**Promising Practice #10: Intersectoral Action**

A comprehensive strategy to promote health includes health care when individuals are ill and addresses the underlying causes of poor health where people live, work, learn, and play. These underlying causes are, in part, the result of social, economic, and political actions from different community sectors and all levels of government and industry. Safe and affordable housing, access to parks and recreational activities, quality health care, early childhood education, safe streets, public transportation, and opportunities for meaningful employment are just some of the many factors that influence an individual’s opportunities for health and well-being.

Intersectoral action is critical to building health for all because many of the solutions to addressing social inequities in health lie outside of the health sector. Building strong and durable relationships between public health and other sectors (for example, education, municipal, transportation, environment, finance) is necessary for effective action to build healthy communities and reduce social inequities in health.

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).

---

**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

---

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

---

**Promising Practice #10: Intersectoral Action**

A comprehensive strategy to promote health includes health care when individuals are ill and addresses the underlying causes of poor health where people live, work, learn, and play. These underlying causes are, in part, the result of social, economic, and political actions from different community sectors and all levels of government and industry. Safe and affordable housing, access to parks and recreational activities, quality health care, early childhood education, safe streets, public transportation, and opportunities for meaningful employment are just some of the many factors that influence an individual’s opportunities for health and well-being.

Intersectoral action is critical to building health for all because many of the solutions to addressing social inequities in health lie outside of the health sector. Building strong and durable relationships between public health and other sectors (for example, education, municipal, transportation, environment, finance) is necessary for effective action to build healthy communities and reduce social inequities in health.

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 #10 example: The Marginalized Populations Coalition for Housing

The presence of mould, poor property maintenance, lack of sanitary facilities, and insect infestations are examples of housing and living conditions that may negatively impact a resident’s physical and mental health. These health hazards are related to many factors and addressing them requires actions from many community partners.

In the fall of 2009, the Sudbury & District Health Unit took a lead role in developing a multi-agency coalition to address the housing-related concerns of vulnerable or marginalized residents of our communities. Partnerships have been fostered with community stakeholders including the Homelessness Network, providers of mental health and home nursing services, and the City of Greater Sudbury (including by-law enforcement, building services, emergency medical services, police services, fire services, and Greater Sudbury Housing Corporation). The coalition works collaboratively to exchange knowledge and expertise, serves as a point of referral, and conducts joint field inspections as necessary. Members meet on a regular basis to discuss current cases and brainstorm solutions to complex scenarios. Several positive and creative resolutions to housing issues have been achieved for vulnerable members of our communities.

Useful Links


*The Community Tool Box.* A resource of community building guidance and tools

*Tamarack Institute for Community Engagement*
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:
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

Last updated: May 2012