

10 Promising Practices to reduce social inequities in health:

What does the evidence tell us?

Promising Practice #7: Contribution to the Evidence Base

When public health staff are asked about their capacity to address social inequities in health, a frequent issue that emerges is a lack of “best practices” to guide their interventions. The EXTRA Research Fellowship was carried out, in part, to help address these staff needs. However, it confirmed the existence of a gap in the evidence base with respect to effective local public health practice to reduce social inequities in health.

The evidence that does exist is often produced by practitioners working in a service delivery context in which publishing is not a priority. The evidence produced is often preliminary, small scale and specific to a particular context. Therefore, practice-based evidence might not be accepted for publication in traditional academic outlets. Grey literature (reports and evaluations) form part of the knowledge base for local public health interventions, but even these do not represent a complete picture of existing practice knowledge. Grey literature is often difficult to access.

It is important that practitioners consistently undertake evaluations of interventions aimed at reducing health inequities. Such evaluations should explicitly capture the impact of activities on different populations. In addition, the burgeoning knowledge base on addressing social inequities through local public health action can be strengthened by intentional dissemination of knowledge. Knowledge exchange can occur through conventional mechanisms such as journal publications and reports, or through communities of 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.



