



# 10 Promising Practices

## to reduce social inequities in health:

*What does the evidence tell us?*

### Promising Practice #9: Community Engagement

As a strategy to reduce health inequities, community engagement is the process of involving community stakeholders in the development and implementation of policies, programs, and services. In *Closing the gap in a generation*, the World Health Organization highlights the need to “empower all groups in society through fair representation in decision-making about how society operates, particularly in relation to its effect on health equity, and create and maintain a socially inclusive framework for policy-making.”<sup>1</sup>

Working with community professionals and agency representatives is one approach to engagement. However, building relationships with target populations and service users is also key to identifying community strengths and challenges. Engaging diverse community members in the development and implementation of policies, programs, and services builds awareness and skills of participants and increases the likelihood that programs are appropriate and responsive to community needs.

#### 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](http://www.sdhu.com).



## Practice #9 example: Development of a Greater Sudbury community drug strategy

The ongoing development and implementation of a strategy to reduce the misuse of substances in the City of Greater Sudbury has involved input from a wide variety of community partners including those whose lives have been impacted by substance misuse.

Partners working in the areas of prevention, enforcement, harm reduction, treatment and others whose work is impacted by the substance misuse of others (for example, faith groups, Children's Aid Society) were called upon to share their knowledge, dreams, and solutions to the challenges of substance misuse at one of five meetings. A person recovering from substance misuse and a current substance user were both present to share their ideas at each of these meetings.

Follow-up meetings to assess the positive and negative impacts of proposed ideas and strategies were held with current substance users and those in various stages of recovery at locations that were convenient and comfortable for them. This process of engagement with both community service providers and users validated and strengthened the proposed drug strategy that was recommended to City Council.

### What helps me apply *community engagement* in practice?

- established and trusted partnerships between public health and diverse community partners
- public health human resource skills and competencies to conduct community needs assessment
- diverse and flexible opportunities for community members to share feedback and be involved in program and service planning

### What makes *community engagement* challenging?

- Effective community engagement requires an investment of time and resources and involves shared power and control of the process.
- Engaging traditionally marginalized community members may challenge staff to reflect upon their own values and assumptions related to poverty, culture, education, addiction, mental health, etc.

### Useful Links

[\*Building communities from the inside out: A path toward finding and mobilizing a community's assets.\*](#) John Kretzman and John McKnight. 1993. Available in the Sudbury & District Health Unit Resource Centre

[\*The Community Tool Box.\*](#) A resource of community building guidance and tools

[\*Tamarack Institute for Community Engagement\*](#)

[\*Health Canada Policy Toolkit for Public Involvement in Decision Making.\*](#) 2000

[\*Community Engagement and Communication. Module 5. The Health Planner's Toolkit.\*](#) Health System Intelligence Project. Government of Ontario. 2006

**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](http://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](http://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