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.
Practice #7 example: The National Collaborating Centre for Determinants of Health

The National Collaborating Centre for Determinants of Health (NCCDH) focuses on the social and economic factors that influence the health of Canadians. The Centre translates and shares information and evidence about the social determinants of health with front-line public health practitioners, policy makers and researchers—the individuals who need this information to make evidence-informed decisions for practice, planning, policy and research.

The objectives of the NCCDH are to: 1) synthesize, translate, and exchange knowledge for practitioners and policy-makers; 2) identify key gaps in research and practice knowledge; 3) build capacity through networks of practitioners, policy-makers, and researchers in determinants of health; and 4) increase partnerships and develop intersectoral collaborations to address specific determinants of health or combinations of those determinants.

What helps me contribute to the evidence base?

- skills and competencies in program evaluation and logic model development
- partnerships with academic institutions and research agencies

What makes contributing to the evidence base challenging?

- limited public health staff time and resources to commit to publication of research and evaluation findings
- perceived lesser value of qualitative research findings
- discomfort with the inclusion of social and economic identifiers within research and survey tools

Useful Links

Databases of health equity initiatives:

- Inequalities in Health System Performance and Social Determinants in Europe – Tools for Assessment and Information Sharing, World Health Organization
- European Portal for Action on Health Inequalities
- The Prevention Institute
- Health Equity & Social Justice Toolkit, National Association of County & City Health Officials. 2012
- Centers for Disease Control and Prevention: Community Health and Health Equity Program

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
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:
Contact:
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Resources, Research, Evaluation and Development Division
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