

# 10 Promising Practices to reduce social inequities in health:

*What does the evidence tell us?*

## Promising Practice #4: Health Equity Target Setting

As understood by the National Health Service (NHS) in the United Kingdom, “targets are a way of ensuring that resources and effort are directed at tackling health inequalities in an explicit and measurable way”. (p. 9)<sup>1</sup> Many countries have incorporated target setting into their intersectoral work on social inequities in health. However, as the World Health Organization highlights, the exact nature of the targets appears to be important, since some targets may be more enabling of progress than others.<sup>2</sup>

Although target setting is not universally supported in the literature, it appears to hold some promise as part of a strategy for reducing health inequities and may have a role at the local public health level. Examples of target setting suggest it is important to focus on targets in areas shown to be remediable, as opposed to setting lofty but perhaps unattainable targets. Target setting as part of a community engagement process with multiple sectors connects target setting to other identified aspects of health inequity practice.

### 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 #4 example: Priority setting for the Saskatoon Regional Intersectoral Committee

In 2008, the Saskatoon Health Region published the report, *Health Disparity in Saskatoon: Analysis to Intervention*. This work highlighted some stark health inequities experienced by Saskatoon residents and presented an analysis of community support for policy or initiative options aimed at reducing those inequities.

Informed by that report, the existing Saskatoon Regional Intersectoral Committee (SRIC) identified three priorities for its work: a community action plan for poverty reduction, sustainable housing, and employment for Aboriginal people. These priority action areas included consideration of specific targets such as “Aboriginal employment in the workforce should increase to 15% of full-time service jobs, 15% of management positions and 15% of professional workplaces within 10 years; or by 2017”. (p. 23)<sup>3</sup>

Supporting community accountability for the SRIC priorities and targets, they further recommended that there be “organizational sponsors for each of the options or initiatives responsible for seeing that actions are defined and implemented”.

### What helps me apply health equity target setting in practice?

- realistic and achievable targets
- involvement of diverse community sectors and stakeholders
- targets that include both process and outcome measures

### What makes health equity target setting challenging?

- establishing accountability among diverse stakeholders
- identifying clear and measurable indicators of success
- sustaining engagement of stakeholders to achieve long-term targets

### Useful Links

[Closing the gap: Setting Local Targets to Reduce Health Inequalities.](#) National Health Service, Health Development Agency. 2007

[Health Equity Discussion Paper for the Toronto Centre Local Health Integration Network.](#) Bob Gardner. 2008

[Healthy People 2020 Leading Health Indicators Framework.](#) U.S. Department of Health & Human Services. 2011

[From Poverty to Possibility . . . and Prosperity.](#) Saskatoon Poverty Reduction Partnership. 2011

[Healthy Lives, Healthy People: Improving Outcomes and Supporting Transparency.](#) Department of Health. 2012

**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](http://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.

