



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé



LET'S TALK
PUBLIC HEALTH
ROLES FOR IMPROVING
HEALTH EQUITY

PART OF THE LET'S TALK SERIES

PUBLIC HEALTH ROLES FOR HEALTH EQUITY: AN ACTION FRAMEWORK¹

Health equity means that all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance.²

A decision to use a health equity framework can impact every aspect of how a public health organization operates.

At a program level

- A health equity framework can impact how needs are assessed, and how programs are planned, implemented, and evaluated.

At an organizational level

- A health equity framework can impact how priorities are set, how resources are allocated, how partnerships are viewed and pursued, and how leadership is enacted.

These public health roles are a health equity framework that can help you set priorities and make decisions.



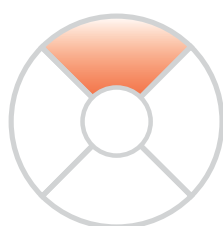
^aPopulations experiencing marginalization by virtue of social and economic disadvantage

WHERE DID THE ROLES COME FROM?

In a 2010 Environmental Scan, the NCCDH pointed to four public health roles for action on health determinants to reduce health inequities. These roles were presented by the Region of Waterloo Public Health in 2008.¹ The results of the NCCDH scan revealed wide-spread agreement that the roles would be helpful in guiding health equity work. Recently, Nova Scotia's *Public Health Standards 2011-2016*³ included these four roles as requirements for public health action related to health equity and social justice – one of five foundational standards for all public health work in the province.

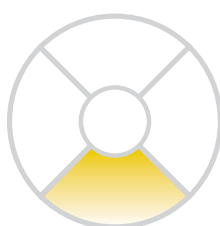
TURNING ROLES INTO ACTIONS

When we see health inequities and their causes, it can be difficult to know what to do. Public health roles for health equity is one framework, among many, that can help you consider possible responses. Several public health organizations have also developed roles for health equity to guide, encourage, and support practitioners in taking action; these have alternatively been called “requirements” or “core functions.”^b



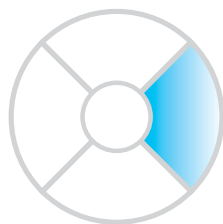
ASSESS AND REPORT

Assess and report on a) the existence and impact of health inequities, and b) effective strategies to reduce these inequities.



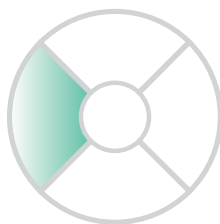
PARTNER WITH OTHER SECTORS

Partner with other government and community organizations to identify ways to improve health outcomes for populations that experience marginalization.



MODIFY AND ORIENT INTERVENTIONS

Modify and orient interventions and services to reduce inequities, with an understanding of the unique needs of populations that experience marginalization.



PARTICIPATE IN POLICY DEVELOPMENT

Lead, support and participate with other organizations in policy analysis and development, and in advocacy for improvement in health determinants and inequities.

REFLECTING ON THESE ROLES CAN HELP YOU...

- Understand the breadth of actions you and your organization can take
- Assess the strengths and weaknesses of your organization's health equity work
- Identify where leadership is needed to remove obstacles and create opportunities
- Make decisions about resource allocation
- Choose strategies and put them into action

^aFor example, Alberta [Alberta's promoting health equity framework, 2011]; British Columbia [A framework for core functions in public health, 2005; Public health plan for BC_DRAFT 2012], Nova Scotia [Public health standards, 2011-2016], Ontario [Ontario Public health standards, 2008 and Initial report on Public Health, 2009]; PHAC [Reducing health disparities: Roles of the health sector: Recommended policy directions and activities, 2005].

ACTION

Assess and report on a) the existence and impact of health inequities, and b) effective strategies to reduce these inequities.

IN YOUR DAILY WORK

- Look for the relationships between people's health outcomes and their socio-demographic characteristics, such as gender, income, housing, and the length of time they have lived in Canada.
- Look at who your services are reaching, and how (or if) those people are benefiting.
- Look at who your services are not reaching
- Build a list of promising practices, along with the evidence that supports them, and share this information with others.

AN EXAMPLE FROM A PUBLIC HEALTH ORGANIZATION

In 2005, Saskatoon Health Region's Population Health Unit (which later became the Public Health Observatory⁴) collected neighbourhood-level data that pointed to serious health differences between the six lowest income neighbourhoods and the rest of the city.⁵ This led to a comprehensive research study that linked higher suicide attempt rates, teenage births and infant mortality with poverty. Saskatoon's Chief Medical Health Officer used the data to engage citizens, and community and government organizations to work together to address health inequities.

ACTION

Modify and orient interventions and services to help reduce inequities, with an understanding of the unique needs of populations that experience marginalization.

IN YOUR DAILY WORK

- When developing services of any kind, collaborate with high-risk, vulnerable and disadvantaged groups.
- When designing a universal service aimed at improving everyone's health, use evidence to tailor the strategy; engage and serve people who have more difficulty accessing the service (targeted universalism). For example, incorporate a marginalized population outreach component into a universal immunization program.

EXAMPLES FROM PUBLIC HEALTH ORGANIZATIONS

1. Based on strong population health data, the Winnipeg Regional Health Authority (WRHA) has adopted a health equity approach in the delivery of all aspects of health services⁶. Regional health plan proposals are evaluated using health equity criteria, and population and public health strategic plans are guided by the principle of "targeted universalism."⁷ Recently, the WRHA collated 1,000 health equity recommendations, and will use these to develop its health equity strategy.
2. Ontario's Health Equity Impact Assessment tool⁸ helps decision-makers identify unintended health equity impacts (positive and negative), and initiate equity-based improvements in program or service design.

ACTION

Partner with other government and community organizations to identify ways to improve health outcomes for populations that experience marginalization.

IN YOUR DAILY WORK

- Work with non-health organizations that are interested in removing barriers to health for identified populations.
- Bring community organizations together to set health equity indicators and targets.
- With a local school, build a health equity team that includes staff, parents, students and community members.

AN EXAMPLE FROM A PUBLIC HEALTH ORGANIZATION

One of the Sudbury District Health Unit's five strategic priorities is to "support community voices to speak about issues that impact health equity."⁹ The Unit produced an animated video, *Let's Start a Conversation about Health ... and not talk about health care at all!*¹⁰ and published a guide¹¹ to engage with local organizations, and support them in their health equity work.

ACTION

Lead, support and participate with other organizations in policy analysis and development, and in advocacy for improvements in the determinants of health.

IN YOUR DAILY WORK

- Consider the health equity impact of all policies, including institutional policy, municipal by-laws, and legislation.
- Along with others, advocate for public policies, and changes in social, economic, cultural, and environmental conditions that address the social determinants of health.

AN EXAMPLE FROM A PUBLIC HEALTH ORGANIZATION

In 2005 in Quebec, large-scale organizational changes in the delivery of health and social services threatened to significantly reduce the role of public health.¹² An enterprising Public Health Director in the La Montérégie region used this opportunity to develop and deliver a detailed public health training program for senior managers in the amalgamated health centres. This evidence-based program, which helps managers build the competencies they need to take a health equity approach (including the key success factor of leadership), is now delivered through a university-public health collaboration.

DISCUSSION QUESTIONS

1. In what ways do the programs and services of your organization address the determinants of health and health equity?
2. How do your daily activities fit within these four roles?
3. On a flipchart, list other opportunities for action that would fit within one of these four roles?
4. What could your organization do to support your work related to the social determinants of health?

REFERENCES

1. Region of Waterloo Public Health. Why we need to work with priority populations and how this relates to population health [Internet]. Waterloo (ON): RWPB (CA). 2009 [cited 2013 February 3]. 4 p. Available from: http://chd.region.waterloo.on.ca/en/researchResourcesPublications/resources/Population_Health_Summary.pdf
2. Whitehead M, Dahlgren G. Concepts and principles for tackling social inequities in health: levelling up part 1 [Internet]. Copenhagen: World Health Organization Regional Office for Europe (DM). 2006 [cited 2012 December 18]. 34 p. Available from: http://www.euro.who.int/__data/assets/pdf_file/0010/74737/E89383.pdf
3. Nova Scotia Public Health. Nova Scotia public health standards 2011-2016 [Internet]. Halifax (NS): NSPH (CA). 2012 [cited 2012 December 1]. 12 p. Available from: http://www.gov.ns.ca/hpp/yourmove/Public_Health_Standards_EN.pdf
4. Saskatoon Health Region [Internet]. Saskatoon (SK): Saskatoon Health Region; 2002-2013. About the public health observatory; Nov 2012 [cited 2012 December 10]; [about 2 screens]. Available from: http://www.saskatoonhealthregion.ca/your_health/public_public_health_pho_about.htm
5. National Collaborating Centre for Determinants of Health. Bridging the gap between research and practice: improving health equity in Saskatoon: from data to action [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University (CA). 2012 [cited 2013 January 14]. 16 p. Available from: <http://nccdh.ca/resources/entry/casestudy-SK>
6. National Collaborating Centre for Determinants of Health. Bridging the gap between research and practice: making the case for health equity: Winnipeg's experience [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University (CA). 2012 [cited 2013 January 14]. Available from: <http://nccdh.ca/resources/entry/casestudy-MB>
7. Sudbury & District Health Unit. 10 Promising Practices to reduce social inequities in health: what does the evidence tell us? Promising practice 1: targeting with universalism [Internet]. Sudbury (ON): SDHU (CA). 2012 [cited 2012 December 1]. Available from: <http://www.sdh.u.com/uploads/content/listings/01TargetingwithUniversalism.pdf>
8. Ontario Ministry of Health and Long-Term Care. Health equity impact assessment tool. Toronto: OMHLTC (CA). 2012 [cited 2012 December 1]. 2 p. Available from: <http://www.health.gov.on.ca/en/pro/programs/heaia/tool.aspx>
9. Sudbury & District Health Unit. Strategic plan: 2010-2012. Sudbury (ON): SDHU (CA). 2010 [cited 2013 February 3]. Available from: http://www.sdh.u.com/SDHU_StratPlan-BRO_PDFVERSION_ENG.pdf
10. Let's start a conversation about health... and not talk about health care at all. [Video: Internet]. Sudbury & District Health Unit (ON); 2011 [cited 2013 February 3]. Available from: <http://www.sdh.u.com/content/news/details.asp?n=1049>
11. Sudbury & District Health Unit. Let's start a conversation about health... and not talk about health care at all: user guide [Internet]. Sudbury (ON): SDHU (CA). 2011 [cited 2013 February 3]. Available from: http://www.sdh.u.com/uploads/content/listings/EN_LetsStartaConversationUserGuide_Sept_20_2011.pdf
12. National Collaborating Centre for Determinants of Health. Bridging the gap between research and practice: capitalizing on change: building leadership competency in public health in Québec. Antigonish (NS): NCCDH, St. Francis Xavier University (CA). 2012 [cited 2012 December 10]. Available from: <http://nccdh.ca/resources/entry/casestudy-QC>



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NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH

St. Francis Xavier University
Antigonish, NS B2G 2W5
tel: (902) 867-5406
fax: (902) 867-6130
nccdh@stfx.ca www.nccdh.ca

Written by Karen Fish, with support from Hannah Moffatt and Claire Betker. Erika Norris and Sylvia Dawe, Health Equity Public Health Nurses in Ontario's Halton Region, provided external peer review.

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