Resolution # 1

Position Statement on Applying a Health Equity Lens

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

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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 *Ontario Public Health Association* (*OPHA*) is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario, *OPHA* is committed to action around achieving health equity. While there are many public health issues of interest and concern to the OPHA membership, OPHA acknowledges that addressing the SDOH across all public health programs through a health equity lens is a priority. *OPHA* 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. *OPHA* 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] *OPHA* 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. *OPHA* 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 include[17]:

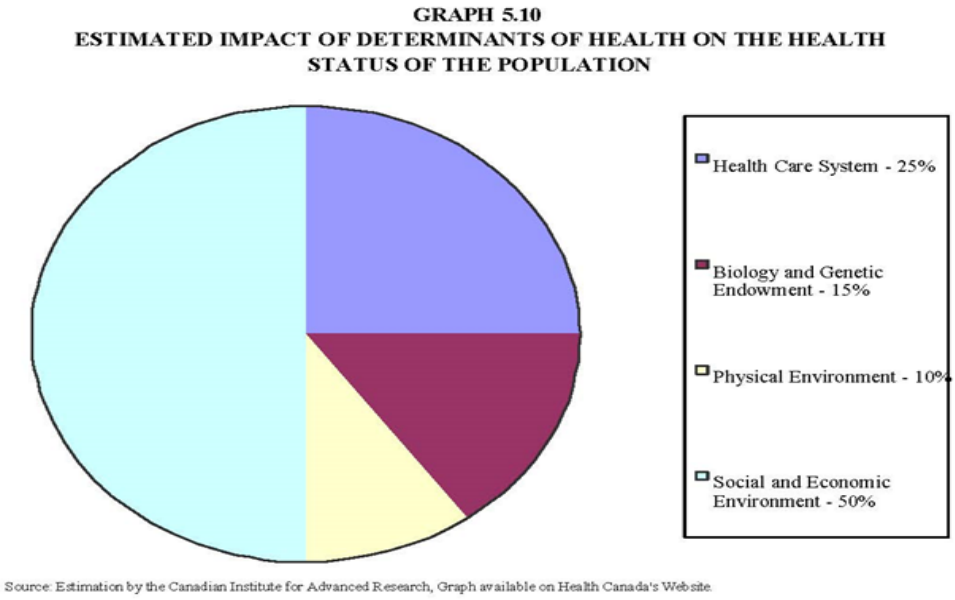
- Income and social status
- Social support networks
- Education, literacy and skills
- Employment and working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Early childhood development
- Housing
- Access to health services
- Gender
- Culture 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]



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 then 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]

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Resolution

Whereas the World Health Organization in its *Rio Political Declaration on Social Determinants of Health* stated that "health equity is a shared responsibility and requires the engagement of all sectors of government, of all segments of society", and that "health inequities arise from the societal conditions in which people are born, grow, live, work and age, referred to as social determinants of health; and

Whereas the Ontario Ministry of Health and Long Term Care (MOHLTC) in its *Make No Little Plans* strategic plan identifies that "because of the determinants of health and social inequities, some Ontarians are at higher risk of poor health outcomes—particularly people who are poor, less educated (often because of poverty) and socially marginalized or disadvantaged; and

Whereas the mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario; and

Whereas many Ontario public health agencies are already using a health equity lens in the planning and evaluation of programs.

Be it resolved that OPHA adopt this position paper;

Be it further resolved that OPHA incorporate and apply a health equity lens in its planning, implementation, and evaluation of all program(s), activities, and policies;

Be it further resolved that OPHA 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;

Be it further resolved that OPHA 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;

Be it further resolved that OPHA 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.;

Be it further resolved that OPHA 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.

Endnotes

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[2] World Health Organization (2008)
[3] Raphael (2011)
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