



Ontario Public Health Association
l'Association pour la santé publique de l'Ontario
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**A Health Equity Action Plan
for the Ontario Public Health
Association for
2015-17 to 2017-18**

April 2016

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Background

As an organization committed to improving health and wellbeing, OPHA has long recognized the role of the determinants of health and health equity in achieving this goal.

OPHA is cognizant that that various barriers or inequities can prevent individuals and communities from accessing the conditions needed to reach their full potential. As noted by international experts:

“Health inequities are differences in health which are not only unnecessary and avoidable, but in addition are considered unfair and unjust.” (Whitehead, 1992). Many of the causes of inequities relate to social and environmental determinants including income, social status, gender, education, and the physical environment, including housing. Eliminating these disparities cannot be accomplished without seriously addressing the underlying social determinants of health, many of which are shaped and perpetuated by bias, injustice and inequality.”

Recognizing that the Association of Local Public Health Agencies (aLPHa) shared a similar commitment to promoting health equity, the two organizations agreed to pool their efforts to create a joint Health Equity Workgroup. The Workgroup’s focus is on reducing health inequities in Ontario through strengthening public health and intersectoral actions on the social determinants of health and strategizing on priority areas for action.

Specifically, the Workgroup goals are to:

- Promote the inclusion of activities that address the social and economic determinants of health within the mandate of Boards of Health in Ontario.
- Participate in policy activities by advocating for policies at all levels of government that work to reduce social inequities in health and to monitor advocacy efforts and policy changes at the municipal, provincial and national level that impact inequities in health.
- Support knowledge exchange related to health equity principles, competencies and promising practices in public health units, the provincial government and relevant agencies.

The group developed an evergreen workplan and has been undertaking a number of activities to achieve these goals.

In late 2014, the workgroup brought forward [a position paper and resolution](#) on *Applying a Health Equity Lens* which was endorsed at OPHA’s Annual General Meeting. The resolution commits OPHA to undertake the following:

1. Incorporate and **apply a health equity lens** in its planning, implementation, and evaluation of all program(s), activities, and policies.

2. Embark on a comprehensive **health equity plan** to guide its work based on the National Collaborating Centre for Determinants of Health public health roles to advance health equity.
3. Advocate to the MOHLTC for the **consistent use of a health equity lens in the Ministry's public health programming**, and to continue to promote and support the use of a health equity lens in other parts of the health system.
4. Advocate to the Ontario provincial government for a **Health in All Policies (HIAP) framework** which would include the use of a health equity lens in ministries affecting equitable access to the social determinants of health, such as Finance, Children and Youth Services, Education, Municipal Affairs and Housing, Environment and Climate Change, etc.
5. Advocate for **other health organizations** to incorporate and **apply a health equity lens** through the use of health equity focused tools on planned initiatives or policy.

In 2015, OPHA's Board of Directors reaffirmed their commitment to health equity being a priority for OPHA and directed OPHA management to develop an action plan to guide its work in this area.

OPHA's Health Equity Action Plan

The 2014 health equity resolution called on OPHA to base its action plan on the four key public health roles for advancing health equity promoted by The National Collaborating Centre for the Determinants of Health (NCCDH).

This document outlines a health equity plan for OPHA using the NCCDH framework and documents from other leading organizations. The plan is complementary to the workplan of ALPHA-OPHA's Joint Health Equity Workgroup (see Appendix A) and will draw on the workgroup members involvement as well as support from other OPHA workgroups, Board and other OPHA members, staff and partners.

Vision:

All people (individuals, groups and communities) have a fair chance to reach their full health potential and are not disadvantaged by social, economic and environmental conditions.

Values and Beliefs

The values and beliefs that underpin this action plan are drawn from Dr. Benita Cohen's *Conceptual Framework of Organizational Capacity for Public Health Equity Action* and include:

- **Social Justice:**
 - o Everyone deserves equal rights to the economic, political and social benefits of our society, including a human right to health and an equal opportunity for health;
 - o A predominant concern for those who are socially disadvantaged and thus excluded;
- **Broad conceptualization of “health”:**
 - o Includes multiple dimensions (psychological, emotional, cognitive, spiritual, social and physical) and recognition of role played by the determinants of health;
- **Shared Responsibility:**
 - o The creation of equitable opportunities for health is a societal responsibility that requires all sectors -- government, faith groups, business, community and civil society -- to address the systemic and structural conditions that foster inequity;
- **Cultural Humility:**
 - o Involves personal reflection and growth around culture in order to increase awareness and the quality of interactions with others;
- **Distribution of Power:**
 - o Processes ensure priority populations consistently have a strong voice and recognized power in defining and solving issues;
- **Integrity:**
 - o Modeling health equity within OPHA.

Goals:

- Champion and be an effective advocate for policies that create equitable opportunities for health;
- Strengthen OPHA's practices;
- Promote a fairer and inclusive society;
- Call attention to the impact of social disadvantage on health and the underlying factors that impact health;
- Facilitate sustainable contributions and collaborations from many sectors; and
- Support awareness, education, advocacy and policy development at the provincial level.

Desired Outcomes:

Short Term:

- Health equity concepts are embedded in all of OPHA's initiatives.
- OPHA's Board and staff have enhanced knowledge about health equity and systematically apply these concepts in their work and decision making.
- It is evident to OPHA's members, partners and key stakeholders that health equity is a priority for OPHA.

Medium Term:

- Health equity is adopted as an underlying principle in Ontario's health system and considered in all health planning, delivery and decision making of government and other key health stakeholders.
- Health equity impact assessment tools are used in health planning.
- Interventions and investments across government are made where they will have the highest impact on reducing health disparities.
- Resources or programs are targeted specifically to addressing disadvantaged populations or remove key access barriers.
- A Health-in-all Policies approach is used across government through legislation and/other centrally directed requirements.

Long Term:

- All Ontarians have equal opportunities for good health and well-being.
- All Ontarians have equitable access to a full range of high-quality health programs and services.
- The gap in health between the best and worst off is narrowed through reducing the social and economic barriers to health.
- Ontarians have the supports they need to reach their full health potential.

Guiding Principles:

OPHA's actions are:

- Complementary to others and not duplicative;
- Supportive of, informed and guided by the expertise and feedback of the aPHa-OPHA Joint Health Equity Workgroup and OPHA's members;
- Promote collaboration and inclusion;
- Guided by evidence;
- Transparent and accountable;
- Influenced by the social determinants of health;
- Implemented according to available capacity and resources;
- Built on OPHA's strengths and that of its members; and
- Guided by an anti-oppression framework and understanding of intersectionality.

OPHA's Framework and Activities to Advance Health Equity:

Described below are the proposed actions OPHA will undertake to achieve the goals and outcomes listed above. As directed by the workgroup's resolution, these actions are aligned with the four roles included in NCCDH's framework for advancing health equity.

1. **Assess and report on the existence and impact of health inequities; and effective strategies to reduce these inequities.**

Under this strategy, OPHA's activities would include:

- *In 2015-16:*
 - o Ensure health equity is embedded in all of OPHA's advocacy efforts (e.g. include equity concepts in OPHA's advocacy efforts related to the updating of OPHA standards, health reform and through other submissions and presentations to government).
 - o Use opportunities to raise awareness about health equity within the public health and health care sector, government and the public:
 - ♣ Through OPHA's planning and participation in events, conferences (e.g. TOPHC, CPHA) and partnership tables (e.g. OCDPA).

- ♣ Build more links on OPHA's website to educational materials, tools and resources on health equity, HEIAP and SDOH and use OPHA's social media channels to promote them.
- *In 2016-17:*
 - Support the efforts of those advocating for enhancements to government research related to health equity;
 - Partner with academics and researchers on studies that advance knowledge about health equity.
- *In 2017-18:*
 - Use data on inequities when assessing the design of government policies and programs.
 - Promote the communication efforts of others (e.g. Sudbury Health Unit's social marketing campaign on the SDOH).

Indicators:

- % of OPHA submissions and presentations that include health equity.
- % of reports that reference health status and include disaggregation of data by social determinants of health (SDOH).
- % increase in materials on health equity and traffic to OPHA's website and other social media.
- % of OPHA activities that promote health equity.

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

Under this strategy, OPHA's activities would include:

- *In 2015-16:*
 - Build knowledge, understanding and capacity within OPHA's staff team (e.g. finalizing a literature review for the Collaborative Leadership in Practice project being undertaken with Health Nexus).
 - Develop and deliver professional development activities and/or collaborating with others on capacity building, knowledge exchange and training events.

- Enhance OPHA's internal capacity (e.g. assign a student to maintain inventory of key organizations, their equity activities and developments, learn from the experiences of others).
 - Adopt health equity as the theme for OPHA's 2016 fall forum.
- *In 2016-17:*
- Build equity into OPHA's strategic and business planning.
 - Develop a webinar series on health equity (e.g. implications of Truth and Reconciliation Commission for health professionals in collaboration with the Health Equity Workgroup).
 - Support and/or promote activities that build knowledge, skills and understanding in the public health workforce on effective ways to address health inequities and integrating it into OPHA's training and events (e.g. Lean Sigma, Leadership Development Program).
 - Explore training opportunities (e.g. Host a Collaborative Leadership Fall Training Institute with Health Nexus), host a training workshop on Cultural Humility in conjunction with the Fall Forum).
 - Hold board and staff training to increase knowledge and understanding of equity concepts (e.g. racism, anti-oppression) and the implications for OPHA's activities.
 - Develop or sign on to an existing Healthy Equity Charter that builds on OPHA's resolution and clearly defines and commits OPHA to health equity principles.
- *In 2017-18:*
- Use equity-focused organizational planning, management and evaluation tools and data on inequities to design and evaluate policies, programs, services.

Indicators:

- % increase in number of OPHA events/activities that address health equity.
- Mechanisms exist to ensure that planning includes a health equity assessment of programs and services.

- Existence of a strategic plan that describes how equity issues will be addressed.
- Increase in number of changes to programs and services resulting from the use of health equity assessment.

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

Under this activity, OPHA's activities would include:

- *In 2015-16:*
 - o Identify opportunities to bring an equity focus to existing partnerships (e.g. Ontario Chronic Disease Prevention Alliance, EcoHealth Ontario, and Provincial Alcohol Steering Committee).
- *In 2016-17:*
 - o Identify opportunities to build new partnerships (e.g. Basic Income Canada Network) and renew older ones (e.g. Campaign 2000).
 - o Collaborate with the social determinants of health public health nurses network to promote innovations and lessons learned.
- *In 2017-18:*
 - o Strengthen partnerships with existing groups (e.g. AOHC, aPHa, OMA, CCO, and NCCDH) and develop new ones (e.g. OHA, Wellesley Institute, AFHTO, and Foodshare).
 - o Collaborate with ministries (e.g. MECC, EDU, MOHLTC, MTO, MHMA, and MCSS).

Indicators:

- % increase in equity focus to existing partnerships and number of new partnerships formed.

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

Under this activity, OPHA's activities would include:

- *In 2015-16:*
 - Support implementation of ALPHA-OPHA workgroup's workplan (ongoing priority).
- *In 2016-17:*
 - Advocate for a strengthened health equity mandate for public health (e.g. as part of the review of the OPHS).
 - Advocate to MOHLTC for consistent use of health equity lens, targets and evaluation in its programming and adoption of a health in all policies framework and legislation (e.g. through building relationships with MOHLTC's Health Equity Office).
 - Advocate for HIAP and use of health equity in non-health ministries and actions to address the social/structural determinants of health through the Ontario Government's various initiatives, in collaboration with other sectors:
 - ♣ (e.g. Climate Change, Poverty Reduction Plan, Pension Reform, healthy Kids, Affordable Housing, dental health, child care, employment programs, increases in minimum wage, changes to social assistance, Basic Income Guarantee, mental health strategy).
- *In 2017-18:*
 - Engage in advocacy with or on behalf of equity seeking populations.
 - Advocate to other health organizations to use a health equity lens.

Indicators:

- Strengthened health equity mandate in updated OPHS.
- % increase in references to health impact in new government initiatives.

Conclusion

The American Public Health Association has noted that:

Making a purposeful shift toward achieving health equity forces us to consistently view health status within the larger context of society and history and will ultimately bring public health farther upstream than it's ever been before.

OPHA recognizes that achieving health equity is a challenging journey. We commit to improving our own practices. We welcome the opportunity collaborate with other sectors and equity seeking groups on this journey to remove barriers to health equity, create the conditions needed to promote health and wellbeing and achieve health for all.

Appendix A: Definitions

Intersectionality:

The study of overlapping or intersecting social identities and related systems of oppression, domination or discrimination. The theory suggests that—and seeks to examine how—various biological, social and cultural categories such as gender, race, class, ability, sexual orientation, religion, caste, age and other axes of identity interact on multiple and often simultaneous levels. This helps with understanding how systemic injustice and social inequality occurs and its multiple dimensions.

(From Etowa's Modified Map of Health Equity- Attitudes , Behaviors & Understandings that foster a supportive environment for Health Equity)

Health Equity:

- The absence of systematic disparities in health (or its social determinants) between more and less advantaged social groups.
- Social advantage means wealth, power, and/or prestige—the attributes defining how people are grouped in social hierarchies.
- Health inequities put disadvantaged groups at further disadvantage with respect to health, diminishing opportunities to be healthy.
- Health equity, an ethical concept based on the principle of distributive justice, is also linked to human rights.

(From the Journal of Epidemiology and Community Health) <http://jech.bmj.com/content/57/4/254.full>

Health Inequities:

Differences in health that are avoidable, unfair, and unjust. Health inequities are affected by social, economic, and environmental conditions.

(From Health Equity Institute <http://healthequity.sfsu.edu/content/defining-health-equity>)

Health Disparities:

Differences in health outcomes among groups of people

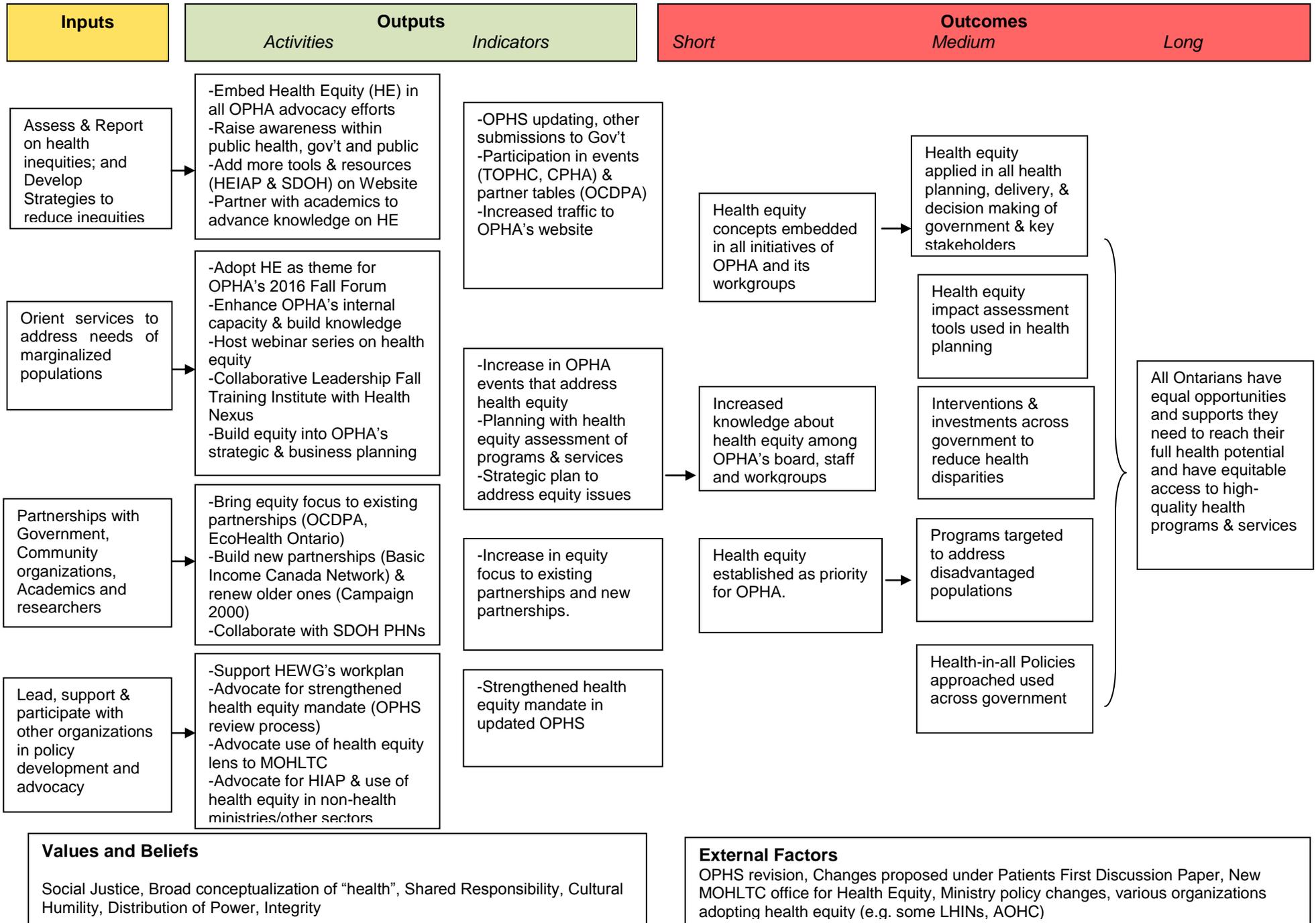
(From Health Equity Institute <http://healthequity.sfsu.edu/content/defining-health-equity>)

Link to Human Rights:

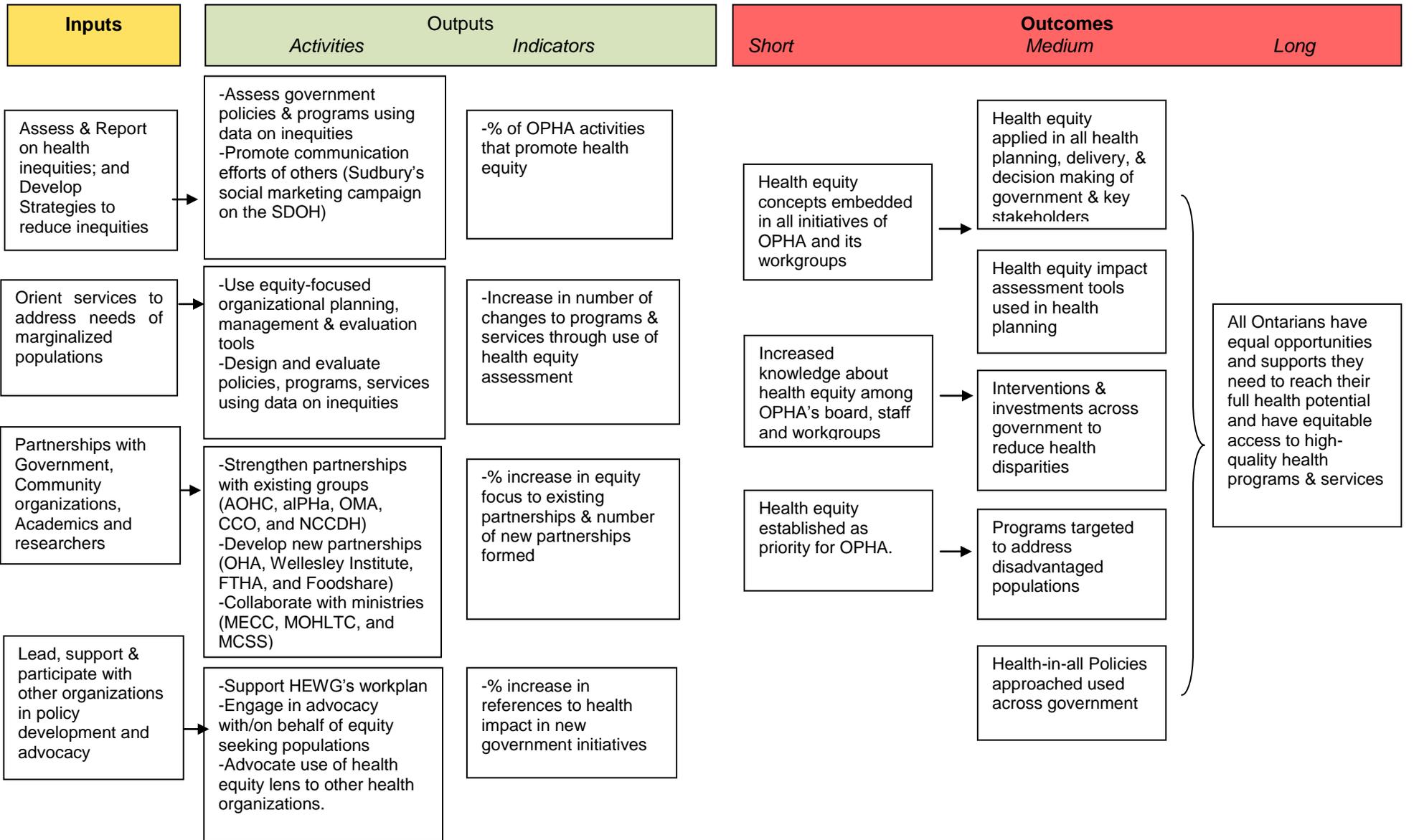
“All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.” – Article 1, United Nations Declaration of Human Rights.

LOGIC MODEL - OPHA's Health Equity Action Plan for 2015-17

Program Goal: Establish Health Equity as an essential concept to be applied in all health planning, decision making, investments and programs across Ontario



Program Goal: Establish Health Equity as an essential concept to be applied in all health planning, decision making, investments and programs across Ontario



Values and Beliefs
 Social Justice, Broad conceptualization of "health", Shared Responsibility, Cultural Humility, Distribution of Power, Integrity

External Factors
 OPHS revision, Changes proposed under Patients First Discussion Paper, New MOHLTC office for Health Equity, Ministry policy changes, various organizations adopting health equity (e.g. some LHINs, AOHC)