

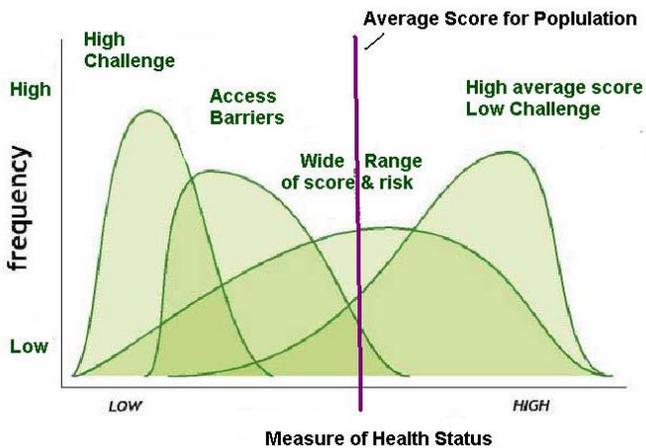
“First Steps to Health Equity”

Your Guide to Equity-based Program Planning

This document provides tools and examples to support Public Health practitioners to conduct equity-based population health assessment, surveillance, research, knowledge exchange and evaluation, and describes how those contribute to program planning for priority populations.

The following summary is based on the document that was shared at the Foundational Standard workshop.

Why are Equity-based Health Assessment and Program Planning important:



- There is no “general population”. To achieve impact and minimize risks in our programs, we need to be fully aware of who makes up the “population”;
- To overcome health inequities, we need a paradigm shift: the focus of public health interventions on priority populations is the only meaningful way of achieving population health goals (as shown by the figure here, the “population” can be disaggregated into many population groups with different needs and access

barriers that need to be addressed in assessment, planning and evaluation).

- Our actions, tools and methods, whether in protection, promotion, or prevention, need to be accessible, meaningful, diversity-competent, and innovative.

How Ontario Public Health Standards Address Health Inequities

The equity foundations in OPHS require Public Health practitioners to:

- Plan, deliver, manage and evaluate the programs to reduce inequities in health
- Identify priority populations
- Tailor strategies
- Examine accessibility of programs and reduce barriers
- Share knowledge and use partnerships and collaboration to engage the community

Each of these steps requires the use of an equity lens.

Steps to Health Equity- based Program Planning

“First Steps to Equity” provides some initial questions and steps to guide our program planning actions.

Equity-based assessment and surveillance needs to begin with the community-specific demographic and health indicators and continues with identification of how indicators such as income, immigration status, racialization, gender, social exclusion, disability and other factors impact health outcomes. Tracking, analyzing specific health outcomes and reporting by population groups and sub-groups leads to better understanding of who is at risk and where our interventions may be most meaningful.

Additional inquiry through **research** may need to be done when the data is not available, or population is not accessible, and when we need to learn more about the lived experiences of those who are at higher risk. This may not always mean conducting a comprehensive research. Literature and previous studies may provide sufficient information to Public Health practitioners who may then only need to validate these findings through consultations, focus groups or interviews in their communities.

Knowledge mobilization is an important step in program planning and a critical one for health inequity related interventions. Participatory, action driven and stakeholder-based inquiries and engagement of the communities ensure that our actions are relevant and useful to the community.

Equity-based Program Evaluation needs to examine our successes and challenges in working with priority populations and our ability to find ways to provide accessible and meaningful interventions. To this end, our program evaluations need to include the questions such as: Who we are and who we are not reaching with our programs? Are our actions accessible and meaningful? How can we reach populations at risk?

Situational assessments are an important way of synthesizing data and information for equity-based program planning. They include information from literature, data and research findings on how social and environmental determinants of health affect health outcomes; program evaluation information, staff and other stakeholder perspectives.

Finally, **equity-based resource allocation** means that we need to consider re-allocation of resources in such a way to narrow, not widen the health inequity gaps. Resource allocation that is based on identified priority populations and evidence on health inequities enables us to achieve greater overall impact at the population level.

This document and related slide presentation are going to be available on the new Ontario Public Health Standards web site and can be accessed under the name “First Steps to Health Equity” and “Putting it all Together for Health Equity”.

You are invited to use the information here freely by including a reference to the document as: Patychuk D and Seskar-Hencic D. November 2008. First Steps to Equity. Ideas and Strategies for Health Equity in Ontario 2008-2010.