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) 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.

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.
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)³

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


*From Poverty to Possibility . . . and Prosperity*. Saskatoon Poverty Reduction Partnership. 2011

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:

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