



10 Promising Practices

to reduce social inequities in health:

What does the evidence tell us?

Promising Practice #6: Competencies/Organizational Standards

Competencies and organizational standards guide our daily practice. The Public Health Agency of Canada¹ identifies 36 core competencies for public health encompassing essential knowledge, attitudes, and skills. Most importantly, these competencies were developed for practice within the context of the values of public health and include, for example, equity, social justice, community participation, and determinants of health. The core competencies for public health offer a solid foundation for local public health staff recruitment and skill development.

As building blocks for effective public health practice, organizational standards provide benchmarks for public health units. They help promote organizational excellence and establish the foundation for effective and efficient program and service delivery.²

Organizational standards that are rooted in health equity enable public health organizations to build a workforce and allocate resources to prioritize work to reduce social inequities in health.

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 #6 example: Ontario Public Health Standards, 2008

The efforts of Ontario's public health units are guided by the province's Ontario Public Health Standards, 2008 (OPHS). These standards provide a framework for public health activities and outline specific goals and requirements for local boards of health. The OPHS include overarching principles such as "Public health interventions shall acknowledge and aim to reduce existing health inequities. Furthermore, boards of health shall not only examine the accessibility of their programs and services to address barriers (e.g. physical, social, geographic, cultural, and economic), but also assess, plan, deliver, manage, and evaluate programs to reduce inequities in health while at the same time maximizing the health gain for the whole." (pg. 13)² They also specifically direct public health units in areas of programming and services for priority populations, population health assessment, surveillance, research, and knowledge exchange.

Public health standards that acknowledge and direct public health units to address the social determinants of health guide decisions made by boards of health as they consider resource allocation and staff capacity to reduce health inequities.

What helps me promote *competencies and organizational standards*?

- existing core competencies for public health practitioners
- a multidisciplinary public health workforce with diverse skills and backgrounds
- organizational structures that support the development of strategic priorities and ongoing staff development

What makes the development of *competencies and organizational standards* challenging?

- Further development of staff competencies may require changes in public health recruitment, training, professional development, job orientation, and job descriptions.
- Assessment of health inequities implicitly requires a value judgement (which health differences are unjust?) and alignment of public health practitioner actions with social justice values and beliefs.

Useful Links

[Social Inequities in Health and Ontario Public Health: Background Document.](#) 2007

[Core Competencies for Public Health in Canada.](#)
Public Health Agency of Canada. 2008

[Ontario Public Health Standards, 2008](#)

[Overview of the Health Equity Mapping Project: A report on process, results, and recommendations for practice.](#) Sudbury & District Health Unit. 2009

[Sudbury & District Health Unit Strategic Plan: 2010-2012](#)

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
705.522.9200, ext. 350

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>



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.

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:

Information Resource Centre

Resources, Research, Evaluation and Development Division
Sudbury & District Health Unit
1300 Paris Street
Sudbury, ON P3E 3A3
705.522.9200, ext. 350
resourcecentre@sdhu.com

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>



Sudbury & District

Health Unit

Service de
santé publique