Driving Local Action

The Potential of City and Regional Health Equity Strategies

Emily Wong and Bob Gardner

Wellesley Institute
advancing urban health

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10 Alcorn Ave, Suite 300
Toronto, ON, Canada M4V 3B2
416.972.1010
contact@wellesleyinstitute.com

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Executive Summary

Health inequities are deep-seated and require action from all levels of government and across numerous sectors. National health equity strategies provide resources, leadership, and strategic direction. However, they are insufficient for addressing the underlying determinants and health inequities affecting local communities and individuals; national strategies need to be adapted and implemented locally and regionally. Even where there is no formal national equity strategy, some leading cities and regions have developed strategies or action plans to address local health inequities. This paper highlights the potential of these local strategies.

Our survey of city and regional strategies found some key directions:

- The importance of local coordination and priority setting;
- Targeted public investment, program development, and delivery;
- Recognizing the built and natural environment as contributors to health and health equity;
- Collaboration of many organizations and policy spheres at multiple levels; and
- Community engagement.

City and Regional strategies also face common challenges including:

- Local government's limited scope of powers that prevent control of the main policy levers to drive change on the determinants of health.
- Short-term or project funding where successful programs end and the knowledge, community and organizational relationships gained are lost. This is particularly damaging as addressing complex health issues requires fundamental social and institutional change over many years; and
- Local strategies and resources are vulnerable to changes in senior governments and commitments.

Because of the complexity of health inequities and their underlying determinants, action across numerous sectors and all levels of government is necessary. The most effective strategies require an effective balance, for example, between clear national directions and policy parameters, and adaptable implementation at the local level. Key to this balance is a strong national vision and health equity goals; well-defined objectives that cascade down to specific responsibilities and expectations for each level of government; and sufficient scope for flexible local innovation and adaptation. Effective local implementation is built upon collaboration and coordination, where relationships can evolve into more sustained deeper partnerships that can address deep-seated determinants of health.

Although many different factors and considerations must be taken into account when developing a health equity strategy for Toronto and Ontario, the experiences of other local jurisdictions demonstrate the great potential of tackling health inequities at a local level and provide key lessons to be learned.

Introduction

Health inequities are complex social and policy problems that require action from multiple levels of government and numerous sectors. We have been analyzing the comprehensive national strategies developed in many countries and regional bodies, including the European Union, to reduce persistent health inequities, to assess key lessons learned and to identify implications for Toronto and Ontario.[1]

One key finding is that strategies at the national level – although crucial for providing resources, leadership, and strategic direction – are insufficient in themselves for addressing the health inequities most relevant to local communities and individuals. Even the most comprehensive and effective national strategies need to be adapted and implemented locally and regionally. At the same time, the absence of a formal national equity strategy has not prevented leading cities and regions from developing strategies or action plans that address elements of social determinants of health and/or tackle health inequities within their local population.

Background: City Health Equity Strategies

As we began this research, we were struck by the ambition and comprehensiveness of health equity strategies developed in major cities such as New York City and London.

New York

New York City's Department of Health and Mental Hygiene launched the *Take Care New York* strategy in 2004. Key features include[2]:

- 10 key areas for intervention in preventable causes of illness/death that are a large disease burden for many New Yorkers and are proven amenable to intervention. Key areas include regular access to medical care, keeping a healthy heart, and having a healthy baby;
- Collaboration and partnerships with health care providers and public, private, and voluntary organizations;
- Specific programs and services that are well-coordinated to ensure effectiveness and efficiency of resources; and
- Measurement and evaluation of progress toward established goals.

Currently, an updated version titled Take Care New York 2012 is underway, with a mix of previous interventions with new targets, and a greater emphasis on children's health and tackling health inequities within the city. Overall, there is a greater focus on addressing the social determinants of health, such as access to quality housing and nutritious and affordable food, and targeted interventions in the built environment of the city's most economically deprived neighbourhoods. In this updated version, each of the ten key intervention areas contains a section on health inequities. The latest progress report (2009-2010) demonstrates improvement in seven of the ten core indicators. These improvements include promoting quality health care for all, through preventable hospitalizations, and having a healthier heart, indicated by a decrease in premature deaths from major cardiovascular disease.

London

The Mayor's *London Health Inequalities Strategy* was published in April 2010. Its goal was to reduce the

health gaps between those with the best and worst health outcomes and to improve the wellbeing of all by working with key partners, sharing commitments, and ensuring strong leadership and delivery. The objectives included[3]:

- Empowering individuals and communities, by building on inspiring projects led by the Voluntary and Community Sector;
- Equitable access to high quality health and social care services, by working together with London's departments and organizations that deliver these services;
- Income equality and health, by improving employment prospects and resources for individuals near or in poverty;
- Health, work and well-being, by reducing barriers to employment and improving workplace conditions; and
- Healthy places, by investing in the housing and public spaces of lower-income neighbourhoods and ensuring that new developments in the city are designed with health equity in mind.

This strategy built upon a tradition of local attention to population health and health inequities, such as the London Health Commission. Set up in 2000, its objective was to reduce health inequalities in the city by partnering with agencies to improve the social determinants of health. Key work of the Commission included:

- Research:
  - Reports that identified the social determinants of health and inequity trends most relevant to London, including *Fair London, Healthy Londoners?* An example of partnerships in practice, this report provides information about inequalities in the city with regards to place, population groups, health and wellbeing outcomes, children and income;[4]
  - Research on comparative data between different areas and boroughs of London; and
  - A series of Health Impact Assessments that led to revisions on the Mayor's Draft Strategies on a number of issues, ranging from air quality to culture.
- Supporting local and community programs:
  - Well London, a program that works directly with local people and communities to transform their health and improve their neighbourhoods through a variety of projects such as Buywell, aimed at improving access to healthy and affordable food and increasing healthy choices in grocery stores, and Activate London, encouraging participation in physical and recreational activities. Other projects relate to mental health, youth empowerment, and promoting access to open spaces. Key features include working in the most deprived communities, undertaking extensive community engagement, and building networks and structures of mutual support; and
  - London Works for Better Health, which linked employment to better health outcomes and equity, promoted healthy employment in the city, and gathered and distributed work/health related research and activities.

Generally, the London Health Commission aimed to improve the social determinants of health across the city by influencing policy makers and practitioners, supporting action and community groups, and driving priority issues through collaborations and partnerships.[5] The Commission was subsequently disbanded and a new London Health Board was created in 2013.

Moving Beyond

We knew that we could not confine our analysis of potential city and local strategies to just a few examples; we found many other promising examples of coordinated local or regional collaborative strategies.

We also found that policy context matters tremendously. In those countries with comprehensive national health equity strategies, one important element was the varying but considerable importance of local adaptation and implementation. Key components of national strategies – concentrated investment in improved services and infrastructure in health disadvantaged communities, cross-sectoral service coordination, and partnerships and collaboration to address social inclusion and other determinants of health – always involved local adaptation and planning. Even where there was not an explicit national strategy, there was still considerable scope for local or regional strategies to address health inequities, and many interesting initiatives had been developed.

The following sections highlight key components and directions city and regional strategies tend to take, as well as common challenges to successful development and implementation.

Common Directions in City and Regional Health Equity Strategies

Common directions and components were found when reviewing city and regional health equity strategies. These include: local coordination and priority setting, targeted actions, the role of the built and natural environment, collaboration, and community engagement.

Local Coordination and Priority Setting

Higher levels of government are increasingly delegating power and responsibility to local levels for the implementation and delivery of health and social services. Well-resourced and carefully developed and designed national policies aimed at tackling health inequities depend upon local governments delivering them appropriately.[6] Not only are local authorities often in an influential position to encourage local actors to convene together to stimulate action, but they are also more knowledgeable than national authorities in identifying the types of services that local people need.[7]

For example, NHS Health Scotland's *A Fairer Healthier Scotland* has a focus on reducing health inequalities through the use of a community-led health approach that enables capacity building within communities to develop efficient and effective local services.[8] Local autonomy needs to increase with citizens depending less on the national government and instead, relying more on themselves, their families, and people within their community.[9] City councillors hold important leadership positions and have a good understanding of community needs, suggesting that they have a significant role to play in addressing the most significant health inequities in their local area.[10] Citizen consultations for Glasgow's Health Commission revealed that there was an overwhelming consensus that power and resources should be shifted directly to communities, particularly to determine the types of health services that are responsive to local needs.[11]

Wales' 2011/2012 *Annual Quality Framework* outlines that even though the National Health Service (NHS) plays a central role in reducing health inequities, the Local Health Boards are responsible for identifying the health inequities in their area and setting actions on how to reduce these inequities. For example, Local Health Boards and local governments have statutory responsibilities to children under the care of the state to ensure that resources for their health plans are met.[12] Further, the Welsh Assembly Government requires Local Health Boards demonstrate local progress in achieving the national Child Poverty Targets in infant mortality, low birth weight and teenage conceptions.[13]

However, although local governments and communities may be more attuned to identify and address local problems, local authorities are always positioned within a wider political context shaped by higher levels of government; they are constrained in their actions at times. When compared with national governments, local governments may not always have the capacity and financial resources to carry out policies related to health equity promotion.[14] Even if resources are available, tackling all of the issues related to the social determinants of health is too complex and inter-connected to be fully addressed by the municipal government. The challenges that municipal governments face are elaborated on further in this report.

Targeted Actions

Addressing health inequities across populations requires targeted actions that aim to level out the unequal distribution of health determinants.[15] Targeted actions are needed since universal strategies – which allow all individuals to access the full range of services and programs – often do not adequately address the differences between individuals' opportunities for good health.[16] Graham and Kelly suggest that there are three approaches to framing inequities in health: one that focuses specifically on the most disadvantaged, another that aims to decrease the gap between the most and least advantaged groups, and lastly, one that targets the health gradient across the entire social strata.[17] Regardless of the approach, targeted action towards the most disadvantaged groups is common, with goals set to improve social conditions, reduce risk factors, and/or increase life opportunities.[18] Targeted interventions, particularly area-based initiatives, are widespread across many health equity strategies as they allow for a greater chance of breaking the cycle of ill health and low socioeconomic status.[19] Since many targeted actions are area-based and local dynamics differ across cities, local people are in a better position to determine the needs of their community and play an important role in choosing the most appropriate targeting methods.

Targeted actions are seen in the Glasgow Health Commission, Wales' Sustainable Health Action Research Programme and Flying Start Programme, and New South Wales' *In All Fairness*. Another example is New York City's Take Care New York 2012. One of the goals of this strategy is to better the health of all neighbourhoods in the city, resulting in targeted action towards lower-income neighbourhoods. Consequently, many of the health department's citywide programs and resources concentrate in low-income neighbourhoods that improve the area's physical landscape through rebuilding roads, houses and parks.[20] Although it is not always explicit as to how specific neighbourhoods are chosen for targeted action, many of the targeted strategies rely on health outcome data such as average life expectancy and economic outcomes. For example, UK's Health Action Zone initiative for urban renewal targeted areas based on the burden of health problems and higher than average levels of material deprivation.[21]

Targeted information on general health and access to programs is essential since some individuals and groups are not aware of available programs and health support to which they are entitled. For instance, London's *Health Inequalities Strategy* stated that targeted health advice should be widely available in all health locations, including doctors' offices, health centres, and hospitals, but also in public libraries and places of worship where information can be passed along to more marginalized groups in a trusted environment.[22]

In addition, targeted actions can be placed within universal strategies to improve program effectiveness,

such as language-specific options aimed at more vulnerable groups.[23] For example, the combination of targeted actions and universal strategies could include a language specific quit line for smoking cessation along with phone lines that are also offered in the country's national language(s).[24]

Not only are targeted actions important for health equity as they raise health outcomes of the most vulnerable, but they also focus more on social determinants of health, whereas universal strategies often relate to individual risk factors and health services.[25]

Targeting Children's Early Development

Children are a common focus of targeted action. A majority of strategies across municipalities and regions stress the importance of reducing inequities among children to tackle health inequities across the entire population.[26] Investing in children is a common targeted practice since an increasing amount of research states that there are critical periods of growth during the life course, from in utero to adolescence, that have significant implications for health later in life, particularly for social and cognitive skill development.[27] For example, children born and raised in marginalized communities are, on average, less likely to perform well in school, negatively influencing their lives in economic and health terms.[28] One study has shown that children who have experienced six or more adverse experiences, such as abuse and neglect, have a life expectancy twenty years shorter than children who have experienced none.[29] The 2010 *Marmot Review*, an independent review requested by England's Secretary of State for Health, suggests that children's well-being is important to achieve health equity.[30] The review includes evidence-based strategies to future policy and action, and although not without critiques, it has been widely influential across the United Kingdom at various levels of government. Towns and regions that have implemented the suggestions of the *Marmot Review* include Camden, Yorkshire, Humber, Blackburn, Darwen, and Sandwell. The review concludes that the nation's first priority should be improving the lives of children to better tackle health inequities.

Children who receive a good start have significant short and long-term physical, mental and emotional health benefits over their life course. Consequently, addressing inequities in children is best achieved during children's early development. Furthermore, intervention during early childhood is the most effective time to break the intergenerational cycle of ill health as preventative health measures can take place.

Aiding children's early development often focuses on early effective parenting and supporting families, particularly mothers and children. Common strategies in early intervention include breastfeeding initiatives, childhood immunization, provision of high quality preschool and daycare, proactive antenatal and postnatal care for marginalized families, and aims to reduce poverty for families. For instance, one of the ten objectives of New York City's *Take Care New York 2012* is "raising healthy children."[31] An example is to encourage breastfeeding exclusively for six months, as recommended by the WHO. The city promoted breastfeeding-friendly hospitals and Women, Infant and Children (WIC program sites), as well as lactation rooms at workplaces.[32] Another example is the Flying Start Program taking place in the most marginalized communities in Wales. The program helps families improve the lives of children aged 0-3 by enabling recipients to receive free, good-quality, part-time childcare for 2- to 3-year-olds, and allowing families to access parenting programs, language and play sessions.[33] Ultimately, the Flying Start Program aims to increase the number of individuals with employable and transferable skills, leading to greater job earnings and better health in the long run.

Strategies that promote children's early development to reduce health inequities demonstrate the

need for targeted actions and the cross-sectoral nature of effective health equity strategies. Promoting children's early development cannot be limited to healthcare initiatives explicitly for children but needs to encompass action outside of health, such as education and housing. Furthermore, strategies aimed at parents, families and communities may likely have on impact on children as well.

The Role of the Built and Natural Environment

The impact of the physical landscape and structures of the city are increasingly being recognized as contributors to health and health equity. Well-designed neighbourhoods that promote safe walking and cycling, convenience to services and facilities, and access to public spaces are factors that lead to healthier lifestyles and a more socially vibrant community. Often, the individuals who are more physically restricted within their neighbourhoods, such as children, the elderly and those with limited mobility, are also the groups who are at higher risk of experiencing health issues. The natural environment, such as the quality of air and water, also plays a role. The acknowledgement of these connections has evolved into a growing number of health departments working with planning agencies to incorporate health considerations into general plans and guidelines for land use decisions.

For instance, public health department representatives from six counties in the San Francisco Bay Area have come together with partner organizations to form the Bay Area Regional Health Inequities Initiative (BARHII). The initiative is divided into four committees with the overarching goal of tackling health inequities in the region. One of the four committees is the Built Environment Committee, with a direct focus on the impact of land use and transportation on the quality of life, and the conditions that shape community health.[34] The Committee developed the *Healthy Planning Guide* to aid public health and planning departments cooperate to promote healthier communities through urban design. The guide links the relationship between particular health risks and the built environment, then provides specific policy recommendations under zoning, redevelopment, transportation, etc., as well as action steps for public health departments.[35]

Physical landscapes also demonstrate the significance of adapting overall strategies to the local level. As every community and city differs in its demography, overarching values, and the natural and built environment, it is essential that the approach and implementation of urban design is flexible and aligned with community needs and goals. Therefore, it is important for citizens to have a voice in the various factors that affect the different dimensions of their lives, including the effect of the city's built environment on their health.

Collaboration

Since the social determinants of health are multiple and complex, a common component of health equity strategies includes collaboration across sectors and governments to address their many facets. This cross-sectoral collaboration is broadly recognized as an essential component of acting on social determinants.[36] Collaboration can be broadly grouped into two categories: cross-sectoral, between the public, private and third sector; and inter-governmental, between different government ministries.

Cross-Sectoral Collaboration

Collaboration between the public, private and third/voluntary sectors has the potential to better address shared problems, promote learning and diffuse risks.[37] Cross-sectoral collaboration is essential to address social determinants of health because one sector cannot successfully tackle all of the social, economic and environmental conditions that directly or indirectly influence health.[38] Ultimately, collaboration across different sectors leads to a better identification of health needs within a community and stronger interagency coordination to determine the best methods to meet those needs.[39] Through the sharing of ideas, cross-sectoral collaboration also strengthens the understanding of the social determinants that affect marginalized populations most severely.[40]

Inclusion of the voluntary sector, ranging from large influential organizations to small charities and self-help groups, plays an important role in successful health equity strategies. The Wales' *Health, Social Care and Wellbeing Strategy* outlines statutory duties for Local Health Boards to collaborate with local authority to improve local health by reducing avoidable health inequities. Representatives from Public Health Wales and the voluntary and private sectors are partners as well. In fact, the strategy states that voluntary organizations need to be included at the strategic planning stage and in commissioning the development and delivery of services.[41] In general, the third sector not only provides input from the community lens, but they also become access points to community members and are in contact with people who are often not represented.[42] As a result, trust is built between organizations and citizens, and the voluntary sector can act as advocates and educators for the broader community.

Food Policy Councils (FPC) are another example of cross-sectoral collaboration that focus on the social determinant of health of food security. FPCs are voluntary bodies comprised of individuals such as producers, processors, distributors and food waste managers, as well as stakeholders from the health, education, environment, business and agriculture sectors.[43] These councils aim to better understand and improve food systems, including how individuals can access nutritious and affordable food. The type of activities that are undertaken vary from council to council but most engage in education programs, research, community food assessments, and advise on policy formulation and implementation on food systems.[44]

Intergovernmental Collaboration

Because most determinants of health lie outside the control of the healthcare system, including income distribution, access to education and affordable housing, addressing health inequities requires different government ministries to work together and to take into account health implications when developing policies across many spheres. Responsibility for addressing social determinants of health cannot solely rely on health departments, which, up until recently, have mainly focused on the treatment of disease.[45] Health in All Policies (HiAP) is a whole government approach that acknowledges the impacts of policies and programs on health outcomes outside of health departments, and integrates health considerations into all government departments and policies.[46]

Departments of Health and Public Health must collaborate with other government departments to tackle health inequities.[47] For instance, in response to the increasing proportion of health expenditures in the budget, the South Australian government adopted Health in All Policies to curb the rising rates of

health costs, particularly in preventable chronic disease.

Health equity strategies can be even more encompassing than the Health in All Policies approach through the systematic embedment of health inequality considerations into all government programs and decisions.[48] Health Equity Impact Assessments/Health Impact Assessments (HEIAs/HIAs) can be used to ensure that government decisions are assessed for their potential impact on health equity. For example, the London Health Commission completed HIAs on eleven of London's draft statutory strategies, including air quality, biodiversity, black and minority ethnic groups, and culture, which led to a revision of such strategies.[49] At a WHO conference, an assessment of these HIAs revealed that they were extremely valuable for encouraging a more robust implementation of evidence and revision of policies.[50] Furthermore, the HIA's provided a stronger link between the evidence of social determinants of health and health outcomes, and also identified population groups that benefit or suffer from the health impacts of these strategies.[51]

In addition, collaborations across different levels of government are important as well. Since the responsibility for health equity and addressing issues of social determinants of health lies in national, regional and local governments, working together across these levels is worthwhile and effective. In particular, this type of relationship is important when national strategies are implemented at a local scale.

Knowledge Exchange and Innovation

One of the most important aspects of collaborating across different sectors and levels of government is the exchange of knowledge and innovation. The Boston Public Health Commission's Centre for Health Equity and Social Justice provides grant funding to thirteen organizations in New England to tackle health inequities through social determinants of health.[52] The Centre also coordinates the New England Partnership for Health Equity, where the thirteen grantees meet twice a year at a summit to share ideas and lessons learned.[53] This provides a space for communities to share effective health equity tools and strategies, and relieve communities from the need to develop plans from ground zero. Instead, successful strategies from one location can be adapted to another area to fit local needs and values.

Knowledge exchange and innovation is not only confined to explicit partnerships between organizations or governments, but also involves forums where community members, researchers, health workers and policy makers interact to exchange ideas. These dialogues are valuable for sharing best practices, innovative ideas, successes, failures and methods to overcome these failures. Risks can also be minimized if they are identified in early development stages and managed effectively.[54] In the late 1990s, the UK government launched the Health Action Zone (HAZ) initiative, which aimed to reduce health inequities in specific local areas with high rates of ill health.[55] In addition to concentrated local investment and coordinated service planning, the initiative focused on knowledge exchange through collaboration across different organizations and the public.[56] Since the emphasis of the North and West Belfast HAZ during their first phase was sexual health of young people, they established a cross-sectoral Sexual Health Forum to provide a space to share information. Through discussion, forum members were able to identify the sexual health priorities as sex education, teenage parenting, the health needs of young men, and contraceptive services.[57]

Regardless of the type of collaboration, effective collaboration with the potential of long-term commitment requires flexible partnership and realistic roles and responsibilities for members.[58] Further, dialogues are essential for successful collaboration and the exchange of knowledge. Notwithstanding, the way in which this knowledge is shared is of equal importance. Technology is playing an increasing role in

engaging individuals and spreading ideas.[59] Technology and social media are also great methods to consult younger generations and hear innovative ideas from groups who do not have the time to physically attend a forum or be a part of a partnership. Also, the sharing of knowledge can be articulated in the form of public education, through the development of materials to educate all stakeholders about the social determinants of health and health equity.[60]

Community Engagement

Most cities and regions with comprehensive strategies, particularly ones that are targeted, emphasize or require community participation. First of all, community members have unique knowledge of the needs of their community and can provide valuable input in adapting strategies to local conditions.[61] Second, engaging individuals and encouraging communication and feedback ensures the relevance, responsiveness and sustainability of services and programs.[62] Third, community engagement enhances knowledge about health determinants leading to a potential decrease in stigma with regards to particular health issues, such as mental health. Lastly, the greater the control people have over services that affect their lives, the better these services are suited to their needs.[63]

Community engagement plays a significant role for the King County's Equity and Social Justice Team in Washington State, where their objective is to address determinants of health in the county's policies and decision-making processes.[64] Building on two of the County's strategies that promote robust public engagement, *Working Together for One King County* and the adoption of the Equity and Social Justice Ordinance, the team developed the *Community Engagement Guide*. The guide provides tools, examples and resources for the initial planning stage of the community engagement process, and outlines that good community engagement considers the diversity of their communities, creates an inclusive and accessible process and allows those who have been historically excluded to participate.[65]

In England, Local Strategic Partnerships (LSPs) are non-statutory bodies led by municipal councils that work at a local level to bring together the public, private and voluntary sectors.[66] Established in the early 2000s, LSPs played an important role in overseeing local action and engaging the community, with explicit aims to support cities to better involve their communities in service provision.[67] Since their introduction, LSPs have defined "community participation" as a measure of their LSP's success.[68] However, explicit central requirements to define the degree of community participation did not exist as each strategy and initiative differed on the appropriate amount of community participation.[69] Regardless, community participation was particularly relevant when the LSPs administered the funds of the *Neighbourhood Renewal Strategy*; a plan to revive 88 of the most deprived neighbourhoods in England by tackling the social determinants of health.[70] Participants and stakeholders involved in LSPs stressed that the most valuable outcome of community engagement were the links built between service providers and communities.[71] This channel of communication allowed representatives from different groups to directly communicate with managers and policy makers to inform and express the outcomes of their decisions. On the other hand, recent evaluations of LSPs reveal that the large numbers of partners involved often led to a lack of coordination and efficiency in their work, as well as accountability to the public.[72,73] The Coalition Government – formed in 2010 – abolished some of the LSPs' statutory duties, lessening the importance of these partnerships.[74]

Although community engagement is extremely important to the success of health equity strategies,

it is not without its challenges. It is difficult to engage all representatives of all communities, let alone all community members, especially when working with the most marginalized populations. This challenge is compounded when language barriers are present and sustained community engagement over an extended period of time is needed for significant effects to manifest. Further, individuals may define the specifics of community engagement differently, and the degree of community engagement on a particular project may not always be agreed upon. Power imbalances between project leaders, government officials and community members are common as well, bringing into question groups' genuine influence on project decisions and outcomes. Nevertheless, well targeted interventions find ways in which these challenges can be tackled. A wide range of methods is necessary for meaningful community engagement, including but not limited to consultations, participatory decision making, project related employment, phone ins and skill development.[75] In addition, capacity building through workshops, seminars and training programs educates stakeholders on the subject and increase their understanding to make smarter decisions.[76] In time, greater involvement of individuals and communities in development and implementation stages allows for higher program sustainability that services citizens equitably.

Common Challenges in City and Regional Health Equity Strategies

As there are common directions and components to city and regional health equity strategies, there are also common challenges. Challenges include the limited scope and powers of local governments, and the long-term sustainability of these strategies.

Limited Scope and Powers of Local Governments

Municipal and regional governments generally have few policy levers to address social determinants of health when compared to national levels of government. This is exacerbated by the fact that the public policy agenda is inherently driven by politics and power dynamics.[77]

More specifically, with regards to developing and implementing health equity strategies, the relationship between senior and local levels of government varies widely in scope and flexibility for local adaptation and implementation. If senior governments set strict parameters and micro-manage projects, municipal and local levels of government may be politically constrained in developing and implementing health equity strategies that are truly tailored to their local communities. Also, there may be difficulties in achieving specific target goals because national targets may be interpreted differently at a local scale, or vice versa.[78]

In many cases reviewed, strategies stemming from the local and regional level are paralleled in national plans. Vastra Gotaland County's 2012 *Action Plan for Health Equity* is a tool to facilitate collaboration between partners and stakeholders and is set up against a backdrop of a national program to reduce health inequities in Sweden.[79] Sweden's national public health policy goal is to "create the social conditions needed to ensure good health on equal terms for the entire population."[80] Although the regional Action Plan has its basis in the national public health goal, the aim of the plan is to specify the decisions, measures, and efforts related to reducing health inequities in the region, and outlines that actions are to be implemented according to local context and need. In this case, the national government does not shape the specifics of the plan, as the setting of goals and frameworks are undertaken at a more local level.

The *London Health Inequalities Strategy* follows a national program to reduce health inequalities and was developed whilst the *Marmot Review* was taking place, which outlined evidence-based strategies to tackle health inequities in England.[81] Although not explicitly stated, action in Boston and New England, San Francisco and the Bay Area, Seattle and King County, and New York City are set against the USA's Department of Health and Human Services' *Healthy People 2010* and the updated *2020* strategies. Among other objectives, these national strategies identified the overarching goals of increasing the quality and years of healthy life and eliminating health inequities and disparities.[82] The Scottish government's *Equally Well* policy, aimed at reducing the country's health inequalities, is implemented through local test sites, including Glasgow's Govanhill neighbourhood.[83]

More detailed local and national examination would be needed to draw firm comparative conclusions. But it would appear that successful local strategies share overarching goals with national strategies, often with the national government setting broad parameters and directions. Local and regional strategies are then crucial in identifying the inequities, areas and populations that will be focused upon, and how they will be tackled and measured. A strong national commitment is a powerful tool for effective local strategies. It would be more difficult to identify the most effective balance between national direction setting and local adaptation, but developing one between national and local strategies is vital; successful strategies rely on considerable local flexibility, adaptation and innovation.

Long-Term Sustainability

When reviewing comprehensive local strategies, long-term sustainability came across as a common challenge. Maintaining momentum and interest in collaborative initiatives and ensuring long-term investment in program and service development is difficult since progress on the social determinants of health is slow-moving and usually requires many years for the positive outcomes to be seen.

Even when a local government commits to a long-term strategy, they can still easily languish or change when a new government takes office with a different platform and set of values. In addition, city level governments are vulnerable to regional and national government changes. However, institutionalizing strategies and forums is a method to aid their continual sustainability.

Long-term sustainability of a strategy also requires appropriate funding. Since many governments at various levels are running deficits and aiming to balance budgets, spending money on strategies that require a long-term commitment are easily swept aside for more immediate concerns.

If governments are unwilling to invest in the long term, strategies and action must be funded from other sources such as private companies or charitable organizations. For example, the Bay Area Regional Health Inequities Initiative (BARHII), a collaboration of local health departments and government authorities, is funded by four community foundations, organizations that pool donations into grants for social change and action in a particular area, and The California Endowment, a private foundation advocating for issues in health awareness.[84] This type of funding was essential for the creation of the BARHII, and its work is beneficial for communities who are impacted by the partnership. However, such funding is not always available, and, to a degree, is influenced by the geographic location of the funders. Due to the constant uncertainty of funding and the amount of time needed to address the social determinants of health, tackling health inequities is often difficult across many local communities and municipalities.

However, sustainable funding for health equity strategies can be encouraged by demonstrating how health has a major impact on the economy. A person's health influences their ability to enter the labour market and their productivity, affecting the economic outcome of the state.[85] The *Marmot Review* pointed out that the impacts of health inequalities could also be measured economically, as the cost of preventable illnesses to the economy.[86] In fact, the European Parliament estimated that losses associated with health inequities cost approximately 1.4% of the EU's GDP, compared to the EU's defense spending of 1.6% of GDP.[87] Although the main purpose of many health equity initiatives is not centred on financial incentives, it is important to make a business case for addressing inequities due to the economic and deficit status of many governments today. To gain support for health equity strategies, different arguments targeted at different policy makers are required; a high-level government authority has different goals and motivations compared to those of a regional planner and a community member.

Conclusion

Because of the complexity of health inequities and their underlying determinants, action across numerous sectors and all levels of government is necessary. The local level plays a crucial role, whether through comprehensive city strategies such as those of London and New York City or through local adaptation and implementation of broad national strategies. Examples from many jurisdictions highlight the potential of local strategies and coordinated action.

In our survey of city and regional level strategies we identified the following key directions:

- The importance of local coordination and priority setting, reflecting both:
  - the overall trend of senior governments delegating responsibility to municipal governments to implement and deliver health and social services; and
  - local planning and priority setting as a key mechanism to implement national health or health equity strategies.
- Targeted public investment, program development, and delivery:
  - often concentrated and coordinated investments in particularly health disadvantaged neighbourhoods or areas; or
  - directed to improve the health outcomes of particular vulnerable populations, such as child-focused strategies.
- Recognizing the built and natural environment as contributors to health and health equity.
- Collaboration of many organizations and policy spheres at multiple levels:
  - cross-sectoral and inter-governmental policy coordination and program development to address the many facets of the social determinants;
  - local service and program coordination to ensure effective delivery; and
  - supporting the exchange of knowledge and innovation.
- Community engagement, as local residents have better understanding of the needs of their community.

Common challenges were found as well. The local government's limited scope of powers means that they do not control the main policy levers to drive change on the determinants of health. This can be especially limiting at the operational level when senior governments set narrow requirements and micro-manage projects and strategies. Another perennial challenge is short-term or project funding regimes, where successful programs are wrapped up and the knowledge, community and organizational relationships gained are lost. This is particularly damaging since addressing complex issues such as determinants

of health and health inequities requires fundamental social and institutional change over many years. More fundamentally, local strategies and resources are vulnerable to changes in senior governments and commitments.

There is no magic blueprint for addressing these challenges, however, important lessons have emerged. Many are about establishing the most effective balance in a particular context, for example, between clear national directions and policy parameters, and implementation that can adapt to local and changing circumstances. Key to this balance is a strong national vision and health equity goals, well defined objectives that cascade down to specific responsibilities and expectations for each level of government, and sufficient scope for flexible local innovation and adaptation.

To get beyond the constraints of short-term projects, funding and accountability structures can be made more flexible and long term. Vulnerability to shifting government approaches and commitments can be mediated by embedding health equity objectives and deliverables solidly within policy frameworks and building broad support within governments and the communities they represent.

More joined-up Health in All Policy approaches can drive coordinated policy development and implementation while helping governments take more long-term approaches. At best, this more comprehensive policy approach would specify targets for the different government departments responsible for key determinants and deliverables in areas such as employment, income distribution, education, social environment, child development and community infrastructure. Similarly, these objectives would cascade down to equally clear local targets and deliverables, effective measurement, and public reporting of progress.

Effective local implementation is built upon collaboration and coordination. The forms vary tremendously, but all promising local strategies include cross-sectoral planning and coordination tables or forums. At best, these evolve into more sustained deeper partnerships that can address deep-seated determinants of health.[88]

Another key lesson is the need to invest in innovation. Part of this is building evaluation into implementation: policy makers and service providers at all levels need to identify what directions and programs work, for which populations, and in what varying social, organizational and community contexts. This in turn requires paying careful attention to program, community and outcomes data collection, measurement, and reporting. To realize this investment, forums and infrastructures need to be created to share promising practices, lessons learned and front-line innovation. The potential of comprehensive, cross-sectoral, focused and integrated local health equity strategies is clear. Promising city or regional strategies start from an overall vision of what a healthy and equitable city will look like, specify objectives, target areas/populations, timeframes and how outcomes will be measured and targeted. They also need to be based upon broad collaboration and community engagement. At best, they are nested in a national or state/regional strategy. But even where there is no national strategy and limited formal commitment, local strategies and coordinated action can still make an important difference to the health of local communities.

Considering lessons learned from the experience of these city and regional initiatives in other countries can help us identify how the potential of local strategy and action could be realized for Toronto, Ontario, and Canada.

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