

Improving the Odds: Championing Health Equity in Ontario **The 2016 Annual Report of Ontario's Chief Medical Officer of Health**

Overview

Ontario's Chief Medical Officer of Health, Dr. David Williams, submitted his 2016 Annual Report to the Legislative Assembly of Ontario on February 28, 2018. Entitled, [*Improving the Odds Championing Health Equity in Ontario*](#), the report describes the realities of health inequities in Ontario and the importance of eliminating these inequities so that everyone can have access to healthier lives. Dr. Williams argues that every resident should have the opportunity of being healthy regardless of their race, ethnicity, religion, gender, age, social class, geography and/or socioeconomic status. Some of the key messages conveyed are that:

- health inequities are devastating for the people experiencing these circumstances, and overtime, reduce their opportunities for good health and increase their risks for poor health (e.g. chronic diseases and short life-expectancy);
- despite efforts, systematic and unfair disadvantages continue to place a threat to the well-being of Ontarians, with many still struggling with health inequalities; and
- society as a whole can make a difference.

The report describes various initiatives which are making a difference and tools that can be used to effect change. These include:

- the system wide integration called for under Patients First;
- the inclusion of health equity within the updated Ontario Public Health Standards which require public health to embed strategies to improve health equity in their everyday work;
- various data sources and novel analytical approaches that facilitate the mapping of health inequities;
- public health's management of infectious disease outbreaks;
- community development interventions; and
- strong partnerships among a wide range of local organizations.

In addition to the above, the Chief Medical Officer of Health for Ontario recommends that the Ontario Government take the following steps:

- *Support public health to identify “outbreaks” of health inequities and plan effective, sustainable interventions through community development.*
 - The impact of these interventions should be monitored and measured over time for their individual and combined impact.

- *Work system-wide and government-wide to improve health equity.*
 - o There`s a need for effective collaborative partnerships across all ministries and organizations to help reduce or eliminate health disparities.
 - o The public health sector can champion a system-wide and government-wide approach by working with partners to identify the factors that influence health and engage them in implementing effective interventions.
 - o The goal of these partnerships is to implement effective community development interventions that reduce health disparities and even the odds for health for everyone.
- *Provide data to understand health inequities and inform community development efforts.*
 - o Establish an ongoing health survey that will give all public health units, regardless of size or resources, access to timely high-quality information.
 - o Every effort should be made to ensure the public health sector has the data, knowledge, skills and resources to champion health equity within the health system, with other ministries and levels of government and within communities.

Report Summary

Below is a summary of the key findings from this 2016 Annual Report.

Part I. Health Equity: Improving the Odds of Good Health

- In this first section, Dr. Williams introduces the role of social determinants of health and health equity. He describes the social determinants of health as “the interrelated social, political and economic factors that create the conditions, in which people live, learn, work and play.” He also highlights opportunities that support good health noting that health is influenced by many factors, some of which are out of an individual’s control and can impact the chances of living a healthy life. The report states that, “to achieve healthy equity, we must tackle health inequities that are systematic, unfair and avoidable: the ones caused by social, economic or environmental conditions.” All Ontarians must be given the opportunity to live in social and economic conditions that support good health.
- The following points outline key opportunities and approaches for improving health equity;
 - o The ‘Web of Being’ approach used by First Nations, Inuit and Métis and provides an Indigenous’ perspective of the social determinants of health. This holistic approach views wellness as a balance of the four dimensions of health which includes, physical, mental, emotional and spiritual, throughout the stages of life;
 - o Public health units can create healthier communities through collaboration, reducing systematic social, economic and environmental barriers to good health;

- Furthermore, the updated Ontario Public Health Standards: Requirements for Programs, Services and Accountability, for the new Health Equity Standard and Guideline require public health units across the province to focus on health equity. This can be achieved by:
 - understanding the problem;
 - developing targeted universal programs addressing priority populations;
 - partnering with local groups such as LHINs, Indigenous communities, including other federal and provincial government programs and services; and,
 - collaborating with partners to provide data and health policy analysis to eliminate health inequalities and champion the benefits of health equality.
- This new health equity guideline will help develop a collaborative approach to reducing health disparities and improving health equity.

Part II: Measuring and Understanding Health Inequity

- This section provides examples and recommendations on improving health equity by measuring and understanding health disparities through connecting data from different sources.
 - The 2015 Report on Mapping Wellness describes how local-level population health data can be used to make evidence-informed decisions to improve the health of communities. The report made several recommendations for collecting and using local data to map wellness community by community, neighborhood by neighborhood, population by population, and connecting data from different sources;
 - One indicator of health equity is mortality, especially premature mortality. For example, the OPTIMISE Project (Ontario Population Trends in Improved Mortality: Informing Sustainability and Equity of the health care system) uses comprehensive multi-linked mortality files to help guide health system planning;
 - Socio-economic status is a key determinant of health inequity. When it comes to living longer in good health, several individuals with lower socio-economic status are not being addressed. Novel predictive data tools, such as the RII, the Ontario Marginalization Index and the High Resource User Population Risk Tool, may help communities measure and understand health inequity. The Relative Index of Inequality (RII) can help identify, within a given population, the impact of social, economic and environmental health disparities, where these disparities are occurring and who is most affected;
 - To help identify populations at high risk of poor health outcomes over the next five years, Ontario researchers have developed the High Resource User Population Risk Tool (HRUPoRT), which takes into account both the

clinical and social determinants that contribute to people developing health issues which makes them high users of health services.

Part III: Adapting the Outbreak Approach to Reduce Health Inequities

- This section discusses the need for a well-established outbreak approach and protocol for eliminating health inequities. The report highlights that non-communicable health risks such as depression, drug and alcohol use, can also spread between people in neighborhoods or communities. Therefore, using the same approach that tackles infectious diseases can be applied to non-communicable health risks.
 - There is a strong link between low income and health disparities because they limit access to sustain a healthier life due to issues such as food security and affordable housing.
 - Health behaviors and outcomes change overtime, and changes are hard to detect or understand;
 - Using an outbreak approach in understanding the problem will help strengthen possible strategies for eliminating health inequalities by examining inter-related social, economic and environmental factors;
 - Having appropriate data from public health units can help develop strategies used in reducing the incidence, such as outbreak of harmful alcohol use in communities.

Part IV: Using Community Development to Reduce Inequities

- The importance of community development interventions to help eliminate health inequities is covered in this section of the report.
 - Community development interventions that improve social connection and reduce isolation may have the potential to improve health and well-being and reduce health disparities – even in the absence of interventions that address underlying economic disparities;
 - Social cohesion which is a sense of belonging can also encourage positive behaviors and health outcomes, even in the presence of other threats, such as low income;
 - Several Ontario public health units have already launched initiatives to address priority populations experiencing health disparities. For example, the Supporting Young Dads program in the Niagara Region Public Health provided a free program to address parenting and life skills for young dads which increased their knowledge, skills and confidence.

Part V: Pursuing Partnerships: A System-Wide Effort to Improve the Odds of Good Health

Dr. Williams calls for a system-wide approach to championing health equity.

- Factors influencing health are complex, and therefore, all levels of government be they federal, municipal or provincial have opportunities to improve health equities;
- Examples from the federal level include developing a national housing policy to reduce housing instability and offering unemployment insurance benefits;
- Examples from the municipal level include youth centers and programs to keep young people active in schools, environmental changes to promote physical activity such as parks and bike lanes, by-laws and policies reducing smoking and the misuse of alcohol;
- Examples from the provincial level include raising the minimum wage to close income gaps, funding subsidized housing, and supporting students with loans to keep them in school;
- The goal of partnerships in implementing effective community development interventions will reduce health disparities and ‘even the odds for health for everyone’.

VI. Championing Health Equity: Recommendations

- Ontario’s CMOH concludes his report by emphasizing the opportunity presented by the new standards for public health which set out a clear role for the public health sector to champion and facilitate the types of analyses and public policies that can reduce health inequities.
- While Medical Officers of Health have a role to actively promote health equity within their communities, the Ministry of Health and Long-Term Care and Public Health Ontario can champion health equity at the provincial level and provide research, analyses and other supports to public health units. Dr. Williams notes that Patients First sets the groundwork for a system wide approach and that other sectors, such as education and the environment, whose policies affect health, must be actively engaged as well.
- Finally, he makes the following three recommendations as needed next steps by the Ontario Government to achieve change:
 1. Support public health to identify “outbreaks” of health inequities and plan effective, sustainable interventions through community development.
 2. Work system-wide and government-wide to improve health equity.
 3. Provide data to understand health inequities and inform community development efforts.