Promising Practice #2: Purposeful Reporting

The World Health Organization, among others, identifies the importance of reporting purposefully on the relationship between health and social inequities in all health status reports. The WHO document *The Social Determinants of Health: Developing an evidence base for political action* highlights the link between sharing knowledge of health inequities and political action¹. Similarly, *Closing the Gap in a Generation*², notes that “ensuring that health inequity is measured . . . is a vital platform for action” (p. 2). Thus, intentional and public presentation of evidence about health inequities can be part of a broad strategy for change.

Stratifying data by socioeconomic status (SES), rather than controlling for the effect of SES as many analyses do, is one approach to highlight inequities. Through stratification, the effect of income on health status becomes apparent. Similar analyses could be undertaken for links between health and unemployment, social exclusion, education, deprivation, and other variables.

An additional benefit to reporting in a way that presents, rather than masks, the effect of social inequities in health, is that evidence of progress, or lack thereof, can be revealed and can guide future interventions.

---

¹.  Targeting With Universalism
².  Purposeful Reporting
---

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](http://www.sdhu.com).
Practice #2 example: Using a deprivation index to report on community health outcomes

Using a deprivation index developed by the Institut national de santé publique du Québec (INSPQ), the Sudbury & District Health Unit is analysing the relationships between the level of “deprivation” existing in Greater Sudbury neighbourhoods and several commonly reported health outcomes. The INSPQ deprivation index divides socio-economic status into two components, material and social, which together form the deprivation scores for given geographic areas. Reporting health data in this way has highlighted that, among other measures of overall health, more deprived areas suffer higher rates of premature death, hospitalizations and emergency room visits.

Deprivation indices are one tool that health units can use to examine the links between socio-economic status and health outcomes in their communities. In the Sudbury & District Health Unit area, strategic reporting of this information to community leaders and decision makers has prompted both dialogue and action to address health inequities, including two pilots of Equity-focused Health Impact Assessment with community agencies.

What helps me apply purposeful reporting in practice?

• skills and competencies in population health assessment and surveillance
• partnerships with agencies outside of the health sector to increase access to relevant local data
• opportunities for all public health staff to incorporate some level of purposeful reporting in their daily work, (interactions with partners, media, colleagues), by highlighting inequities when they exist

What makes purposeful reporting challenging?

• reduced sample sizes that result from stratifying data by social and economic variables
• limited data availability for certain geographic areas
• potential to stigmatize geographic areas or groups by reporting negative health outcomes

Useful Links


The Unequal City: Income and Health Inequalities in Toronto. Toronto Public Health. 2008

Ontario Public Health Standards, 2008: Population Health Assessment and Surveillance Protocol

Priority Populations Primer. Sudbury & District Health Unit. 2009

Exploring Urban Environments and Inequalities in Health: Greater Sudbury Census Metropolitan Area. Canadian Institute for Health Information. 2010

A Deprivation Index for Health Planning in Canada. R. Pampalon et al. 2009
References
10 Promising Practices

Promising Practice #1: Targeting With Universalism

Promising Practice #2: Purposeful Reporting

Promising Practice #3: Social Marketing

Promising Practice #4: Health Equity Target Setting
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
Promising Practice #6: Competencies/Organizational Standards


Promising Practice #7: Contribution to the Evidence Base

• no references

Promising Practice #8: Early Childhood Development


Promising Practice #9: Community Engagement


Promising Practice #10: Intersectoral Action

• no references

For an accessible version of this document, please visit: https://www.sdhu.com/health-topics-programs/health-equity/10-promising-practices-health-equity

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

Contact:

Information Resource Centre
Resources, Research, Evaluation and Development Division
Sudbury & District Health Unit
1300 Paris Street
Sudbury, ON P3E 3A3
705.522.9200, ext. 350
resourcecentre@sdhu.com

Visit: www.sdhu.com

Last updated: May 2012