

10 Promising Practices to reduce social inequities in health:

What does the evidence tell us?

Promising Practice #8: Early Childhood Development

Early child experiences establish the foundational building blocks for development across the life stages¹. Furthermore, with the greatest gains experienced by the most deprived children, investments in early child development have been referred to as powerful equalizers¹.

Early child experiences influence language, physical, social, emotional and cognitive development, which in turn, and throughout the lifecourse, affect learning, educational, economic, and social success, and health^{1, 2, 3}. Early childhood development (ECD), nurturing environments, and quality childhood experiences are important for positive human development and health. Early child experiences contribute to positive developmental outcomes, and subsequently health, through a number of pathways, including psychological, behavioural, and physical⁴.

Some of the specific early childhood interventions noted in the literature and familiar to public health practice include prevention of fetal alcohol spectrum disorder, promotion and support of breastfeeding, home visiting, and positive parenting practices. Areas of policy and program focus that have been demonstrated to be effective include those related to housing quality, childcare and early learning, food security, youth sexual education and consultation, promotion of equity between rural and urban areas, and elimination of child poverty.

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.



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.

