

10 Promising Practices to reduce social inequities in health:

What does the evidence tell us?

Promising Practice #3: Social Marketing

Social marketing is “the systematic application of marketing alongside other concepts and techniques, to achieve specific behavioural goals, for a social good”. (p. 451)¹ Social marketing involves defining and understanding target audiences so that interventions and health communications can be tailored to audience needs and preferences.

With the objective of reducing health inequities, social marketing interventions for local public health practice can create positive social change and improve the health of vulnerable populations by two approaches. The first tailors behaviour change interventions to more disadvantaged populations (with the goal of levelling-up). The second, less conventional approach, uses social marketing to change the understanding and ultimate behaviour of decision makers and the public to take or support action to improve the social determinants of health inequities.²

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.



Practice #3 example: Let's Start a Conversation About Health . . . (video and user guide)

Created in June 2011 by the Sudbury & District Health Unit (SDHU), ***Let's Start a Conversation About Health . . . and Not Talk About Health Care at All*** is a five-minute video highlighting that health is about much more than access to medical care. Along with its accompanying User Guide, the video highlights that everyone has different opportunities for health, largely influenced by their social and economic conditions. It describes actions that various non-health sectors can take and encourages everyone—teachers, builders, dads, nurses, business women, students, politicians—to start a conversation about health . . . and not talk about health care at all.

All SDHU staff have engaged in internal discussion sessions to build their own awareness and understanding of these tools and to explore ways to use them throughout our communities. The video has been shared widely among community decisions makers, agencies, and citizen groups and has sparked both conversation and action towards healthy public policy and the reduction of health inequities. Based on audience feedback and evaluations, the video has been adapted to reflect the diversity of languages, cultures, and literacy levels that make up our community.

What helps me apply social marketing in practice?

- relationships with diverse community stakeholders who can inform program and campaign development
- skills and competencies to conduct community needs assessment
- expertise in the principles and theory of behaviour change

What makes social marketing challenging?

- Time and resources are required to understand the audience needs, barriers, and motivations for behaviour change.
- Broad outreach to decision makers to support action to reduce health inequities often requires multiple approaches.
- Interventions that apply social marketing to reduce health inequities should be evaluated to contribute to the knowledge base of intervention research.

Useful Links

[The National Social Marketing Centre](#). United Kingdom

[Social Marketing Resources and Online Tools](#). Health Canada. 2011

[Community-Based Social Marketing: Fostering Sustainable Behavior](#)

[Social Marketing Wiki](#). An open resource of social marketing information

[Let's Start a Conversation About Health . . . and Not Talk About Health Care at All](#). Video & User Guide. Sudbury & District Health Unit. 2011

[Start a Conversation . . . Share What You Know](#). Poster campaign. Sudbury & District Health Unit. 2010

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

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:

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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>

