



Position Statement on Applying a Health Equity Lens

Prepared by the Association of Local Public Health Agencies-Ontario Public Health Association
(alPHa-OPHA) Health Equity Working Group

Contents

Executive Summary.....	2
Position Statement	2
Methodology.....	3
Background	3
References	8
Endnotes	11

Executive Summary

Evidence strongly shows a connection between the social determinants and health outcomes,^{1, 2, 3, 4, 5, 6} whereby “the higher the social position, the better the health”.⁷ Fundamentally, public health has been decisively positioned as an important vehicle for addressing social determinants of health (SDOH) and reducing the associated inequities.⁸ However, as a province, Ontario must take concrete steps to attain health equity.

While there are natural differences in health between groups and individuals, health inequities are referred to as those differences which are systemic, avoidable, unfair and unjust.⁹ Equity across societal divisions means that no one should be disadvantaged from attaining their full health potential due to their race, ethnicity, religion, gender, age, social class, socioeconomic status or any other socially constructed circumstance.¹⁰ In an ideal sense, health equity is achieving viable opportunities for the attainment of the “highest level of health for all people”.¹¹

The World Health Organization’s Commission on the SDOH report clearly indicates that a comprehensive intersectoral strategy on improving and “leveling up” the health of individuals, groups, and communities with the greatest needs would have a substantial impact on overall population and individual health. Economically, a shift in public policy towards addressing the SDOH will also lead to a more productive and prosperous society.¹² As Canadians, we have the knowledge and skills to close the gap, but what our society needs is the “political commitment, a national will and the resources to turn talk and numerous pilot projects into results”.¹³

Position Statement

Whereas the mission of the Association of Local Public Health Agencies (ALPHA) is to advocate for public health policies, programs and services on behalf of member health units in Ontario, ALPHA is committed to action around achieving health equity as evidenced by its resolution A09-5. While there are many public health issues of interest and concern to the ALPHA membership, ALPHA acknowledges that addressing the SDOH across all public health programs through a health equity lens is a priority. ALPHA believes in and encourages the use of a *Health in all Policies* approach which considers, very intentionally, the health impacts in all areas including finance, education, employment, housing, transportation, and climate change. ALPHA is strongly suited to assist leaders and policy-makers to “integrate considerations of health, well-being and equity during the development, implementation and evaluation” of all policies and programs.¹⁴ ALPHA will continue to advocate for comprehensive action on the SDOH, which must involve all levels of government, civil society, local communities, industry, and not-for-profits.^{15, 16}

While policies, programs and practices that have a health equity lens will not immediately eliminate all health inequities, they do allow for the progression of attaining equity across all populations. ALPHA recommends and supports the all-inclusive application of a health equity lens through the use of health equity focused tools, including health impact assessments,

equity focussed health impact assessments and health equity audits to help reduce health inequities.

Methodology

A literature search of published articles was conducted using a number of databases such as Academic Search Premier and Medline. A combination of key words were searched: (1) position statements; (2) health equity, social determinants of health, health inequities; and/or (3) health equity tools, health equity lens. Members of the alPHA/OPHA Health Equity Working Group also identified relevant articles, primarily grey literature. Finally, the reference sections of identified articles were searched for additional resources.

Background

Social Determinants of Health

Research conducted at the international, national and local levels shows the link between health and social factors, referred to as the social determinants of health. Health is influenced by a broad range of factors, which include¹⁷:

- Income and social status
- Social support networks
- Education, literacy and skills
- Employment and working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Early childhood development
- Housing
- Access to health services
- Gender
- Culture and race
- Aboriginal status
- Unemployment and job security
- Social inclusion/exclusion

Health Equity

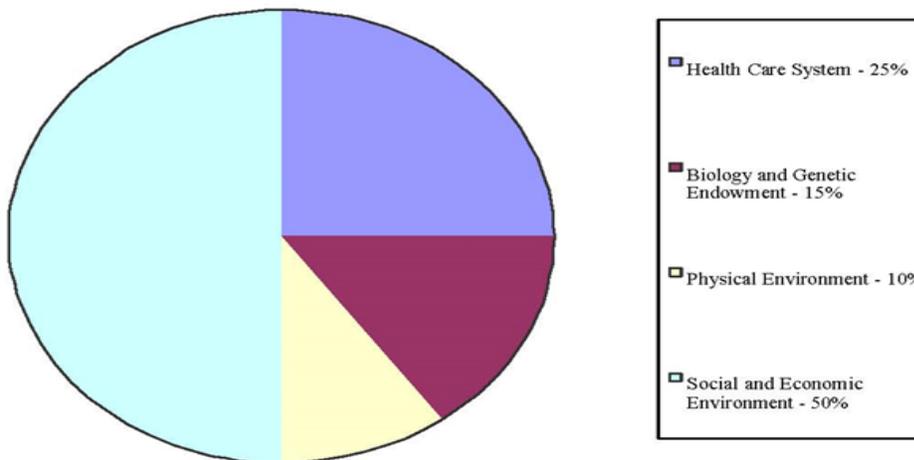
A healthy individual, community, and population is derived from a variety of these factors. It has been estimated that in the cases of all illnesses:

“75% are not related to the health care delivery system, 50% can be explained by socio-economic factors [...]; 15% relates to biology and genetics, while the physical environment accounts for the remaining 10%”.¹⁸

These factors are experienced by Ontarians differently, putting some at a disadvantage including greater susceptibility to many health risks and illnesses. This is experienced by many groups that are considered to be economically or socially marginalized such as immigrants, refugee, ethno-cultural and racialized groups, Aboriginal Canadians, single mothers and their

children, people with disabilities, people from the lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) community, the unemployed, under-employed, etc.¹⁹

GRAPH 5.10
ESTIMATED IMPACT OF DETERMINANTS OF HEALTH ON THE HEALTH STATUS OF THE POPULATION



Source: Estimation by the Canadian Institute for Advanced Research, Graph available on Health Canada's Website

Source: Estimation by the Canadian Institute for Advanced Research, (2001).

The social determinants of health go beyond individual biology and behaviours. They are the living conditions that people are born into and grow, live, and work in.³ Although these factors affect everyone (local, provincial, national and international) some environments either amplify or diminish health and affect an individual's opportunity to attain their full health potential. Any differences or variations in health status between groups are known as health inequalities. When health inequalities have the potential to be changed or decreased by social action, they are labelled as health inequities.^{20, 21, 22} According to Whitehead and Dahlgren (2006), health inequities have three distinct underlying principles, which include:

- **Systemic**—differences in health are linear throughout the population, not just between the most and least healthy. There is a consistent pattern across society, where those higher up on the social status ladder tend to have better health than those with lower social status.
- **Avoidable**—differences from health inequities are not the result of biology and genetics, they are simply the result of how society structures and distributes resources and opportunities. In theory, these socially produced inequities are avoidable and amenable through collective societal action by individuals, organizations, industry, communities, and every level of government.
- **Unfair and unjust**—as these health inequities are socially generated and maintained by unfair social conditions. Equity in itself is an ethical principle that ensures resources be

allocated according to need, not based on underlying social advantage or disadvantage, that is wealth, power, and prestige.^{23, 24, 25, 26}

Addressing the social determinants of health ensures individuals are not disadvantaged from achieving this opportunity because of their social position or other socially determined circumstance.^{27, 28, 29} When members of the population experience equal opportunities for health, this is known as health equity.^{30, 31}

The National Collaborating Centre for the Determinants of Health (NCCDH) promotes the use of four key public health roles to advance health equity, as an umbrella to guide public health practice in this area.³² The 4 roles are:

- a. Assess and report on: 1) the existence and impact of health inequities, and 2) effective strategies to reduce these inequities.
- b. Modify and orient interventions and services to reduce inequities, with an understanding of the unique need of populations that experience marginalization.
- c. Partner with other government and community organizations to identify ways to improve health outcomes for populations that experience marginalization.
- d. Lead, support, and participate with other organizations in policy analysis and development, and in advocacy for improvement in health determinants and inequities.³³

In order for public health and other practitioners to act on the NCCDH's four roles, or other broad approaches to achieving health equity, it is valuable to utilize a health equity lens as a process aid for approaching any and all work with health equity in mind.

Applying a Health Equity Lens

A commitment to addressing health inequities across the lifespan both within and outside the health sector will provide for an opportunity to truly shift the health paradigm in Ontario. For public health to take this approach a shift from individual and behavioural interventions to activities that are aligned with social justice is required.

By taking a health equity approach, a transformation is needed in the way health care practitioners, policy makers, researchers, governments and organizations work. Advocacy, support and assistance in incorporating a health equity lens takes leadership, as it requires systemic changes. Fundamentally, this is possible, if addressing and altering institutions, policies, and practices that cause "inequitable distribution of power, money, and resources" is made a priority.³⁴

Incorporating a health equity lens to any work, in any field, will ensure that those systematic inequities are being addressed. As a minimum we recommend that one asks the following questions before planning an initiative or policy.

- Could the planned initiative or policy approaches have a negative impact on some populations or communities? If so, how can the negative/inequitable impacts be mitigated?
- How do we consider the needs of disadvantaged individuals and communities, and priority populations?
- How will the planned initiatives or policy approaches address the social determinants of health? ^{35, 36}

Above and beyond the above questions there are other, more detailed tools to further ensure that a health equity lens is being applied.

Health Equity Tools

Across the literature there are a variety of tools which could function as processes or lenses to help ensure that a health equity lens is used. Some examples include, health impact assessment (HIA), equity focused health impact assessment (EFHIA), health equity impact assessment (HEIA), situational assessment and health equity audit (HEA).

Health impact assessment is a transparent, collaborative process that seeks to identify both the positive and negative consequences of a *non-health* related proposal on the health of the community. Based on assessment results, decision makers can enhance the positive aspects of their proposal and reduce or eliminate the potentially negative impacts. While equity isn't always emphasized in HIAs, it can be incorporated by ensuring that the differential effects of a proposed policy on groups within a population are systematically identified.³⁷ Health impact assessments generally follow these steps: screening, scoping, appraisal, reporting, monitoring and evaluating.^{38, 39} Health impact assessments are appropriate for use across a range of non-health sectors for decision making about policy and program development and planning at the local, municipal, regional and provincial level.

Groups in Australia and Europe have adapted the HIA to make equity considerations more explicit in the process. Equity focused health impact assessment (EFHIA) uses HIA methodology to determine the potential differential and distributional impacts of a policy, program or project on the health of the population (as well as specific groups in the population) and assesses whether differential impacts are equitable.^{40, 41} In Ontario a process entitled Health Equity Impact Assessment (HEIA) has been developed by the Ministry of Health and Long Term Care (MOHLTC) in collaboration with Public Health Ontario to incorporate equity into health systems. The primary focus of HEIA is to “reduce inequities that result from barriers in access to quality health services and programming and to increase positive health outcomes by identifying and mitigating unintended impacts of an initiative prior to implementation”.⁴² This tool can be used prospectively or retrospectively and can be used to assess the mix of programs or services to determine whether or not this mix would exacerbate existing health inequities.⁴³ It is intended to be used specifically for health initiatives.

The decision to conduct an HEIA is determined by available resources and time and can be done within a few days to weeks whereas a full assessment can take months to complete.^{44, 45}

“[T]here are usually three broad categories of assessment: Desktop Assessment—Information is gathered by the user from existing data and resources and generally completed within a few days; Rapid Assessment—More detailed and involves more outreach and sourcing of information and generally completed in a few weeks; Comprehensive Assessment—Involves more extensive research such as community and sector consultation and complete assessment can take months”.⁴⁶

Health equity audit is another tool that can be utilized to reduce health inequities. When conducting a health equity audit, “partners systematically review inequities in the causes of ill health, and access to effective services and their outcomes, for a defined population and ensure that further action is agreed and incorporated into policy, plans and practice”.⁴⁷ “The goal is to promote an equitable distribution of resources relative to community needs”.⁴⁸

References

alPHA-OPHA Health Equity Workgroup. (2013). Public Health Sector Strategic Plan – Approaches to Addressing Health Equity Briefing Note, Ministry of Health and Long-Term Care.

Amare, H., Tyler, I., Hyndman, B. (2012) An Overview of the Application and Evaluation of Health Equity Tools Draft. Public Health Ontario. Canada.

Braveman P, Gruskin S. Defining equity in health. *J Epidemiol Community Health*. 2003; 57(4), 254-258.

Canadian Public Health Association (CPHA). Canadian Public Health Association response to the World Health Organization (WHO) Commission's Report Closing the gap in a generation: Health equity through action on the social determinants of health (2008).

Center for Diseases (CDC). Healthy community Design Fact Sheets Series: Health Impact Assessment (2010) Retrieved from:

http://www.cdc.gov/healthyplaces/factsheets/health_impact_assessment_factsheet_final.pdf

Estimation by the Canadian Institute for Advanced Research. (2001). Retrieved from:

<http://www.cdc.gov/socialdeterminants/FAQ.html#b>

Hamer, L., Jacobson R., Flowers, J., & Johnstone, F. (2003). Health Equity Audit Made Simple: A briefing for Primary Care Trusts and Local Strategic Partnerships. London, UK: NHS Health Development Agency (NICE), Association of Public Health Observatories.

Hofrichter R, Bhatia R, editors. Tackling health inequities through public health practice: Theory to action. 2nd ed. A project of the National Association of County and City Health Officials. Oxford University Press: New York, New York; 2010.

Hon.Keon W, Hon.Pepin L. A healthy, productive Canada: a determinant of health approach. The Subcommittee on Population and Health; 2009.

Lefebvre, S., Warren, C., Laclé, S., & Sutcliffe, P. (2006). A framework to integrate social and economic determinants of health into the Ontario public health mandate: A discussion paper. Sudbury, Ontario: Sudbury & District Health Unit.

Ling Yu, V. & Raphael, D. (2004). Identifying and addressing the social determinants of the incidence and successful management of type 2 diabetes mellitus in Canada. *Canadian Journal of Public Health*, 95(5).

Mahoney, M., Simpson, S., Harris, E., Aldrich, R., Stewart-Williams, J. (2004). Equity Focussed Health Impact Assessment Framework, the Australasian Collaboration for Health Impact Assessment (ACHEIA). Retrieved from:

http://www.hiaconnect.edu.au/files/EFHIA_Framework.pdf.

Marmot, M., & Wilkinson, R. (2006). *Social Determinants of Health* (second edition). New York: Oxford.

McIntosh, C., Fines, P., Wilkins, R., & Wolfson, M. (2009). Income disparities in health-adjusted life expectancy for Canadian adults, 1991 to 2001. *Health Reports*. 20 (4).
<http://www.statcan.gc.ca/pub/82-003-x/2009004/article/11019-eng.pdf>

Mikkonen, J., & Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of Health Policy and Management.

National Collaborating Centre for Determinants of Health. (2014). *Boosting momentum: applying knowledge to advance health equity*. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University. Retrieved from:
http://nccdh.ca/images/uploads/Full_Environmental_scan_2014.pdf (pg 22)

National Collaborating Centre for Methods and Tools. (2012). *Health equity audit resources*. Hamilton, ON: McMaster University. Retrieved from
<http://www.nccmt.ca/registry/view/eng/128.html>.

National Collaborating Centre for Healthy Public Policy. (2010). *HIA and Inequities*. Québec, PQ: Institut national de santé publique. Retrieved from
http://www.ncchpp.ca/133/Publications.ccnpps?id_article=317

National Collaborating Centre for Healthy Public Policy. (2012). *Implementation of Section 54 of Québec's Public Health Act*. Québec, PQ: Institut national de santé publique. Retrieved from
<http://www.ncchpp.ca/docs/Section54English042008.pdf>

Ontario Ministry of Health and Long Term Care, Public Health Ontario (2011). *Health Equity Impact Assessment (HEIA) Workbook*. Queen's Printer for Ontario <http://www.health.gov.on.ca/en/pro/programs/heia/docs/workbook.pdf>

Raphael, D. (2004) Introduction. In D Raphael (Ed.), *Social Determinants of Health: Canadian Perspectives*. Toronto: Canadian Scholar's Press.

Raphael, D. (2011). *Poverty in Canada: Implications for Health and Quality of Life*. Toronto: Canadian Scholars' Press, Inc.

Registered Nurses Association of Ontario (RNAO). *Fairer Societies for Better Health Equity* (July 2013)., available online at: http://rnao.ca/sites/rnao-ca/files/Fairer_Societies_for_Better_Health_Equity_july_2013.pdf

Seabrook, J. & Avison, W. (2012). Socioeconomic Status and Cumulative Disadvantage Processes across the Life Course: Implications for Health Outcomes. *Canadian Review of Sociology*. 49(1), 50-68.

Simcoe Muskoka District Health Unit. 2012. Simcoe Muskoka District Health Unit. *Approaches to the Determinants of Health – A Health Equity Framework*. Available at:
<http://www.simcoemuskokahealth.org/HealthUnit/Library/Reports.aspx>

Sudbury & District Health Unit. (2013). *Opportunity for All: The Path to Health Equity*. Sudbury, ON: Author

United States Department of Health and Human Services, *Healthy People 2020*. (2011, June 29).

Wellesley Institute (Steve Barnes). (2011). *The Real Cost of City Cuts: a Health Equity Impact Assessment*. Available from: <http://www.wellesleyinstitute.com/wp-content/uploads/2011/11/The-Real-Cost-of-City-Cuts.pdf>

Whitehead M. 1992. The concepts and principles of equity and health. *International Journal of Health Services* 22: 429–45.

Whitehead M, Dahlgren G. Concepts and principles for tackling social inequities in health: Levelling up part 1. Geneva: World Health Organization; 2006. Available from: www.euro.who.int/_data/assets/pdf_file/0010/74737/E89383.pdf

Whitehead M, Dahlgren G. Concepts and principles for tackling social inequities in health: Levelling up part 1. Geneva: World Health Organization; 2006 [cited 2012 Sept 21]. Available from: www.euro.who.int/_data/assets/pdf_file/0010/74737/E89383.pdf

World Health Organization, Government of South Australia. (2010). *Adelaide statement on health in all policies – Moving towards a shared governance for health and well-being*. Retrieved from http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf

World Health Organization. “Equity Team” definition. Health and Human Rights and Equity Working Group Draft Glossary Unpublished 2005. 2005. Unpublished Work.

World Health Organization’s Commission on the Social Determinants of Health report, *Closing the gap in a generation: Health equity through action on the social determinants of health* (2008). Available online at: http://www.who.int/social_determinants/final_report/en/index.html

Endnotes

- ¹ Raphael (2004)
- ² World Health Organization (2008)
- ³ Raphael (2011)
- ⁴ Seabrook & Avison (2012)
- ⁵ McIntosh et al. (2009)
- ⁶ Sudbury & District Health Unit (2013)
- ⁷ Marmot & Wilkinson (2006), p. 2.
- ⁸ Lefebvre et al. (2006)
- ⁹ Whitehead (1992)
- ¹⁰ Whitehead & Dahlgren (2006)
- ¹¹ Healthy People 2020 (2011)
- ¹² World Health Organization (2008)
- ¹³ Canadian Public Health Association (2008), p. 7.
- ¹⁴ World Health Organization (2010), p. 2.
- ¹⁵ Healthy People 2020 (2011)
- ¹⁶ Canadian Public Health Association (2008)
- ¹⁷ Raphael (2009)
- ¹⁸ Simcoe Muskoka District Health Unit (2012), p. 8.; as referenced in Subcommittee on Population and Health (2009)
- ¹⁹ Mikkonen & Raphael (2010)
- ²⁰ Raphael (2004)
- ²¹ World Health Organization (2008)
- ²² Healthy People 2020 (2011)
- ²³ Whitehead & Dahlgren (2006)
- ²⁴ World Health Organization (2005)
- ²⁵ World Health Organization (2008)
- ²⁶ Braveman & Gruskin (2003)
- ²⁷ Raphael (2004)
- ²⁸ World Health Organization (2008)
- ²⁹ World Health Organization (2005)
- ³⁰ World Health Organization (2008)
- ³¹ World Health Organization (2005)
- ³² National Collaborating Centre for Determinants of Health (2014)
- ³³ National Collaborating Centre for Determinants of Health (2014)
- ³⁴ Hofrichter & Bhatia (2010)
- ³⁵ Wellesley Institute (2011)
- ³⁶ alPHA-OPHA Health Equity Workgroup (2013)
- ³⁷ National Collaborating Center for Health Public Policy (2010)
- ³⁸ National Collaborating Center for Health Public Policy (2012)
- ³⁹ National Collaborating Center for Determinants of Health (2012)
- ⁴⁰ Malhoney et al. (2004)
- ⁴¹ Amare et al. (2012)
- ⁴² Ministry of Health and Long Term Care (2012)
- ⁴³ Ministry of Health and Long Term Care (2012), p. 8.
- ⁴⁴ Center for Diseases (CDC) (2010)
- ⁴⁵ Ontario Ministry of Health and Long Term Care, Public Health Ontario (2011)
- ⁴⁶ Ontario Ministry of Health and Long Term Care, Public Health Ontario (2011), p. 11.
- ⁴⁷ Hamer et al. (2003), p. 8.
- ⁴⁸ National Collaborating Center for Health Public Policy (2012), p. 1.