



# 10 Promising Practices

## to reduce social inequities in health:

*What does the evidence tell us?*

### Promising Practice #5: Equity-Focused Health Impact Assessment

Health impact assessment (HIA) is a structured method to assess the potential health impacts of proposed policies and practices. HIA enables decision makers to highlight and enhance the positive elements of a proposal, and minimize the aspects that may result in negative health outcomes<sup>1</sup>. By evaluating a broad range of evidence, HIAs are a useful way to assess the impact of proposals (either policy or specific practice) at the general population level. However, they are also recognized as a promising method to address the underlying social and economic determinants of health and resulting health inequities<sup>2</sup>.

Equity-focused health impact assessment (EfHIA) specifically includes questions such as “Is this proposal likely to affect those who are already disadvantaged? Is it likely to impose new health burdens on specific groups? Is it likely to change exposure to, and/or distribution of, risk factors or specific determinants of health (for example, living conditions, access to services)?”<sup>2</sup> By applying an equity lens to HIAs, it becomes clear that virtually every policy has winners and losers—some groups benefiting more than others. With the goal of reducing social inequities in health, this knowledge can assist decision makers to minimize negative health outcomes, compensate those affected with other benefits, and ensure that those affected are not already disadvantaged<sup>3</sup>. Furthermore, increasing awareness of the determinants of social inequities in health among decision makers and other stakeholders has the potential of influencing both immediate and long-term policy decisions<sup>2, 3</sup>. Finally, a truly participatory approach to conducting EfHIAs can build the capacity of individuals and communities and foster social networks among diverse community members.

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 #5 example: Sudbury's Community Door Working Group, shared space concept

Sudbury's Community Door Working Group, including representatives from social services, mental health, business, and education, engaged the support of the Sudbury & District Health Unit to conduct an equity-focused health impact assessment of a proposed "shared space concept" within the City of Greater Sudbury. This model would bring together diverse non-profit service providers into one location to share services, reduce costs, and potentially serve clients better.

Over 50 diverse community stakeholders provided their perspectives on the potential impacts of the shared space model. This helped ensure that the needs of all members of our community were represented and explored. In addition, it guided further research and assessment conducted by Health Unit staff in collaboration with the Community Door Working Group.

The final report of this EfHIA included a summary of the most significant potential health impacts identified by community stakeholders, a brief review of the evidence related to those impacts and recommendations for the Community Door Working Group as they explore the implementation of the "shared space model".

### What helps me promote and conduct an equity-focused health impact assessment?

- public health skills and competencies in research and assessment
- expertise in the broad determinants of health including social and economic factors
- existing partnerships with diverse community partners and stakeholders

### What makes equity-focused health impact assessments challenging?

- EfHIAs can require a significant investment of time and resources.
- Multiple and diverse skills are involved in the process of EfHIAs including community engagement, assessment, and data analysis.
- Action on the results of EfHIAs is dependent on many factors including timing, political climate, and other emerging issues outside of the public health sector.

### Useful Links

[Health Impact Assessment as a Tool to Reduce Health Inequalities.](#) National Collaborating Centre – Healthy Public Policy (NCCHPP). 2008

[Health Impact Assessment - Fact Sheet.](#) NCCHPP. 2009

[Health Impact Assessment - Inventory of Resources.](#) NCCHPP. 2009

[Community Health Impact Assessment: Fostering Community Learning and Healthy Public Policy at the Local Level.](#) Maureen Coady, People Assessing Their Health (PATH). 2010

**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

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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>



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# 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:

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