



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.



Practice #8 example: Triple P Positive Parenting Program of Sudbury and Manitoulin districts

Community partners from across Sudbury and Manitoulin districts have embraced the Triple P Positive Parenting Program as a valuable resource for every parent. Providers from health, education, and social services agencies have been trained to assist parents with interventions ranging from providing advice by telephone, in-person consultations, and parenting support.

By working collaboratively to provide area parents with the resources and support they need, Triple P partners are working to enhance early childhood development by

- promoting development, growth, health, and social competencies
- promoting the development of non-violent, protective, and nurturing environments
- promoting the independence and health of families by enhancing parenting skills
- reducing the incidence of child abuse, mental illness, behavioural problems, delinquency, and homelessness

What helps me promote positive early childhood development?

- expertise and experience in the promotion of child and family health
- public health skills and competencies in the provision of services to vulnerable and at-risk families
- trusting partnerships with other community agencies and services providers

What makes the promotion of positive early childhood development challenging?

- Child health depends on the support and actions of all community sectors.
- A balance of targeted with universal child health programs is required.
- Time, resources, and trust are required to maintain the engagement of vulnerable families in planning, implementing, and evaluating early child development initiatives.

Useful Links

[Early Child Development: A Powerful Equalizer](#). Final report for the World Health Organization's Commission on the Social Determinants of Health. 2007

[Childhood/Early Life Backgrounder](#). Unnatural Causes Health Equity Database. 2008

[With Our Best Future in Mind: Implementing Early Learning in Ontario](#). Report to the Premier by the Special Advisor on Early Learning, Charles E. Pascal. 2009

[Video - "Brain Hero"](#). Centre on the Developing Child, Harvard University, 2011

To learn more about health equity and ways we can all help reduce social inequities in health:

Contact:

Information Resource Centre

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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>



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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

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