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VIA EMAIL

October 29, 2013

Halton Equity and Diversity Roundtable, Kim Jenkinson
The Halton Poverty Roundtable, Marc Hamel and June Cockwell
The Mississauga Halton Local Health Integration Network, Bill MacLeod
Voices for Change, Colleen Sym
Community Development Halton, Joey Edwardh
Our Kids Network, Elena DiBattista
Halton Food for Thought, Gayle Cruikshank
Sheridan College Enhanced Language Training Pathway Program, Mandi Buckner

Please be advised that at its meeting held Wednesday, October 23, 2013, the Council of the Regional Municipality of Halton adopted the following resolution:

RESOLUTION: MO-32-13 - Health Department Actions to Address Health Inequities

1. THAT Report No. MO-32-13 re: Health Department Actions to Address Health Inequities be received for information.
2. THAT the Regional Clerk forward a copy of Report No. MO-32-13 to the Halton Equity and Diversity Roundtable, the Halton Poverty Roundtable, the Mississauga Halton Local Health Integration Network, Voices for Change, Community Development Halton, the Our Kids Network, Halton Food for Thought, and the Sheridan College Enhanced Language Training Pathway Program for their information.

Included please find a copy of Report No. MO-32-13 for your information.

If you have any questions please contact Dr. Bob Nosal, Commissioner and Medical Officer of Health.

Sincerely,

A handwritten signature in cursive script that reads "Kathy Kieft".

Kathy Kieft
Deputy Clerk and Supervisor of
Council & Committee Services

c. Dr. Bob Nosal, Commissioner and Medical Officer of Health

The Regional Municipality of Halton



The Regional Municipality of Halton

Report To:	Chair and Members of the Health and Social Services Committee
From:	Bob Nosal, Commissioner and Medical Officer of Health
Date:	October 15, 2013
Report No. - Re:	MO-32-13 - Health Department Actions to Address Health Inequities

RECOMMENDATION

1. THAT Report No. MO-32-13 re: Health Department Actions to Address Health Inequities be received for information.
2. THAT the Regional Clerk forward a copy of Report No. MO-32-13 to the Halton Equity and Diversity Roundtable, the Halton Poverty Roundtable, the Mississauga Halton Local Health Integration Network, Voices for Change, Community Development Halton, the Our Kids Network, Halton Food for Thought, and the Sheridan College Enhanced Language Training Pathway Program for their information.

REPORT

Executive Summary

- Health inequities exist in Halton and work to reduce these inequities is a priority for the Health Department. Efforts to reduce health inequities are contingent on addressing the social determinants of health.
- Health Department actions to address the social determinants of health and reduce health inequities in Halton include strategies that focus on strengthening departmental staff capacity, assessing and reporting on the social determinants of health, and promoting inclusion and equity through community partnerships.
- Providing education and raising awareness of the social determinants of health within Halton is identified as an important next step to building equitable health status.

Background

Social Determinants of Health

The social determinants of health (SDoH) include income, education, employment, the social and physical environments and other factors which influence the environment where people live, learn, work, play and age. As indicated in Figure 1, the socio-economic environment accounts for an estimated 50% of population health outcomes in Canada.

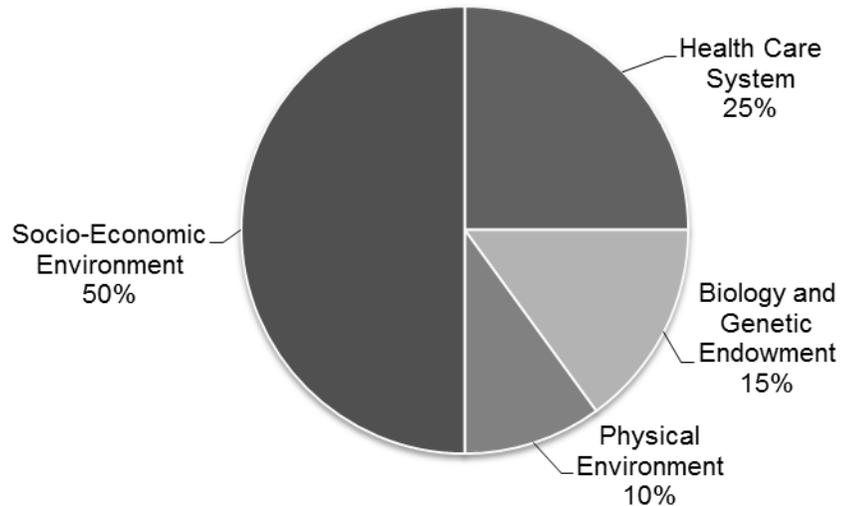


Figure 1: Estimated Impact of Determinants of Health on Population Health Outcomes

Source: Standing Senate Committee on Social Affairs, Science and Technology, *A healthy productive Canada: A determinant of health approach*, June 2009.

Health Equity

Health equity is based in the belief that everyone should be able to make choices that allow them to achieve the best possible health, regardless of their income, education, ethnic background or other socially determined circumstance (Whitehead and Dahlgren, 2006). Health equity is improved when all members of the community have fair and equitable opportunities for health. When fair and equitable opportunities are not available health inequities exist. It is well documented that the social determinants of health need to be addressed in order to reduce health inequities and improve health for all members of society (National Collaborating Centres for Public Health, 2012).

Health inequities are socially created and feature differences in health that are:

- *Systemic and patterned* – where those with higher social status tend to have better health than those with lower social status. Systemic and patterned health differences are illustrated in the *Income and Health Inequalities in Halton Region Report* (Memorandum dated January 4, 2013, H&SS Committee January 29, 2013), where 18 of the 23 indicators showed a gradient of health related to

household income or neighbourhood-level income with improved health status for each income increment.

- *Avoidable* – where health inequities are the result of how resources and opportunities are distributed among individuals.
- *Unfair and unjust* – where the underlying concept is a commitment to social justice and basic human rights (National Collaborating Center for Determinants of Health, 2013).

Beliefs about Health Equity and the Impacts of the Social Determinants of Health

“What a person thinks about health, specifically what causes people to be healthy or unhealthy, is extremely personal and carries with it complex belief and value systems” (Robert Wood Foundation, 2010). Public opinion about the importance of the Social Determinants of Health in making people healthy is currently being collected by 12 health units across Ontario, including Halton, using the Rapid Risk Factor Surveillance System (RRFSS). RRFSS is an ongoing telephone survey of adults aged 18 and over used to gather surveillance data, monitor public opinion on key public health issues, and collect information on emerging issues of importance to public health in Ontario. It is conducted by York University’s Institute for Social Research.

Preliminary data collected from January to April 2013 shows that people identify having access to quality and timely health care services (96%), and the lifestyle choices a person makes (93%) as being extremely or very important to health. This is in comparison to people identifying how much money a person has (31%), how much education a person has (50%) and a person’s job or employment (70%) as being extremely or very important to health.

Challenging these common misperceptions about what causes ill-health is an important public health role in addressing health inequities and is consistent with public health’s fundamental concern to address all modifiable health determinants, including the social determinants.

Alignment with Ministry of Health and Long-Term Care

The Ontario Public Health Standards (2008) state that “addressing determinants of health and reducing health inequities are fundamental to the work of public health in Ontario.” Starting in 2011, the Ministry of Health and Long-Term Care has provided additional base funding to each health unit for two public health nurses to enhance local capacity to address the social determinants of health (Report No. MO-31-11, *Provincial Public Health Nurse Initiative to Address Health Inequities*).

Discussion

Health Department Actions to Address Inequities in Health

1. Strengthening Departmental Capacity

(i) Understanding Priority Populations

Priority populations, that is, populations who are the most negatively affected by the social determinants of health, were identified through work implemented by staff in the two public health nurse positions, which were established in the fall of 2011 (Report No. MO-31-11, *Provincial Public Health Nurse Initiative to Address Health Inequities*). Although several groups of Halton residents were identified as priority populations, the groups that were mentioned most frequently included people living in poverty, newcomers, and people living with mental distress/illness and addictions (See Appendix 1). This work also aimed to enhance the Health Department's understanding of how public health programs can better reach and engage priority populations. This process resulted in an improved appreciation for how the social determinants of health are closely intertwined and affect population health in complex ways. The complex nature of the social determinants of health and the role that staff across the Health Department plays in addressing health inequities, means that departmental infrastructure is required to support this work.

(ii) Departmental Leadership and Infrastructure

In June 2012, a departmental Social Determinants of Health Steering Committee was formed under the leadership of the Commissioner and Medical Officer of Health and senior management. This Steering Committee has developed a *Vision Statement and Guiding Values* document to guide Health Department actions toward common goals and outcomes (See Appendix 2).

(iii) Staff Education

In the spring of 2013, 76% of Health Department staff participated in social determinants of health education sessions. These sessions were developed and delivered by Health Department staff and provided an opportunity for all staff members to better understand health equity concepts, reflect on their own personal views related to equity issues, and recognize how their actions can align with the *Social Determinants of Health Vision and Guiding Values*. These education sessions will continue to be offered to new staff and to staff who were unable to participate in the spring.

(iv) Equity-Focused Program Planning

In 2012, the Ministry of Health and Long-Term Care launched the *Health Equity Impact Assessment Tool 2.0* and encouraged public health units across the province to integrate this tool into program planning. The purpose of this tool is to ensure that equity

considerations are built into policies, programs and initiatives by systematically identifying unintended potential health impacts on priority populations (Ministry of Health and Long - Term Care, 2012). Public Health Ontario will lead an education workshop for Health Department staff on how to apply this tool to support its use throughout the Health Department.

2. Assessing and Reporting on Health Inequities in Halton

The *Income and Health Inequalities in Halton* report (HSS Committee January 29, 2013) analyzed local data highlighting the association between income and health outcomes for Halton residents. Halton residents who have higher incomes, or live in higher income areas, have better health than those with middle incomes, who are in turn healthier than residents with low incomes. This data will be used throughout the Health Department to influence the planning and delivery of programs and services. The full report is also posted on the Halton Region website where the results are available to community partners and the public.

In 2012, the Health Department produced a video and accompanying user guide entitled *Let's Start a Conversation about Health*. These resources were originally developed by the Sudbury and District Health Unit to promote public education and discussion about the social determinants of health. These resources have been adapted to reflect the local Halton context and are available on the Health Equity web pages on the Region's website.

3. Promoting Inclusion and Equity through Regional and Community Partnerships

Inclusivity is an ideal end for a thriving democratic state (Report No. SS-35-06 *Inclusive Cities Regional Response*). It is also integral to creating healthy, equitable communities. Citizen engagement of all population groups is a key component to promoting inclusive communities. The cycle of oppression that excludes people is a complex process that can systemically deny people access to resources, rights, respect and representation. This complex process, which involves biased information and stereotyping, embeds itself in everyday life and in some literature is also referred to as a social determinant of health (McGibbon, 2012).

The Health Department's connection with Social and Community Services has expanded to include a cross-departmental communication pathway specific to inclusion, priority populations and the social determinants of health. In addition examples of where the Health Department is partnering with community agencies that are working towards improving health equity are described below.

- In 2012, a community-wide equity and diversity planning session was held that led to the establishment of a Halton Equity and Diversity Roundtable. This initiative is led by the Halton Multicultural Council and supported by Regional staff from Legislative & Planning Services, Social and Community Services and the Health Department. The mission of the Equity and Diversity Roundtable is to develop the

capacity of organizations, groups and businesses in Halton to be inclusive and equitable of all forms of human diversity in their practices, policies and services.

- The Halton Poverty Roundtable (*SCS Memorandum*, September 6, 2011, HSS Committee September 27, 2011) receives continued support from Regional staff to enable innovative opportunities and resources to integrate community efforts to address poverty.
- The Mississauga Halton Local Health Integration Network (LHIN) has identified health equity within its *Integrated Health Service Plan*. Health Department staff are members of a Health Equity Think Tank established by the Mississauga Halton LHIN. This group is responsible for generating ideas to incorporate equity considerations into the local health care system. The Mississauga Halton LHIN is also looking at the use of a health equity impact assessment tool in order to bring a health equity lens to the delivery of health care services.
- A new partnership has evolved between Voices for Change and the Health Department. Voices for Change is a grassroots advocacy group supported by Halton Community Legal Services. Voices for Change has provided the essential lived-experience of poverty to inform Health Department work around priority populations, including the creation of staff education sessions and adaptation of the *Let's Start a Conversation about Health* User Guide. Additional community partners were involved in the adaptation of the User Guide to reflect the local Halton context. They are Halton Food for Thought, Our Kids Network, and Sheridan College-Enhanced Language Training Pathways Program.

Next Steps: Raising Awareness about the Social Determinants of Health and Health Equity

Health education has long been considered a key public health strategy and providing education about the Social Determinants of Health has been identified as an important role for public health units (Raphael, 2012). Educating the community about the significant role that the social determinants have on health is the first step to starting a conversation about the social factors that influence health. Raising public awareness in Halton will be informed by a communication strategy. Key stakeholders from various sectors including business, education, health care, and government, as described in the *Let's Start a Conversation about Health* User Guide, will be involved in the development of this communication strategy. These stakeholders are integral to creating messages that will resonate with various audiences.

Dissemination of key social determinants of health resources developed by the Health Department will also be part of the strategic communication strategy. These resources include the:

- *Let's Start a Conversation about Health* video and user guide
- Health Equity web pages on the Regional website (www.halton.ca/healthequity)
- *Income and Health Inequalities in Halton* report

FINANCIAL/PROGRAM IMPLICATIONS

There are no financial implications at this time. Operational costs are supported through the approved Health Department budget.

RELATIONSHIP TO HALTON REGION'S 2011-2014 ACTION PLAN

The subject of this staff report is not directly referenced in Halton Region's 2011-2014 Action Plan.

Respectfully submitted,



Joyce See
Director, Community Health Services



Robert M. Nosal MD FRCPC
Commissioner and Medical Officer of Health

Approved by



Jane MacCaskill
Chief Administrative Officer

If you have any questions on the content of this report, please contact:

Joyce See
Erika Norris
Sylvia Dawe

Tel. # 2911
Tel. # 2535
Tel. # 2989

Attachment SDH Vision and Guiding Values Document

References:

- McGibbon, Elizabeth. (2012). *Oppression: A social determinant of health*. Winnipeg, ON: Fernwood Publishing.
- Ministry of Health and Long-Term Care. (2012). *Health equity impact assessment (HEIA) workbook*. Retrieved from <http://www.health.gov.on.ca/en/pro/programs/hea/docs/workbook.pdf>
- Ministry of Health and Long-Term Care. (2013). *Make no little plans: Ontario's Public Health Sector Strategic Plan*. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/make_no_little_plans/
- National Collaborating Centre for Determinants of Health. (2013). *Let's talk series: Let's talk... health equity*. Retrieved from http://nccdh.ca/images/uploads/Lets_Talk_Health_Equity_English.pdf
- National Collaborating Centres for Public Health. (2012). *Fact Sheet: What are the social Determinants of Health?* Retrieved from http://www.nccph.ca/docs/NCCPHSDOHFactsheet_EN_May2012.pdf
- Public Health Agency of Canada. (2007). Core Competencies for Public Health in Canada (Release 1.0). Retrieved from <http://www.phac-aspc.gc.ca/php-ppsp/ccph-cesp/stmts-enon-eng.php>
- Raphael, D. (2012). Educating the Canadian public about the social determinants of health: The time for public health action is now! *Global Health Promotion*. Vol. 19(3). 54-59, doi: 10.1177/1757975912453847.
- Robert Wood Foundation. (2010). *A New Way to Talk About the social determinants of health*. Retrieved from <http://www.rwjf.org/en/research-publications/find-rwjf-research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html>
- RRFSS (Jan 2013 – Apr 2013). *12 Ontario Health Units including Halton Region and Institute for Social Research*, York University.
- Standing Senate Committee on Social Affairs, Science and Technology. (June, 2009). *A healthy productive Canada: A determinant of health approach*. Retrieved from <http://www.parl.gc.ca/content/sen/committee/402/popu/rep/rephealth1jun09-e.pdf>
- Sudbury & District Health Unit. (2011). *Let's start a conversation about health: User guide (Adapted by Halton Region Health Department)*. Retrieved from <http://www.halton.ca/common/pages/UserFile.aspx?fileId=98757>

Social Determinants of Health
Vision Statement and Guiding Values
Halton Region Health Department

Vision Statement for Social Determinants of Health

The Halton Region Health Department will work to improve the overall health and health equity of Halton citizens so that:

- Systemic and avoidable health disparities are steadily reduced and the gap in health between the best and worst off is narrowed.
- All citizens have equal opportunities for good health and well-being.

Outcomes:

The Social Determinants of Health Steering Committee will know it has worked effectively to reduce social inequities in health if:

- There is public recognition that health inequities exist in our community.
- Actions to reduce inequities are viewed across the Health Department and the Halton community as a core business of the Health Department and are incorporated seamlessly into our work.
- The Health Department workforce has an understanding of the social determinants of health and a willingness to act in accordance with social justice values and beliefs.
- We meaningfully engage priority populations in program planning, implementation and evaluation.
- We have strong partnerships with community agencies that support effective advocacy for vulnerable groups.
- The Health Department's workforce is made up of public health professionals with diverse backgrounds and skills.
- All citizens have equitable access to all our public health programs and services.

Attitudes and Values in Public Health Practice

Excerpt from: Core Competencies for Public Health in Canada, PHAC (2007)

All public health professionals share a core set of attitudes and values. These attitudes and values have not been listed as specific core competencies for public health because they are difficult to teach and even harder to assess. However, they form the context within which the competencies are practiced. This makes them equally important.

Important values in public health include a commitment to equity, social justice and sustainable development, recognition of the importance of the health of the community as well as the individual, and respect for diversity, self-determination, empowerment and community participation. These values are rooted in an understanding of the broad determinants of health and the historical principles, values and strategies of public health and health promotion.

If the core competencies are considered as the notes to a musical score, the values and attitudes that practitioners bring to their work provide the tempo and emotional component of the music. One may be a technically brilliant musician but without the correct tempo, rhythm and emotion, the music will not have the desired impact.

Guiding Values for Health Equity

The Halton Region Health Department believes that:

- Health inequities are the health inequalities that are unfair and unjust. Health inequities are unnatural and avoidable and are the result of our social conditions.
- Exclusion and discrimination contribute to socioeconomic inequalities. Therefore, inclusion and meaningful participation are necessary to foster greater equity in our community.
- Health improves at every rung up the social and income ladder. A levelling-up approach is needed to reduce health inequities and improve population health outcomes.
- Proportionate universalism means that our efforts are aimed at everyone, but more so towards the disadvantaged. This supports a levelling up approach and ensures that all citizens have equitable access to a full range of high-quality public health programs.

Health Department Mission Statement

Together with the Halton Community, the Health Department works to achieve the best possible health for all.

In support of this we are committed to:

- Provide professional service based on changing community needs, best practice, current research and evaluation.
- Develop and deliver high quality programs and services that are accessible, relevant, timely and cost effective.
- Strengthen individual and community supports to reduce or eliminate health risk.
- Promote and support local & global healthy public policy.
- Assist or partner with individuals and groups to develop and use their community resources.
- Respect diversity, promote and practice inclusion.
- Advocate for vulnerable individuals and groups.

References

Vision statement adapted from:

- Gardener, B. (2008). *Health equity discussion paper*. Retrieved from Toronto Central LHIN website: http://www.torontocentrallhin.on.ca/uploadedFiles/Home_Page/Report_and_Publications/Health%20Equity%20Discussion%20Paper%20v1.0.pdf
- Sudbury & District Health Unit. (2010). *Social Inequities Building Our Path for the Next 10 Years*. Retrieved from Sudbury & District Health Unit website: http://www.sdhu.com/uploads/content/listings/Social_Inequities_in_Health_Building_Our_Path_for_the_Next_10_Years.pdf

Additional vision statement references:

- Public Health Agency of Canada. (2008). *Core competencies for public health in Canada*. Retrieved from Public Health Agency of Canada website: <http://www.phac-aspc.gc.ca/php-ppsp//ccph-cesp/pdfs/cc-manual-eng090407.pdf>.
- Sudbury & District Health Unit. (2012). *10 promising practices to reduce social inequities in health: What does the evidence tell us? (Promising practice #6: Competencies / organizational standards)*. Retrieved from Sudbury & District Health Unit website: <http://www.sdhu.com/uploads/content/listings/06Competencies-OrganizationalStandards.pdf>.

References for guiding values:

- Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M., Geddes, I. (2010). *Fair society, healthy lives: The Marmot review*. Retrieved from the Institute of Health Equity website: <http://www.instituteoftheequity.org/projects/fair-society-healthy-lives-the-marmot-review>
- National Association of County and City Public Health Officials (2011). *Roots of health inequity: A web-based course for the public health workforce*. Retrieved from <http://rootsofhealthinequity.org>.
- Sudbury & District Health Unit. (2011). *10 promising practices to guide local public health practice to reduce social inequities in health: Technical briefing*. Retrieved from Sudbury & District Health Unit website <http://www.sdhu.com/uploads/content/listings/10PromisingPractices.pdf>
- Whitehead, M., & Dahlgren, G., (2006). *Concepts and principles for tackling social inequities in health: Levelling up part 1*. Retrieved from the World Health Organization website: http://www.euro.who.int/__data/assets/pdf_file/0010/74737/E8938