

NAVIGATE THROUGH THIS DOCUMENT BY CLICKING THE BUTTONS, OR PAGE NUMBERS AT LOWER RIGHT.

ACCESS ASSOCIATED PROTOCOL EXPECTATIONS BY SELECTING THE PROTOCOL NAME BELOW.

PROTOCOL EXPECTATIONS:

Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development

Nova Scotia Public Health

# Health Equity

# Protocol

16



# Expectations

## Understanding

Public health will

- understand the concepts of social justice,<sup>17</sup> health inequalities,<sup>18</sup> and health inequities,<sup>19</sup> how they affect the population, and how they might be applied
- conduct assessments and seek to understand and report on health inequities, which may include
  - inequities in factors and conditions that determine health (e.g., income, education, housing, race, gender<sup>20</sup> the availability of nutritious food, healthy child development, etc.)
  - inequities in the prevalence of risk and health behaviours that are linked closely to the factors and conditions that determine health
  - inequities in the access to and utilization of programs and services
  - inequities in health status (e.g., burden of disease, mortality, quality of life)
- identify gaps in data and develop a strategy to collect the data needed to demonstrate inequities and changes over time
- identify opportunities for knowledge development and exchange activities related to health equity, including the identification, celebration, and sharing of success stories of equity

## Analyse the Social & Policy Context

Public health will

- consider data on inequalities and inequities to support decisions at each stage of the planning cycle (see Priority Setting and Planning Protocol)
- reduce health inequities in its work by applying one or both of the following strategies:<sup>21</sup>
  - address the structural conditions and societal factors that contribute to inequities
  - mitigate the effects of structural inequities, using targeted or targeted universal approaches:
    - targeted approaches apply to priority populations within the broader population. Specific groups may experience barriers to accessing resources needed to improve health, resulting in a health gap between these groups and the general population.

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- The intent of initiatives that target interventions to priority populations is to close the health gap. An example of a targeted approach in public health is breastfeeding education and support programs in lower income neighbourhoods.
- targeted universalism blends both a targeted and universal approach in one initiative. Incorporated in interventions using this approach are goals for the whole population and strategies to address barriers faced by specific populations. Healthy Beginnings is a universal program aimed at improving parental and child health outcomes for every family in which a baby is born. A targeted portion of this program, Enhanced Home Visiting, addresses the needs of those parents who would benefit from more support.

## Policy

Public health will

- review public health policy and other policies to assess and report on the existence of health inequalities and inequities
- collaborate with partners to understand and advocate for economic, social, and community inclusion policies that impact the determinants of health
- collaborate with partners to reduce and eliminate sexism, racism, hetero-sexism, ableism, and other forms of social injustice
- support and advocate for the development and use of an equity-focused health impact assessment approach with partners to assess and develop non-health policies or strategies (e.g., affordable housing, food security)
- lead, participate, and support with partners and stakeholders in the analysis and development of social and economic policy to create supportive environments for health and address structural impediments to health equity (e.g., tax policy, income support)

## Partnership

Public health will

- use a collaborative approach within public health, with partners and the public, to address inequalities and inequities, recognizing that the process of understanding is important. The specific partners will vary, depending upon the issue and broader context. Categories of potential partners include (but are not limited to)
  - federal, provincial, and municipal government departments
  - community based organizations (e.g., non-governmental organizations, anti-poverty groups, faith-based communities, women's groups, the LGBT community, community coalitions)

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- First Nations communities and organizations
  - African Nova Scotian communities and organizations
  - immigrant communities and organizations
  - organizations that represent people with disabilities
  - the business community and organizations
  - education institutions
- collaborate with partners in order to
    - build awareness of the extent, impact, and root causes of health inequities
    - assess public health, partner, and community readiness for understanding and taking action on health inequities
    - mobilize actors within and outside of the health sector to incorporate health equity into planning, strategies, or policies that have an impact on the health of the population<sup>22</sup>
    - apply equity lenses or health equity impact assessment tools to support the process of improving health equity
    - create a supportive environment for using health equity approaches with public health practitioners and partners
    - apply the understanding of equity to funding/resource allocation

## Capacity Building

Public health will

- build capacity among public health practitioners to understand the principles of health equity and social justice, develop critical analysis skills, and apply health equity approaches and tools

<sup>16</sup> Health equity means that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status, or other socially determined circumstance (National Collaborating Centre for Determinants of Health).

<sup>17</sup> Social justice means the equitable distribution of goods, resources, and opportunities necessary for health. Social justice encompasses the concepts of human rights and equity (Nova Scotia Public Health Standards).

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<sup>18</sup> Health inequalities are differences in health status or in the distribution of health determinants between different population groups (for example, differences in mobility between elderly people and younger populations, or differences in mortality rates between people from different social classes). It is important to distinguish between inequality in health and health inequity. Some health inequalities are attributable to biological variations or free choice, and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case, it may be impossible or ethically or ideologically unacceptable to change the health determinants, and so the health inequalities are unavoidable. In the second, the uneven distribution may be unnecessary and avoidable, as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health (World Health Organization). Not all inequalities are rooted in inequities—but we would still act on those inequalities.

<sup>19</sup> Health inequities are health differences between population groups—defined in social, economic, demographic, or geographic terms—that are systematic, unfair, and avoidable (National Collaborating Centre for Determinants of Health).

<sup>20</sup> Related to discrimination based on gender, race, sex, sexual orientation, indigenous status, (dis)ability, faith perspectives, gender identity, and all other aspects of identity.

<sup>21</sup> *Let's Talk: Universal and Targeted Approaches to Health Equity* (National Collaborating Centre for Determinants of Health).

<sup>22</sup> Recognizing that strategies to reduce health inequities need to be broad in order to effectively influence the complex determinants of health inequalities.