

# 10 Promising Practices to reduce social inequities in health:

*What does the evidence tell us?*

## 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 action<sup>1</sup>. Similarly, *Closing the Gap in a Generation*<sup>2</sup>, 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.

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)<sup>3</sup>, 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

[First Steps to Equity: Ideas and Strategies for Health Equity in Ontario, 2008-2010.](#) Diane Patychuk and Daniela Seskar-Hencic. 2008

[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

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.

### Promising Practice #6: Competencies/Organizational Standards

1. Public Health Agency of Canada. Core competencies for public health in Canada: Release 1.0. Ottawa, ON: Public Health Agency of Canada; 2008.
2. Ministry of Health and Long-Term Care. (2008). Ontario Public Health Standards 2008. Toronto: Queen's Printer for Ontario.

### Promising Practice #7: Contribution to the Evidence Base

- no references

### Promising Practice #8: Early Childhood Development

1. CSDH. 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.
2. Irwin L, Siddiqi A, Hertzman C. Early child development: A powerful equalizer. World Health Organization's Commission on Social Determinants of Health; June 2007.
3. Pascal CE. With our future in mind: Implementing early learning in Ontario; 2009.
4. McCain MN, Mustard F. Reversing the brain drain: Early years study: Final report. Toronto: Ontario Children's Secretariat; 1999.

### Promising Practice #9: Community Engagement

1. 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.

### Promising Practice #10: Intersectoral Action

- no references

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