Employment Equity
 - Mission Statement/ Vision / Values
 - Opportunities to give voice/include
 - Cultural sensitivity
 - Research agenda



Thank You