

“...and reduce health inequities”

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Reducing Health Inequities: International and National Context

World Health Organization

Closing the gap in a generation: Health Equity Through Action on the Social Determinants of Health, 2008 Report recommended principles of action to help achieve the objective of “addressing the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.”

1. **Improve the conditions of daily life**
2. **Tackle the inequitable distribution of power, money, and resources**
3. **Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness**

Public Health Agency of Canada

The State of Public Health in Canada: Helping Canadians Achieve the Best Health Possible, 2008, indicates the following priority areas to make a difference in reducing health inequalities:

1. **Social investments**, especially for families with children living in poverty and in early child development programs.
2. **Community capacity**, better defined stakeholder roles and increased measuring of outcomes.
3. **Inter-sectoral action** through integrated, coherent policies and joint actions among parties within and outside the formal health sector at all levels.
4. **Knowledge development** of how socio-economic factors interact to create health inequalities, how best practices from other jurisdictions can be adapted to improve efforts.
5. **Leadership** at the public health, health and cross-sectoral levels.

Reducing Health Inequities: 2008 Ontario Public Health Standards

- The scope of the Ontario Public Health Standards 2008 includes a broad range of population-based activities designed to promote the health of the population as a whole, and with community partners to reduce health inequities.
- Addressing determinants of health and reducing health inequities are fundamental to the work of public health in Ontario. Effective public health programs and services consider the impact of the determinants of health on the achievement of intended health outcomes.
- Through the Foundational Standard, priority populations are to be identified by surveillance, epidemiological, or other research studies.
 - *#3. 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.*
- In addition, boards of health are required to meet the needs of those priority populations through delivery of focused interventions that are measurable.
 - *#4. The board of health shall **tailor public health programs and services** to meet local population health needs, including **those of priority populations** to the extent possible based on available resources.*
 - *#11. the board of health shall **routinely monitor program activities and outcomes** to assess and improve the implementation and effectiveness of programs and services, including collection, analysis and periodic reporting of indicators related to inputs, resources, implementation processes, reach , output and outcomes.*
- Boards are required to publicly report on health inequities
 - *The board of health shall **provide population health information, including determinants of health and health inequities** to the public, community partners, and health care providers, in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).*

Ontario Agency of Health Protection and Promotion

Vision

We will be an internationally recognized center of expertise dedicated to the protection and promotion of the health of Ontarians through the application and advancement of science and knowledge

Mission

We are accountable to support health care providers, the public health system and partner ministries in making informed choices and taking informed action to improve the health and security of all Ontarians through transparent and timely provision of credible scientific advice and practical tools

Mandate

To provide scientific and technical advice for those working to protect and promote the health of Ontarians.

Values

- Credible
- Responsive
- Relevant
- Innovative
- Collaborative
- Balanced

Reducing Health Inequities: Ontario Agency for Health Protection and Promotion

Legislated Objects of OAHPP

(a) 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***;

* "Health inequities are differences in health which are not only unnecessary and avoidable, but in addition, are considered unfair and unjust."
(Whitehead, 1992)

OAHPP Strategic Framework



Reducing Health Inequities: Relationship between OPHS and OAHPP

DESCRIPTION

#3. 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.

INTERVENTION

#4. The board of health shall **tailor public health programs and services** to meet local population health needs, including **those of priority populations** to the extent possible based on available resources.



EVALUATION

#11. the board of health shall **routinely monitor program activities and outcomes** to assess and improve the implementation and effectiveness of programs and services, including collection, analysis and periodic reporting of indicators related to inputs, resources, implementation processes, reach, output and outcomes.

REPORTING: The board of health shall **provide population health information, including determinants of health and health inequities** to the public, community partners, and health care providers, in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).

Reducing Health Inequities: What can OAHPP do?



Reducing Health Inequities: What can OAHPP do?

Work with Partners to Develop an Ontario Research Agenda in Health Inequities

- Understanding causation
- Intervention research and evaluation
- Policy analysis
- Measurement & monitoring.

Develop & Support the Application of Health Equity Lens by PHUs (and others)

Recognizes the significance of social and economic determinants of health and incorporates a consideration of these into daily work.

Provide Workshops, Training, and Professional Development Opportunities

For policy-makers, public health unit practitioners, medical and health practitioners, and others (eg., urban planners), as well as increasing the public's understanding of social determinants of health (eg., Sheela Basrur Centre)

Interventions: Provide scientific input, including practice-based input to identifying and evaluating interventions both at the program and policy levels.

Target Setting: Providing scientific input to target setting (eg., closing the gap in LEB, PYLL, infant mortality rates, LBW, CD and injury rates between high risk and other populations).



Health Equity Impact Assessment (HEIA)

Provide opportunities and means for intersectoral collaboration to address social and economic determinants of health, encourage poverty reduction and sustainable development by providing technical support in HEIA (including gender).

Data Collection and Analysis

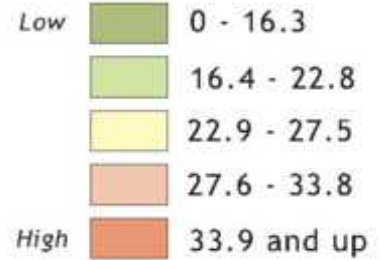
Develop systems for collection, collation and analysis of disaggregated data, including social and economic data relevant to health (by sex, age, ethnicity, income, and health conditions such as disease or disability).

Reporting

- Develop a Health Inequities Report Card
- Support public reporting by PHUs and at the Provincial level

At Risk on Any Scale

Percentage of Children Vulnerable, Wave 2



Totals: 6 ▽ 27▲



Least Vulnerable

- 12.0 Revelstoke
- 18.9 West Vancouver
- 19.0 Arrow Lakes
- 19.5 Boundary
- 20.5 Gulf Islands

Most Vulnerable

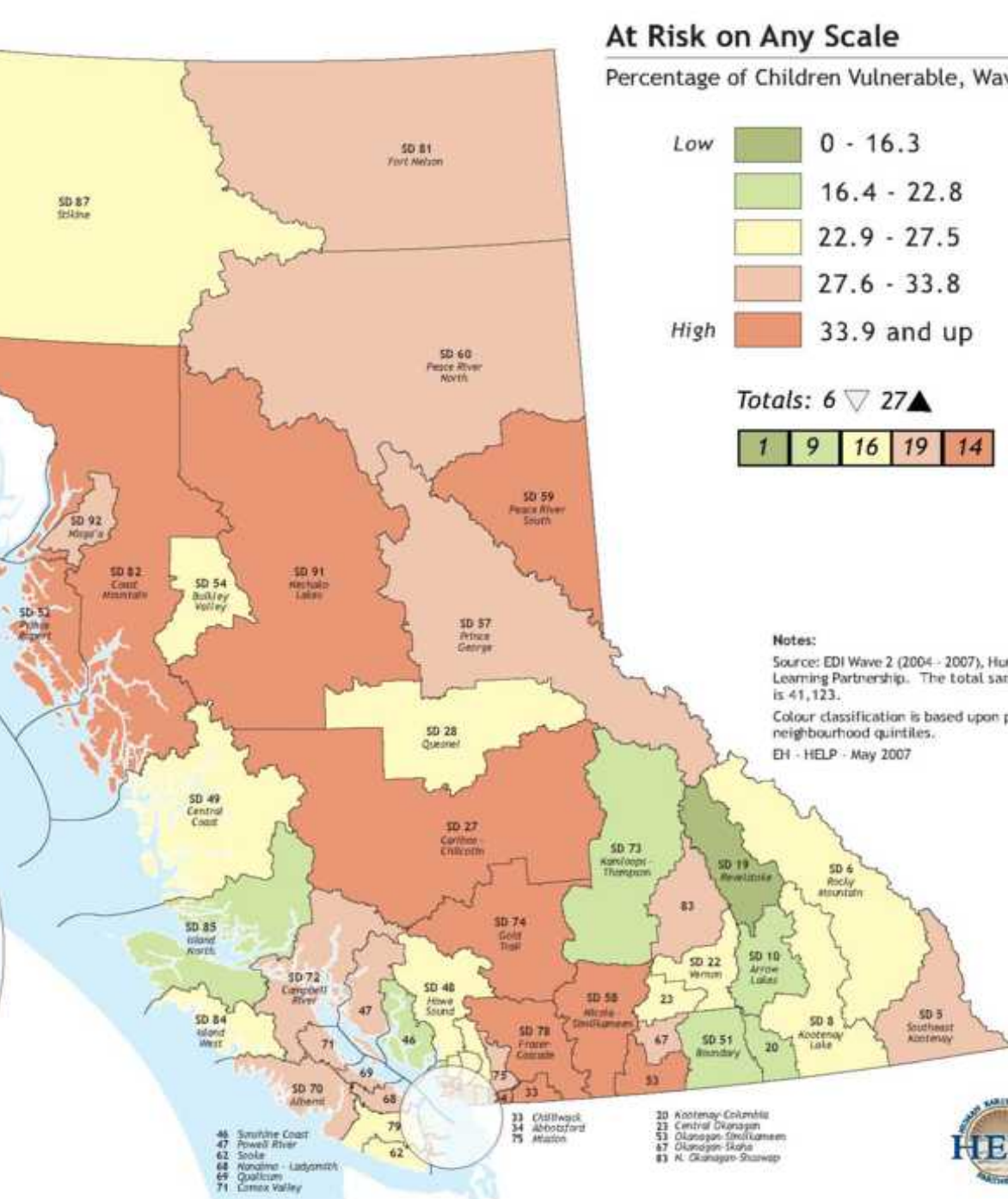
- 38.8 Nechako Lakes
- 40.9 Saanich
- 48.7 Prince Rupert
- 51.9 Haida Gwaii
- 54.1 Gold Trail

Notes:

Source: EDI Wave 2 (2004 - 2007), Human Early Learning Partnership. The total sample size is 41,123.

Colour classification is based upon provincial neighbourhood quintiles.

EH - HELP - May 2007



Next Steps

- In your opinion, how does OAHPP add the most value to reducing health inequities in Ontario?

“Health and health equity may not be the aim of all social policies but they will be a fundamental result.”
- *Closing the Gap in a Generation: Commission on Social Determinants of Health, World Health Organization, 2008*