



# 10 Promising Practices

to reduce social inequities in health:

*What does the evidence tell us?*

## 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.

### 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 #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.

### What helps me promote *intersectoral action*?

- established and trusted partnerships with diverse community sectors and stakeholders
- expertise to promote supportive environments and healthy public policies
- common understanding of the broad determinants of health, including social and economic conditions
- shared objectives and leadership among community decision makers

### What makes *intersectoral action* challenging?

- Partners and stakeholders need to establish shared values, interests, and purpose.
- Time and resources are required to stabilize and maintain collaboration among key stakeholders.

### Useful Links

[Intersectoral Action . . . Towards Population Health.](#)  
Report of the Federal/Provincial/Territorial Advisory Committee on Population Health. 1999

[Intersectoral Action Toolkit: The Cloverleaf Model for Success.](#) Health Canada. 2000

[Health Equity Through Intersectoral Action: An Analysis of 18 Country Case Studies.](#) WHO Commission on Social Determinants of Health. 2008

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

[Tamarack Institute for Community Engagement](#)



Sudbury & District

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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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<https://www.sdhu.com/health-topics-programs/health-equity/10-promising-practices-health-equity>

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Contact:

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