How do we best implement local "Upstream Action Networks"?
A qualitative study of provider and community perspectives on improving population health through addressing social determinants in urban primary healthcare

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Introduction

- Addressing the social determinants of health (SDoH) are critical to improving population health and central to public health practice.
- SDoH actions go "upstream" of illness and premature death, focusing on disease prevention and reduction of health inequities.
- Individual healthcare organizations have attempted SDoH actions, but these largely remain small-scale, with concentrated effects.
- We published a framework of SDoH interventions for healthcare organizations. This stepwise, data-driven approach identifies actions on SDoH at the micro-, meso-, and macro-levels (Figure 1).

Figure 1. SDoH intervention implementation framework
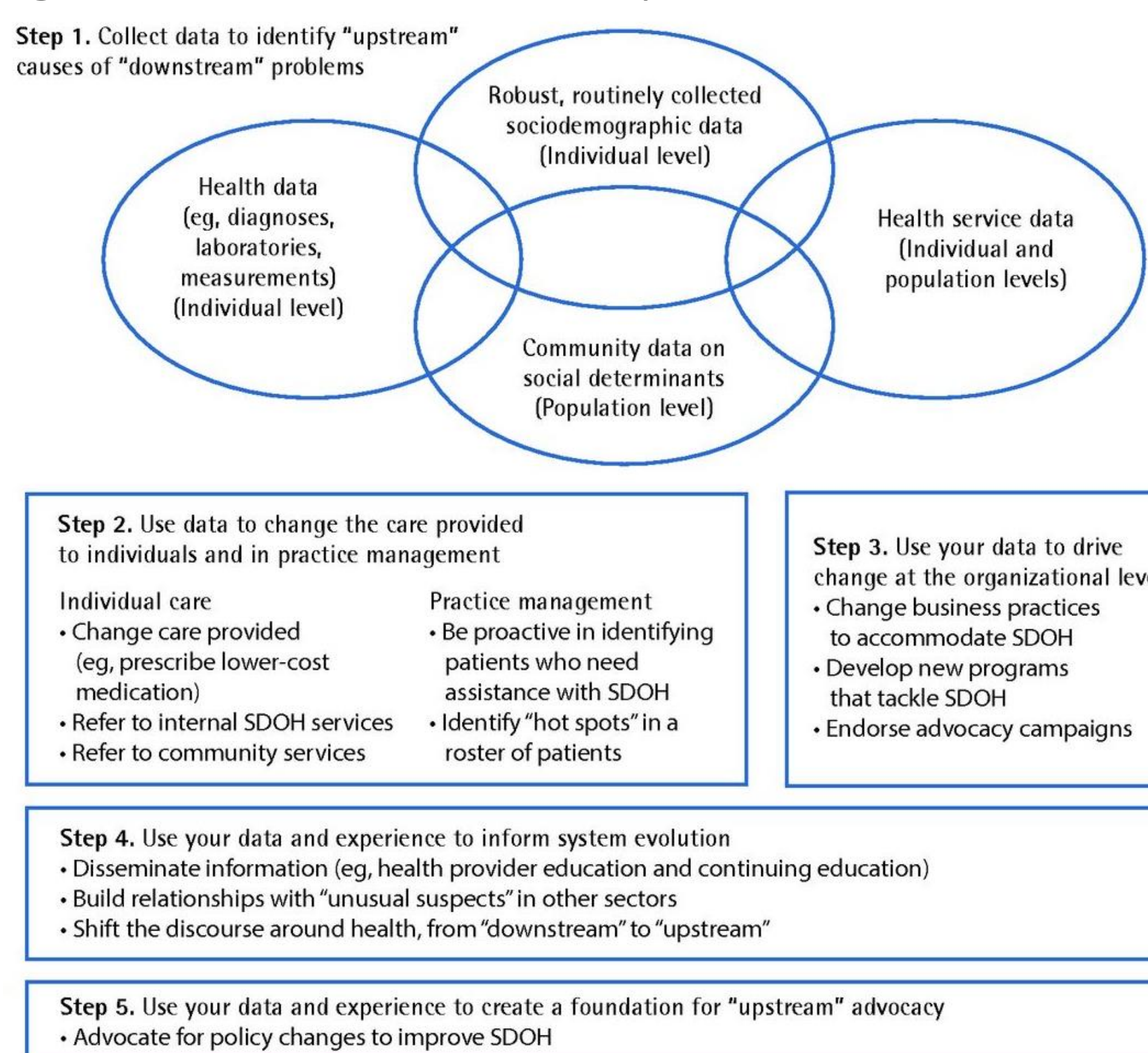
- Our vision is to use this framework and implement local, collaborative networks called "Upstream Action Networks," connecting across four sectors: 1) primary health care clinics, 2) public health agencies, 3) social and community agencies, and 4) municipalities.

Objective

- To understand the perspectives of providers and community members regarding the development and implementation of local Upstream Action Networks in their jurisdiction.

Methods

- We conducted virtual focus group discussions with providers and community members in each jurisdiction.
- Providers and community members participated in separate focus groups.
- The focus group discussion guide explored 1) unique jurisdictional considerations (population, politics, geography), 2) data collection, and 3) future upstream solutions.
- Transcripts were analyzed using the qualitative descriptive method.

Results

With funding from CIHR, we explored the acceptability and feasibility of establishing Upstream Action Networks in eight jurisdictions across four provinces in Canada (Table 1).
50 participants attended 14 focus groups with 26 (52%) providers and 24 (48%) community members (Table 2).

Table 1. Eight participating Upstream Action Network jurisdictions

City	Population	Brief Description
Barrie *Northwest Barrie & Letitia Heights*	25,989 (18%)	A mixed income neighbourhood, built in the 1980s, a common destination for newcomers, adjacent to the central downtown area.
Calgary *Forest Lawn*	7,405 (1%)	A densely populated neighbourhood and former town in southeast Calgary, with 21% living in low-income households.
Kingston *Kingscourt & Novelis*	4,985 (4%)	A neighbourhood in north Kingston, with a large industrial park adjacent to a residential area, with 23% living in low-income households.
Montréal *Mercier-Hochelaga-Maisonneuve*	136,024 (8%)	A borough in south-east Montréal, which experienced economic decline in the 1980s, but which has experienced significant renewal. Currently 19% living in low-income households.
Toronto *Toronto Centre*	103,805 (4%)	One of the most densely-populated areas of Canada, with both significant wealth and poverty. Large populations who experience homelessness, mental health, and substance use challenges.
Toronto *Humber River & Black Creek*	108,035 (4%)	A very diverse area in north-west Toronto, with 74% visible minorities, 54% identify their mother tongue as other than English or French, and 25.7% of households are low income.
Toronto *Scarborough-Agincourt*	105,540 (4%)	A densely populated area of north-east Toronto, with 81% visibly minorities, and a high proportion of newcomers to Canada.
Winnipeg *River East*	7,725 (1%)	A relatively affluent community in the north-east of Winnipeg, with 22.1% population who are immigrants.

Table 2. Focus group participant demographics (*n* = 50)

	Providers and staff (*n* = 26)	Community members (*n* = 24)
Age		
Mean (SD)	44.5 (11.4)	42.3 (16.8)
Median [IQR]	44 [37.3-55.5]	34 [31-52.5]
Missing	2	0
Gender Identity		
Cisgender	24	22
Transgender	0	2
Genderqueer	1	0
Missing	1	0
Education Level		
No degree	0	0
High school	0	0
College diploma	0	4
Bachelor's or higher	26	20
Income Level		
Above the Low-Income Cut Off	24	20
Below the Low-Income Cut Off	2	4
Duration worked/lived in the jurisdiction		
Mean (SD)	14.2(11.6)	25.8(19.5)

- Four themes were identified pertaining to: 1) acceptability and satisfaction with the proposed plan, 2) feasibility, 3) anticipated challenges, and 4) impact of the proposal.

Acceptability
Participants found the framework and implementation plan clear & acceptable.

"My first reaction is that, of course, I support this plan, because [organization name] is based, all our programs and services are based on social determinants of health. … you're preaching to the choir when it comes to basing our thinking on social determinants of health."
- Community agency staff member, Toronto Scarborough

"…Your tool could be a way to make population level data that's accessible more accessible to be able to inform policy in a way that that makes sense."
- Physician, Winnipeg

Feasibility
Participants found the plan feasible, but key data aspects need to be thought through first.

"Most of the information is already out there… we're trying to organize exactly how we collect it – which I don't think is a non-important thing … build[ing] relationships with communities is one of the things here, and identify who to engage with and do all of that."
- Community member, Toronto Downtown East

"I think [this project]'s very feasible because it already works this work, but maybe with less data than what you're aiming to collect. […] I don't think you're starting from scratch, […] but you're aiming to correct that also which is even better because we can adapt this plan to be more specific and to target the key determinants of health."
- Community member, Montreal
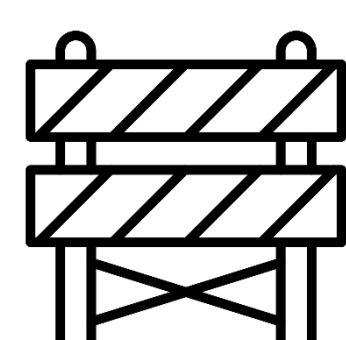
Anticipated Challenges
Three key challenges were identified: scale, coordination, and sociopolitical context.

"The main challenge I would see creeping up here is just the timeframe. […] [Individual organizations] tend to move pretty slowly, so if you want to do this more or less sequentially, with starting at the local level and then building from there, I could see that taking a very long time."
- Community member, Montreal

"In terms of engaging with service users, I think [the framework] would definitely be a useful tool. But again, you'd have to break it down and make it very accessible for people in terms of understanding. […] So, you'd really need to break it down and make it accessible to them. And make it relevant to people's lives, like provide very concrete examples so that people can best understand."
- Community service agency staff member, Toronto Scarborough
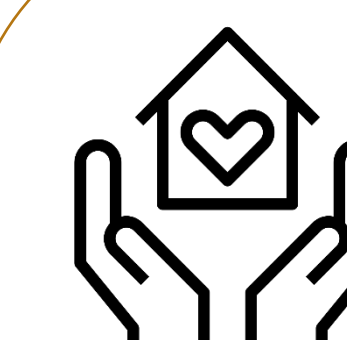
Impact of the Proposal
Participants saw the potential of local Upstream Action Networks to increase collaboration and coordination and reduce duplication.

"I'm anticipating that this initiative could help to bring together these groups to work collaboratively and look at their common goals and their common strategies and they would leverage one another."
- Public Health, Barrie

"I think for me personally, the [potential is the] ability to try to create a more streamline and collaborative process, because there are so many of these initiatives that are going on that are somewhat similar."
- Community service agency staff member, Kingston