10 Promising Practices
to reduce social inequities in health:
What does the evidence tell us?

Promising Practice #1: Targeting With Universalism

Every citizen deserves the opportunity to be healthy and to practise healthy behaviours. Thus, health promotion and protection programs and services endeavour to ensure that everyone has access to programs and services. Services designed for general access—by everyone, in the same way—constitute a universal approach.

However, evidence shows that individuals who benefit most from "universal" health programs and services are often those who have more money, more time, more social support, higher literacy, and better preceding health. In some cases, universal programs may increase health inequities such that the health of those who are socially advantaged improves more than the health of those who are socially disadvantaged. In their *Levelling up* discussion papers, Dahlgren and Whitehead explain that a "levelling-up" approach is necessary to disproportionately improve the health of more disadvantaged groups while at the same time improving the health of the entire population.[1, 2]

Targeting within universal programming can be focused on priority populations within a universal strategy. For example, universal interventions can be adjusted to increase accessibility for certain groups, or specific strategies can be developed to address inequalities in the social determinants of health. This fine tuning of programs increases the likelihood that those who are at greater risk of adverse health receive the greatest benefit. As a result, the health of the entire population improves, but the health of priority populations improves faster—reducing health inequities.

The **"10 Promising Practices"** to Reduce Social Inequities in Health at the Local Public Health Level

1. **Targeting With Universalism**
2. Purposeful Reporting
3. Social Marketing
4. Health Equity Target Setting
5. Equity-Focused Health Impact Assessment
6. Competencies/Organizational Standards
7. Contribution to Evidence Base
8. Early Childhood Development
9. Community Engagement
10. Intersectoral Action

As part of a Canadian Health Services Research Foundation Fellowship (Executive Training in Research Application – EXTRA), the Sudbury & District Health Unit conducted a review and analysis of the literature for practices to reduce social inequities in health. These fact sheets present the 10 practices, relevant at the local public health level, that were found to be "promising" in their potential to "level-up" and reduce health inequities.

The complete EXTRA Fellowship reports are available at www.sdhu.com.

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Practice #1 example: Sudbury & District Health Unit School Health Programming

The School Health Promotion Team at the Sudbury & District Health Unit (SDHU) has adopted a new approach to working with area schools. Following recommendations from the EXTRA Research Fellowship, the team implemented a "targeted within universal approach" delivery model. Dahlgren and Whitehead [1, 2] describe the need to improve disproportionately the health of more disadvantaged groups through targeting, while at the same time improving the health of the entire population. In partnership and consultation with local school boards, select schools now receive an intensive level of tailored public health programs beyond the universal programs and services offered to all schools. This programming includes the "*Can You Feel It*?" youth engagement program. The program provides students with skill building opportunities and supportive relationships with peers, school staff, families, and community agencies through extra-curricular networks and activities. The program builds student resilience by focusing on their inherent strengths and resources.

What helps me apply *targeting with universalism* in practice?

- skills and competencies in population health assessment and surveillance
- expertise in social marketing methods that enable better understanding of the needs and motivators of priority populations

What makes *targeting with universalism* challenging?

- accurately identifying priority populations
- engaging priority populations in targeted programs and services
- establishing broad community support for targeted programs
- needing to balance time and resources between targeted and universal programs

Useful Links

Concepts and Principles for Tackling Social Inequities in Health: Levelling Up Part 1. Margaret Whitehead and Göran Dahlgren. 2006

The Inequality Paradox: The Population Approach and Vulnerable Populations. Katherine L. Frolich and Louise Potvin. 2008

Can You Feel It? Sudbury & District Health Unit School Program Resources

Priority Populations Primer. Sudbury & District Health Unit. 2009

To learn more about health equity and ways we can all help reduce social inequities in health:

Contact:
Stephanie Lefebvre, Health Equity Office
lefebvres@sdhu.com
705.522.9200, ext. 277
Visit: www.sdhu.com
Watch our video: *Let's Start a Conversation About Health . . . and Not Talk About Health Care at All* at *http://www.sdhu.com/videos/HealthEquity/index.html*

Sudbury & District Health Unit
Service de santé publique

References
10 Promising Practices

Promising Practice #1: Targeting With Universalism

1. Whitehead M, Dahlgren G. Concepts and principles for tackling social inequities in health: Levelling up part 1. World Health Organization; 2006.
2. Dahlgren G, Whitehead M. European strategies for tackling social inequalities in health: Levelling up part 2. University of Liverpool: WHO Collaborating Centre for Policy Research on Social Determinants of Health; 2006.

Promising Practice #2: Purposeful Reporting

1. Kelly M, Morgan A, Bonnefoy J, Butt J, Bergman V. The social determinants of health: Developing an evidence base for political action. Measurement and Evidence Knowledge Network, WHO Commission on Social Determinants of Health; October 2007.
2. WHO Commission on Social Determinants of Health. Closing the gap in a generation: Health equity through action on the social determinants of health: Final report of the Commission on Social Determinants of Health. Geneva: World Health Organization; 2008.
3. Pampalon, R., Hamel, D., Gamache, P., Raymond, G. A deprivation index for health planning in Canada. Chronic Diseases 2009;29(4):178-191.

Promising Practice #3: Social Marketing

1. Farr M, Wardlaw J, Jones C. Tackling health inequalities using geodemographics: A social marketing approach. International Journal of Market Research 2008;50(4):449.
2. Grier S, Bryant CA. Social marketing in public health. Annual Review of Public Health 2005;26:319-39.

Promising Practice #4: Health Equity Target Setting

1. Bull J, Hamer L. Closing the gap: Setting local targets to reduce health inequalities. Health Development Agency; 2007.
2. Public Health Agency of Canada, World Health Organization. Health equity through intersectoral action: An analysis of 18 country case studies. Canada: World Health Organization; 2008.
3. Saskatoon Regional Intersectoral Committee. Follow-up to policy or initiative options in the Health Disparity in Saskatoon Report: Recommendations for action in our community – working document. Saskatoon Regional Intersectoral Committee; 2009.

Promising Practice #5: Equity-Focused Health Impact Assessment

1. Taylor L, Quigley RJ. Health impact assessment: A review of reviews. Health Development Agency; October 2002.
2. Taylor L, Gowman N, Quigley R. Addressing inequalities through health impact assessment. Health Development Agency; 2003.
3. Kemm J. Health impact assessment and health in all policies. In: M. Stahl, M. Wismar, E. Ollila, E. Lahtinen, K. Leppo, editors. Health in all policies: Prospects and potentials. Finland: Ministry of Social Affairs and Health, Finland; 2006.