Public Health Nursing Summit 2010

Dialogue on Reducing Health Inequities

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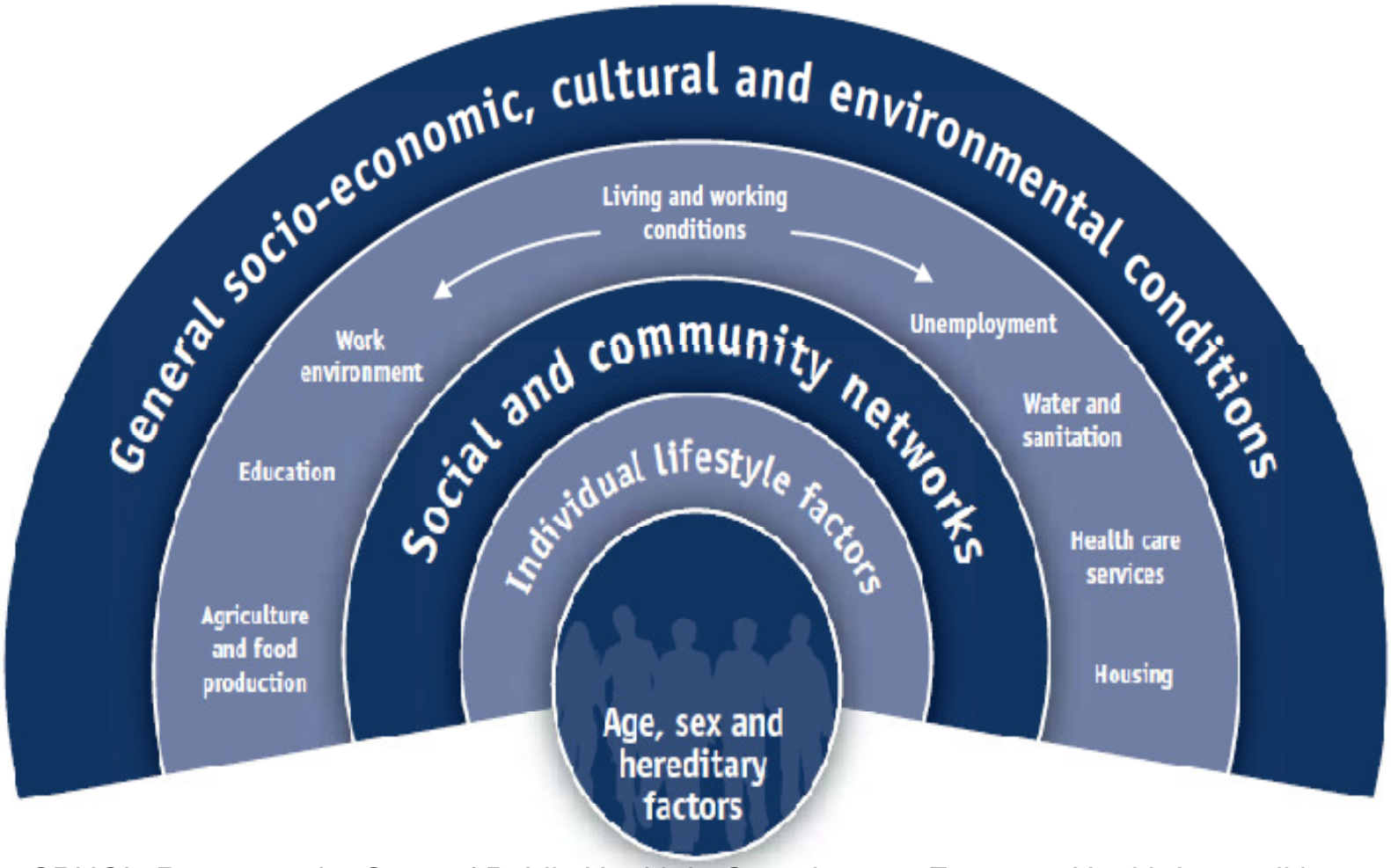
OAHPP Commitment to Equity

- **As stated in its founding legislation,**

  Object (a) of the OAHPP is to provide scientific and technical advice and support to the health care system and the Government of Ontario in order to protect and promote the health of Ontarians **and reduce health inequities**.

- **How will the OAHPP operationalize this objective?**

Factors that influence our health



CPHO's Report on the State of Public Health in Canada 2008 Focus on Health Inequalities
http://www.phac-aspc.gc.ca/publicat/2008/cpho-aspc/pdf/cpho-report-eng.pdf

Definitions

Health Inequalities

- **Differences in health status** experienced by various individuals or groups in society. These can be the result of genetic and biological factors, choices made or by chance, but often they are because of unequal access to key factors that influence health like income, education, employment and social supports

Health Inequities

- Health inequities are **differences in health** which are not **only unnecessary and avoidable**, but in addition are considered **unfair and unjust**.

Health Equity

- The **absence of systematic and potentially remediable differences** in one or more aspects of health across populations or population groups defined socially, economically, demographically, or geographically.

Source: International Society for Equity in Health http://www.iseqh.org/workdef_en.htm

Definitions of Health Equity

Health inequities are inequalities that are:

- Unfair
- Unjust
- Not due to individual choice, i.e. outside one's control
- Systematic
- Avoidable or potentially remediable
- Occur between the socially advantaged and the socially disadvantaged

Alignment to address health equity - Global

World Health Organization

Closing the gap in a generation

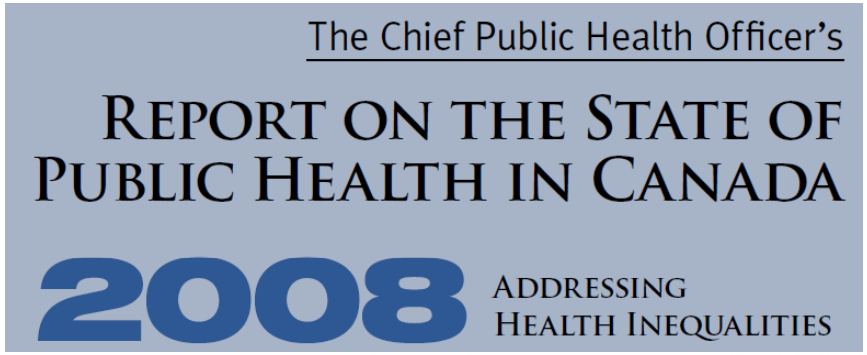
Health equity through action on the social determinants of health

A new global agenda for health equity:

"Reducing health inequities is, for the Commission on Social Determinants of Health, an ethical imperative. Social injustice is killing people on a grand scale."

WHO. Final Report of the Commission on Social Determinants of Health. 2008

Alignment to address health equity - National



"I have chosen to focus this report on gaining a better understanding of these inequalities, and on how we might reduce them. The reason for this choice is simple: I would argue that a society is only as healthy as the least healthy among us."

http://www.phac-aspc.gc.ca/publicat/2008/cpho-aspc/pdf/cpho-report-eng.pdf

Alignment to address health equity - Provincial

"Addressing determinants of health and reducing health inequities are fundamental to the work of public health in Ontario."

"The board of health shall use population health, determinants of health and **health inequities** information to assess the needs of the local population, including identification of **populations at risk**, to determine those groups that would benefit most from public health programs and services."

http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/pdfs/ophs_2008.pdf

Alignment to address health equity - OAHPP

OAHPP: Legislated Objects

To provide scientific and technical support to the health care system and the Government of Ontario in order to protect and promote the health of Ontarians **and reduce health inequities**

OAHPP Commitment to Equity

- **As stated in its founding legislation,**

  Object (a) of the OAHPP is to provide scientific and technical advice and support to the health care system and the Government of Ontario in order to protect and promote the health of Ontarians **and reduce health inequities**.

- **In the 2010-2013 Strategic Plan,**

  OAHPP committed to **developing and applying a population health equity lens** in assessing its activities and setting priorities and to support better decisions and better actions by its partners.

Applying a population health equity lens

Our legislation (Purpose in OAHPP Act) speaks to our role in providing scientific and technical advice and support to the health-care system and the Government of Ontario to protect and promote the health of Ontarians and reduce health inequities. "Health inequities are differences in health which are not only unnecessary and avoidable, but in addition, are considered unfair and unjust" (Whitehead 1992). We recognize that in Ontario, poor health is much more common among Ontario residents with low incomes and among Aboriginal Peoples. We also recognize that many of the causal mechanisms of poor health in these populations relate to social and environmental determinants including income and social status, gender, education and the state of the physical environment, including housing.

Globally and within Canada, key reports are strengthening action toward the goal of reducing health inequities. Within the province, the Ontario Public Health Foundational Standards speak to the requirement that boards of health provide population health information including determinants of health and health inequities to the public, community partners, and health-care providers. Furthermore, the Population Health Surveillance and Assessment protocol states in its preamble that the protocol is intended to contribute to the maintenance and improvement of the health and well-being of the population, including the reduction of health inequities. This protocol requires boards of health to consider the determinants of health when identifying priority populations and using population health data and information to focus public health action.

Within OAHPP, we have chosen to address our role in reducing health inequities through the development and application of a population health equity lens. Practically speaking, this means that in assessing our activities and setting priorities, we will pay specific attention to population groups that are at higher risk or share an unusual burden of illness or risk factors. Working with partners, we will ensure that our activities include priority work that addresses the health protection and promotion needs of these diverse populations. Also, where we provide practice and policy advice regarding evidence-informed public health interventions to support better decisions and better actions by our partners, we will also apply our population health equity lens to ensure that we have considered the need for targeted sub-population programming, combined with universal programs that benefit all Ontarians.

Population Health Equity Lens

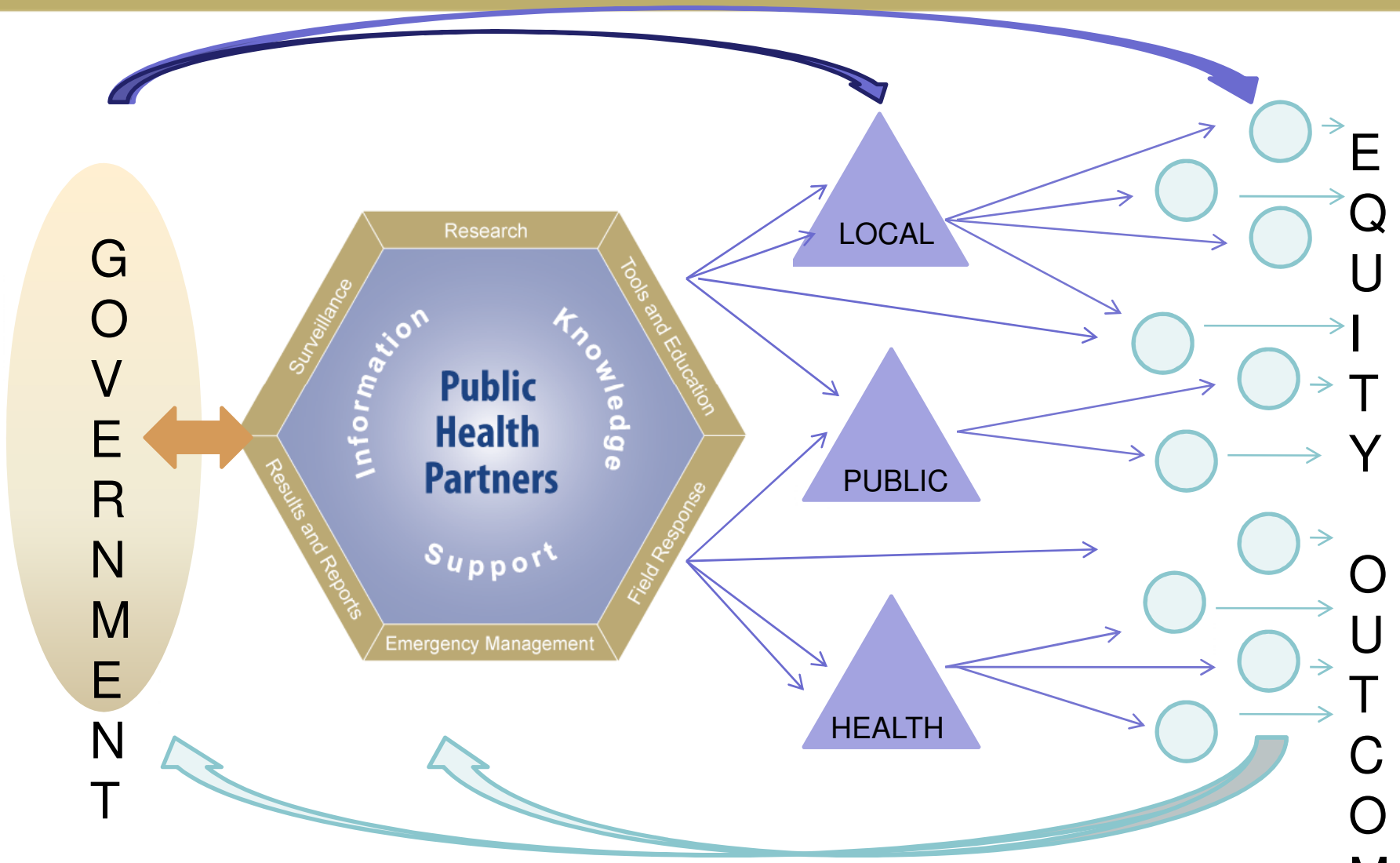
OAHPP 2010-2013 Strategic Plan

- In assessing our activities and setting priorities we will pay specific attention to population groups that are at a higher risk or share an unusual burden of risk factors
- Working with partners we will ensure that our activities include priority work that addresses health protection and promotion needs of these diverse populations
- Where we provide practice and policy advice regarding evidence informed public health interventions we will ensure that we have considered the need for targeted sub-population programming combined with universal programs that benefit all Ontarians

What is an Equity Lens?

- An equity lens refers to 'a **metaphorical pair of glasses** that ensures people ask '**who will benefit**?' [1]
- An **equity lens can raise awareness** and consideration of equity issues in service planning and delivery.[2]
- There is **no one definition** or methodology for applying an equity lens.
- There appears to be consensus that an equity lens should be applied **throughout the policy or program development cycle** to ensure that the proposal was developed, implemented and evaluated taking due account of equity.
- Most equity lenses consist of **3-5 questions**, some include as many as 20 questions

1. Signal, L. (2002) *Tackling inequalities through health promotion action. Health Promotion Forum* of New Zealand Newsletter 56 10
2. Gardner, B. Health Equity Impact Assessment: Potential for LHINs. Presented October 19th, 2009



Developing an Equity Lens for OAHPP: Methods

- Librarian-Assisted Literature Search
- Environmental Scan and Librarian-Assisted Web Search
- Key Informant Interviews
- Identification and Assessment of Key Equity Planning Tools
- Compilation and Modification of OAHPP-relevant Equity Tool Components

Equity-focused Planning Tools Considered

Criteria #1-

- Tools which are most commonly used/described/evaluated:
  - Mahoney M. Simpson S, Harris E, Aldrich R, Stewart Williams J .(2004). **Equity Focused Health Impact Assessment Framework**, the Australasian Collaboration for Health Equity Impact Assessment
  - Signal L, Martin J, Cram F, Robson B. (2008). **Health Equity Assessment Tool (HEAT): A Users Guide** . Wellington: Ministry of Health ; New Zealand
  - Hamer L, Jacobson B, Flowers J, Johnstone F. (2003) **Health Equity Audit Made Simple: A briefing for Primary Care Trusts and Local Strategic partnerships.** Health Development Agency, National Health Service

Criteria #2-

- Tools that are Ontario or Canada based:
  - Mihevc J. (2006). **Utilization of an equity lens and an equity impact statement**, Roundtable on Access, Equity and Human Rights, Policy and Finance Committee, City of Toronto.
  - Patuchuck D and Seskar-Hencic D. (2008). **First Steps to Equity. Ideas and Strategies for Health Equity in Ontario 2008-2010.** Toronto
  - MOHTLC/Toronto Central LHIN. (2009). **Health Equity Impact Assessment Tool and Workbook**.
  - **Ottawa Equity Gauge -** Tugwell P, de Savigny D, Hawker G, Robinson V. Equity-effectiveness loop: working against the odds: the application of clinical epidemiologic methods to health equity. BMJ 2005;332:358-61
  - T. Hancock . (2008). **Interior Health's Health Equity Assessment Tool.** Health Equity: Introduction and Overview Presentation

Criteria #3-

- Tools that have been highly recommended:
  - **Whanu Ora Health Impact Assessment** (2008). Wellington: Ministry of Health; New Zealand
  - **Health Inequalities Impact Assessment** (aka Bro Taf Guidelines) (2004). National Public Health Service for Wales

OAHPP Equity Lens

Issue Under Consideration:_____

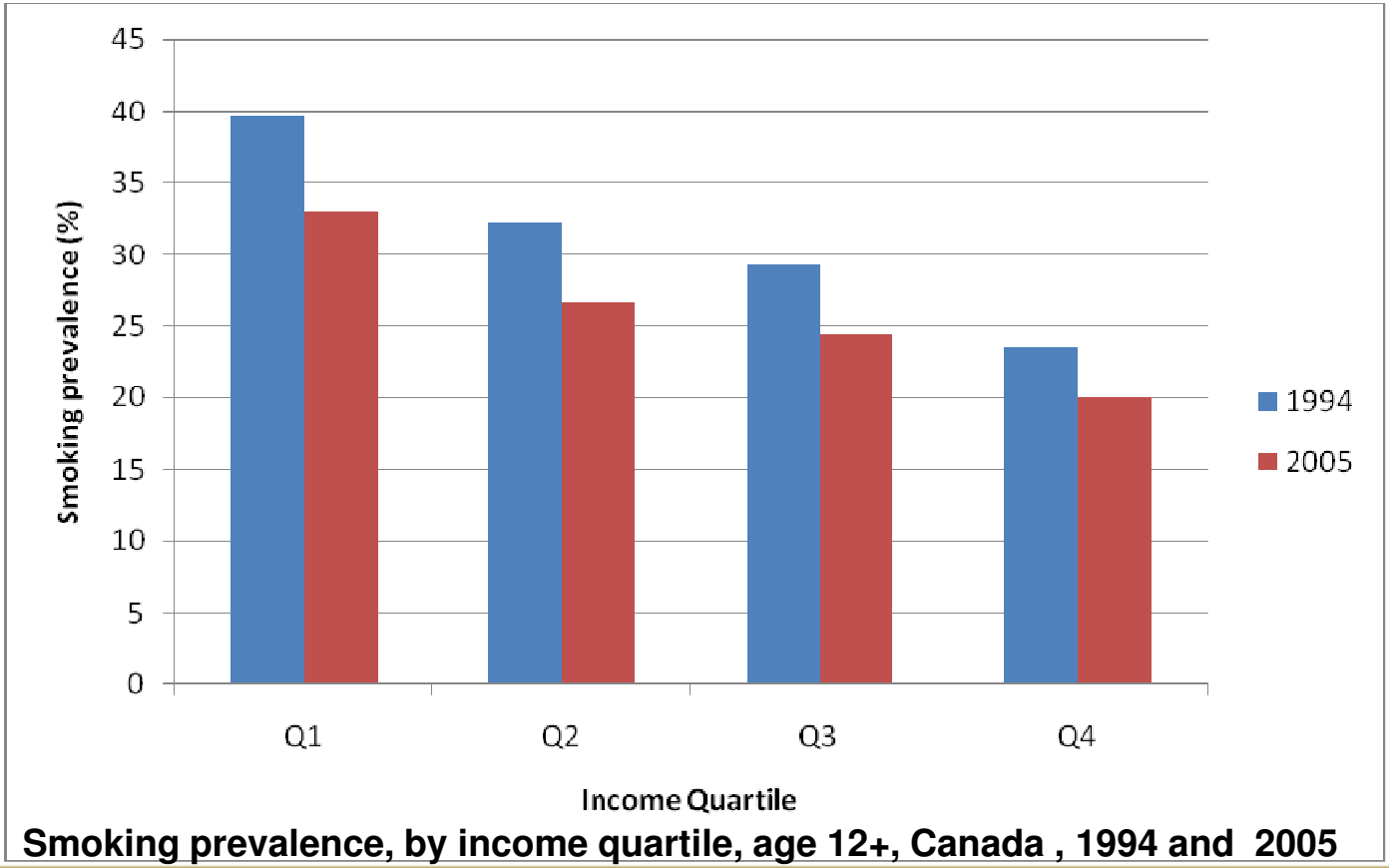
OAHPP Product	Step 1: Identify population groups and assess inequities which can occur between the advantaged and disadvantaged within these groups, in relation to the scientific/technical issue being addressed	STEP 2: Identify effective interventions to reduce inequities and ensure these considerations have been incorporated	STEP 3: Based on the work above, identify further research/data needs/policy modifications necessary to increase equities as a result of this work
EXTERNAL PRODUCTS			
Written Reports			
Educational Programming			
Communication			
Research Proposal			
INTERNAL PROCESSES			
Policy/Procedure			

Piloting the use of the Equity Lens

Scientific Advice on Tobacco Control:

- At the request of MHP, OAHPP convened a scientific advisory committee (SFO-SAC) to provide scientific advice to the renewal of Ontario's Comprehensive Tobacco Control Strategy.
- A strong voice from scientists and stakeholders called for incorporating considerations of equity into the strategy renewal
- This gave the OAHPP an opportunity to trial the Equity Lens

Step One: Identify population groups and assess inequities that can occur between socially advantaged and other population groups



Smoking prevalence, by income quartile, age 12+, Canada , 1994 and 2005

Step One: Identify population groups and assess inequities that can occur between socially advantaged and other population groups

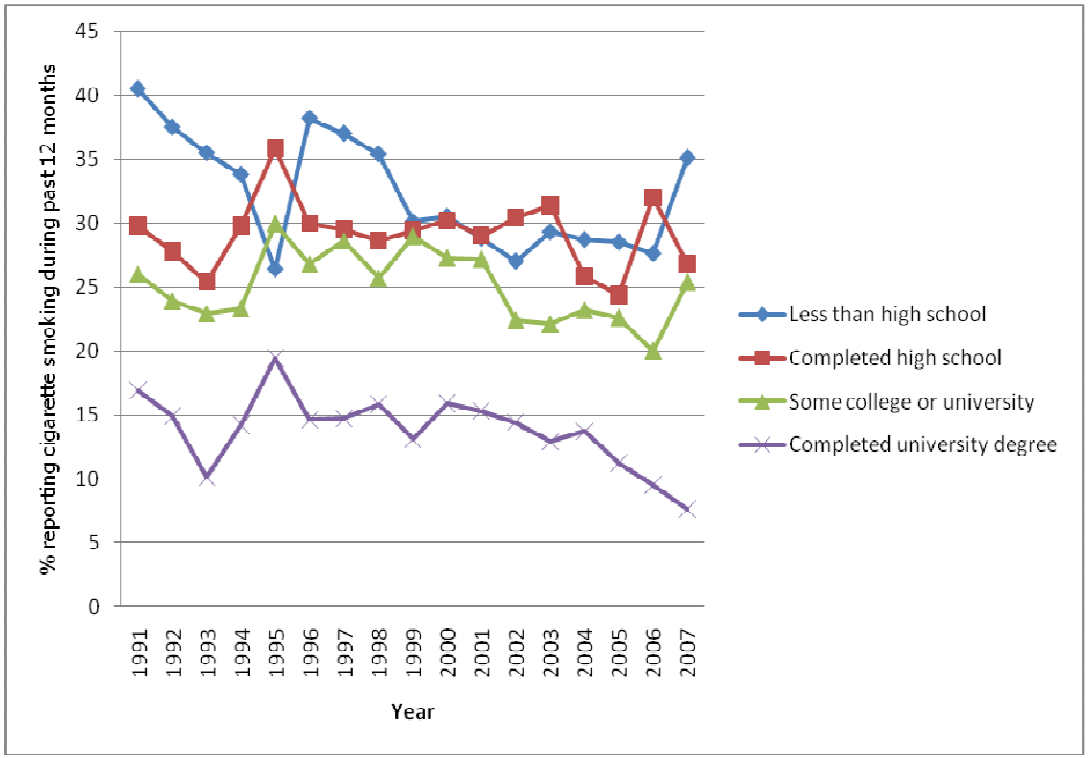
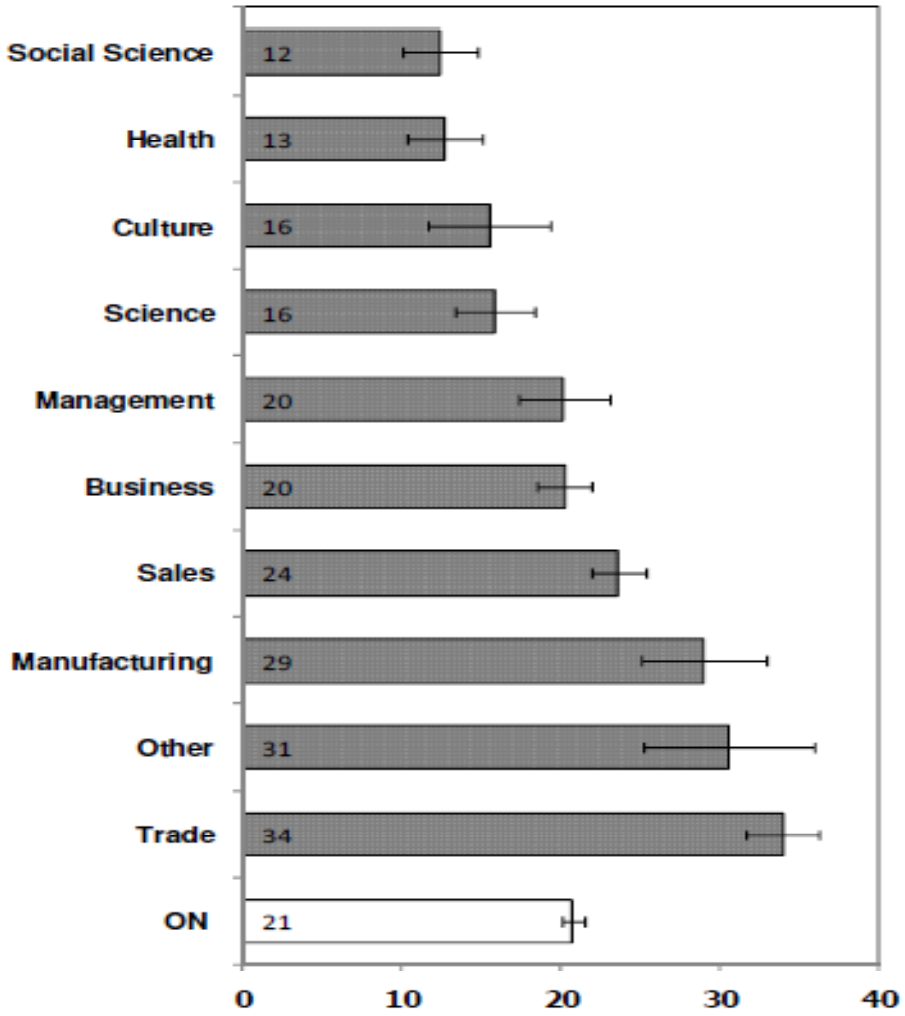


FIGURE 1.2 CURRENT SMOKING PREVALENCE BY EDUCATIONAL ATTAINMENT, AGE 18+, ONTARIO, 1991-2007 (78)



Note: Horizontal lines represent 95% confidence intervals.
Source: CCHS 2007–2008

Step 2: Identify effective interventions to reduce inequities

- Ensure that **equity is incorporated as a core element** of the Ontario CTC strategy.
  - "**Levelling up**" by recommending targets which increase the proportion of *nonsmokers* in systematically disadvantaged groups.
- **Consider and include** members of communities at greatest risk of tobacco-related burden of illness and socioeconomic disadvantage in the conceptualization, design and implementation of CTC interventions in their communities.
- Reduce smoking prevalence in **low income groups by addressing price (**increase taxes and address contraband) – Good evidence!
- Allocate taxation revenue towards interventions which **optimally benefit high risk groups**.
- Reduce **industry impact on susceptible populations**

Step 2: Identify effective interventions to reduce inequities

- Protect those who are both **vulnerable and unable to protect themselves** by expansion of smoke-free spaces
- Increase **access to cessation services** by creating broad reach low barrier approaches to cessation support including direct-to-smoker supports.
- Reduce **financial and other barriers** to cessation supports:
  - Free direct-to-tobacco user smoking cessation medication; free NRT through Ontario Drug Benefit,
  - In combination with behavioural support: appropriate mix of intensities; necessary mix of access means
- Meet the specific **needs of higher risk populations**
  - Universal and varied cessation interventions.

Step 3: Identify further data, research, policy needs

- Ensure that **monitoring and surveillance** systems, and **evaluation** of policies and services are set up.
- **Capture the differential impact** of tobacco use and comprehensive tobacco control interventions on higher-risk populations.

Next Steps: OAHPP Equity Lens and Framework

- **Within the OAHPP**
  - Pilot, implement, and integrate use of Equity lens tool at OAHPP
    - HPV vaccine (collaboration with S. Deeks)
    - Childhood healthy weight surveillance (collaboration with AIPHa)
- **Reaching out in partnership**
  - Modify or expand the tool for use by partners, including support to local public health units as necessary
- **Develop overall equity framework within OAHPP** in collaboration with interested partners

Future developments re: OAHPP role in reducing health inequities

- **Research and support to the identification of measures and evaluation**
  - Comparative review of deprivation indices across Canada and selected international experience to inform future application in Ontario, potential measures and data sources
- **Intervention research in collaboration with partners**

Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé

World Health Organization Framework for action on social determinants of health inequities

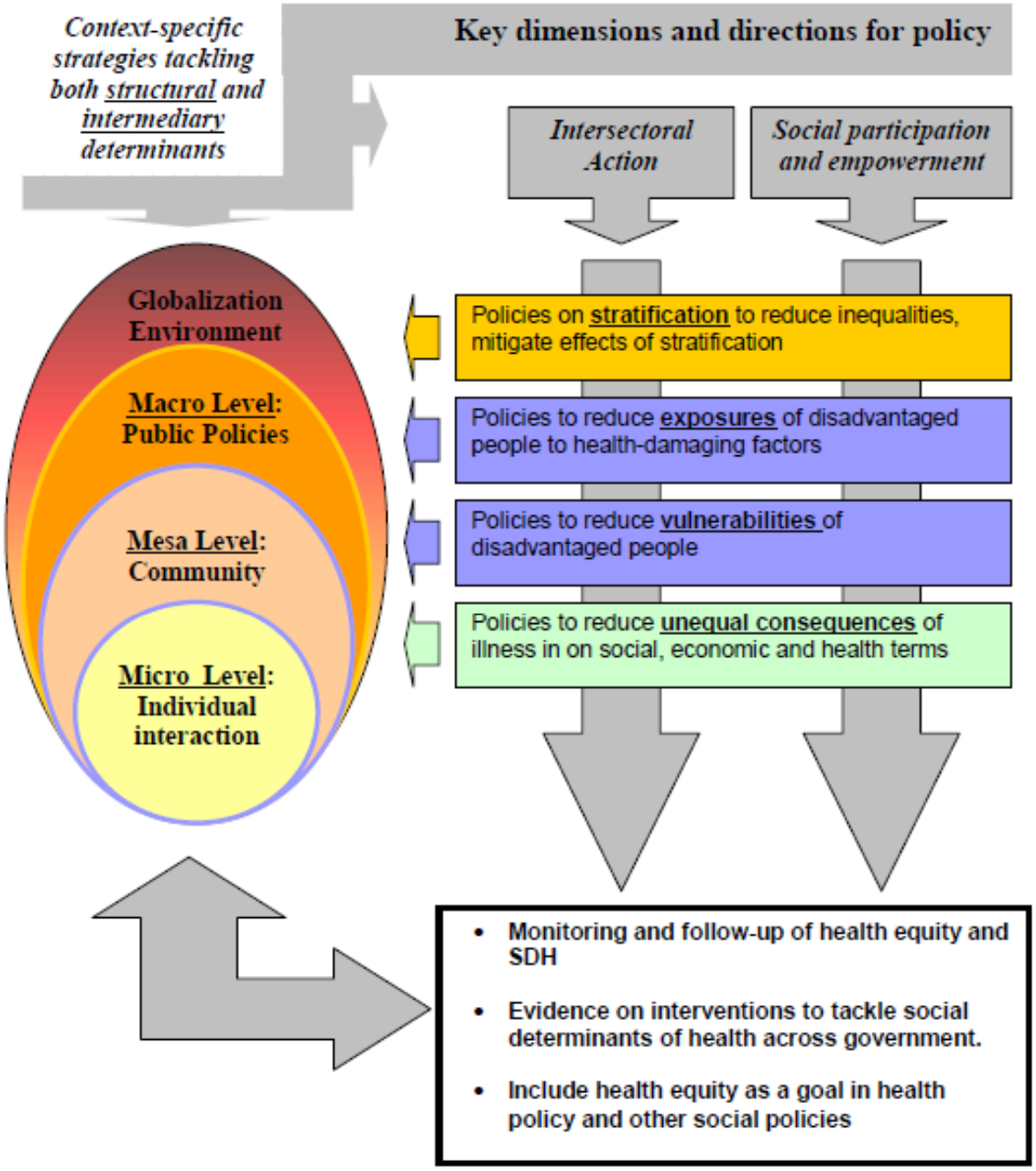


Figure: Framework for action on tackling social determinants of health inequities
Elaborated by EQH/EIP 2006 (OPSH)

Concrete examples of social determinants of health interventions organized according to the framework for action:

Level of entry point	Stategies	
	Universal	Selective
Policies on **stratification** to reduce inequalities and mitigate effects of stratification.	1. Active policies reduce income inequality through taxes and subsidized public services. 2. Free government service such as health, education and public transport. 3. Labor market policies : secure jobs with adequate pay, and labour intensive growth strategies 4. Policies and mechanism of redistribution and allocation resources in care and other social sector. 5. Promove equal opportunity for women and gender 6. Promove development and strengthening of social movement of such autonomy .	1. Social segurity for disadvantaged people in particular . 2. Child welfare Early childhood development programmes, including the provision of nutritional supplements, regular monitoring by health staff and cognitive development for children of pre-primary school age;. To promote preschool\ development
Policies to reduce **exposures** to health-damaging factors of disadvantaged people in particular.	1. Neigboorhood physical and social environmental healthy and safee.g service basic access 2. Living physical and social environmental healthy and safe ; water and sanitation 3. Working physical and social enviromental healthy and safe. 4. Health Promotion and lifestyle healthy e.g. smoking, alcohol, other.	1. Policies about heating and cooking fuel for disadvantaged people in particular. 2. Housing policies subsidized for disadventage people
Policies to reduce **vulnerabilities** of disadvantaged people in particular.	1. Social segurity for unemeployment. 2. Protection mother alone for access work and education ; 3. Social segurity for older and discapacity people 4. Policies for developlemte social network in community.	1. Extra support to student from less privileged families and in the transition from school to work. 2. Free healthy school lunches. 3. Additional access and support to preventive activities. 4. Active policies through cash benefits or transfer
Policies to reduce **unequal consequences** on social, economic and ill-health over disadvantaged people in particular.	1. Equitable health care financing and protection from impoverishing arising from catastrophic illness 2. To maintain people with chronic illness within the workforce. 3. Active labour policies for discapacity people. 4. Social proteccion and earning in illness and injury.	1. Additional care and support to disadvantaged patient 2. Additional resources of rehabilitation programs for to disadvantaged people.

Collaboration and discussion between RNAO Members and OAHPP

How would the RNAO like to become involved?