

International Review of Health Equity Strategies: Executive Summary

By Wellesley Institute for Health Quality Ontario



Wellesley Institute works to improve health and health equity in the Greater Toronto Area through research and policy development based on the social determinants of health.

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Executive Summary

Jurisdictions across the world have adopted strategies to enhance health equity. Some have developed approaches to promote health equity within their health systems while others have developed intersectoral approaches to tackle social determinants of health within and beyond the health sector.

In Ontario, there are significant gaps in health outcomes and service use for different populations across the province. For example, Ontarians living in low-income areas have a life expectancy 4.5 years lower than those living in high-income areas. Life expectancy also varies widely by Local Health Integration Networks (LHINs). In addition to income-related and regional disparities, factors such as immigration status, language, homelessness, gender and age contribute to the current status of health inequities in Ontario.

Health Quality Ontario has developed its equity plan to better support the system to provide equitable, high-quality care to everyone. The *International Review of Health Equity Strategies* aims to inform the development of Health Quality Ontario's equity strategy. The full report identifies and describes strategies developed by Canadian and international jurisdictions to enhance health equity within and beyond the health sector.

Health equity allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have, or who they are.

Health equity ensures that people are not disadvantaged from reaching their full health potential because of socially determined circumstances, race, age, ethnicity, social class, socio-economic status, gender or religion.

In total, sixteen national or provincial/state-level strategies were included in our review. We identified seven national-level European strategies, one provincial-level Canadian strategy, three national-level Australian strategies, one national-level New Zealand strategy, and two national-level and two state-level U.S. strategies.

We identified two types of strategies, broadly based on whether they present a) an intersectoral approach or b) a health system approach. The first group of strategies involve action to achieve health equity or equality in multiple sectors within and beyond the health sector and across several social determinants of health. The second group of strategies aims to promote equity or equality mainly, but not exclusively, within health systems.

We then evaluated each strategy according to its core focus (i.e. whether health equity and/or equality was the primary focus or one of several); population groups targeted; quantified targets of each strategy; data monitoring and evaluation; and implementation tools. We also compiled a comprehensive list of the key strategic goals and actions in each strategy.

Key characteristics of the strategies are summarized in Tables 1 and 2 below.

TABLE 1: Summary of Health Equity Strategies Employing an Intersectoral Approach

Jurisdiction	Name of strategy	Published by (year)	Focus	Listed target groups	Quantified target	Data Monitoring and evaluation	Tools and mechanisms for implementation
England	Tackling Health Inequalities: A Programme for Action	Department of Health (2003)	Equality as core focus	Yes	To reduce the gap in life expectancy and infant mortality by 10 percent by 2010	-Public Health Observatories for data monitoring -The Scientific Reference Group on Health Inequalities for independent assessment	-Public Service Agreement -Cross-cutting spending reviews -Mandatory Health Impact Assessment -Equity Audit
Norway	National Strategy to Reduce Social Inequalities in Health	Ministry of Health and Care Services (2007)	Equality as core focus	Yes	No	-Comprehensive monitoring system on mortality and morbidity (developed by the Institute of Public Health) -Annual policy reviews	-Public Health Act -Planning and Building Act -Health Impact Assessment -Grants for local authorities working in health
Finland	National Action Plan to Reduce Health Inequalities	Ministry of Social Affairs and Health (2008)	Equality as core focus	Yes	To reduce the gap in mortality in population by 20 percent by 2015	-Online monitoring system -"bilateral dialogues" for evaluation	-Public Health Act -Multisectoral National Committee -All ministries legally required to collaborate on the Public Health report
Scotland	Equally Well: Report of the Ministerial Task Force on Health Inequalities	Scottish Government (2008)	Equality as core focus	Yes	No	-Monitoring national indicators (absolute and relative measures) -8 test sites -Progress Reviews	-Fairer Scotland Fund -Health Inequalities Impact Assessment -Community health partnership
Wales	Fairer Health Outcomes for All: Reducing Inequities in Health Strategic Action Plan	Welsh Assembly Government (2011)	Equity as core focus	No	To close the gap between each quintile of deprivation by an average of 2.5 percent by 2020	-Public Health Wales Observatory to identify a small number of targets and indicators to monitor -Welsh Assembly Government to develop an approach to measuring and monitoring the 2.5% target	-One Wales Policy Gateway Tool -Health Inequalities Impact Assessment and Health Impact Assessment
Ireland	Healthy Ireland: a Framework for Improved Health and Wellbeing 2013-2015	Department of Health (2013)	Equality as one of five goals	No	No	-Healthy Ireland Outcomes Framework (work in progress)	-Health Impact Assessment -Social Impact Assessment
Australia	National Aboriginal and Torres Strait Islander Health Plan 2013-2023	Australian Government (2013)	Equality as core focus	Yes	To close the life expectancy gap by 2031	- High-level annual reports to the Australian Parliament -Closing the Gap Report; Health Performance Framework reports	-Supporting various national initiatives with specific focus -National Partnership Agreement
California (US)	California Statewide Plan to Promote Health and Mental Health Equity	Department of Public Health (2015)	Equity as core focus	Yes	No	-Healthy Communities Data and Indicators Project, aligned with the Healthy Communities Framework (work in progress)	(Preliminary stage)

TABLE 2: Summary of Health Equity Strategies Employing a Health System Approach

Jurisdiction	Name of Strategy	Published by (year)	Focus	Listed target groups	Quantified Targets	Data Monitoring and Evaluation	Tools and mechanisms for implementation
New Zealand	New Zealand Health Strategy	Ministry of Health (2000)	Equality as one of ten goals	Yes	No	-Annual reporting on the progress: <i>Implementing the New Zealand Health Strategy</i>	-Toolkits for District Health Boards -Public Health and Disability Act
US National	HHS Action Plan to Reduce Racial and Ethnic Health Disparities	Department of Health and Human Services (2011)	Equity as core focus	Yes	No	-Healthy People 2020 initiative -Regular monitoring and publicly reporting on disparity measures	-The Affordable Care Act -New Access Point grant awards for underserved areas -CLAS Standards Enhancement -Health disparity impact assessment (pilot)
US National	National Stakeholder Strategy for Achieving Health Equity	Department of Health and Human Services (2011)	Equity as core focus	Yes	No	-Health Equity Report Cards by ten Regional Health Equity Councils	-NPA Toolkit -Regional Blueprints -Health Equity Partnerships
Maryland (US)	Maryland Plan to Eliminate Minority Health Disparities: Plan of Action	Maryland Department of Health and Mental Hygiene (2010)	Equity as core focus	Yes	No	-Maryland Chartbook of Minority Health and Minority Health Disparities Data	-House Bills, Health Care Services Disparities Prevention Act -Health Disparities Reduction Demonstration Pilot Projects -Health Impact Assessment
Scotland (NHS)	A Fairer Healthier Scotland (AFHS): Our Strategy 2012-2017	NHS Health Scotland (2012)	Equality as core focus	No	No	-NHS Health Scotland's Equality Outcomes for 2013-2017: products and services; workforce; and systems and premises	-Equality Act 2010 -Health Inequalities Impact Assessment -AFHS Inequalities Audit -Inequalities Statement
Australia	National Primary Health Care Strategic Framework	Standing Council on Health (2013)	Equity as one of four goals	Yes	No	-Healthy Communities Reports	-National Health Reform Agreement; National Healthcare Agreement -State-specific bilateral plans
Australia	Department of Health Agency Multicultural Plan 2013-2015	Department of Health (2013)	Equity as core focus	Yes	No	-Performance indicators: service accessibility and employment diversity and equity -Department's annual reporting -Whole-of-government biennial reporting	-Grant guidelines and contracts (e.g. Rural Health Outreach Fund) clauses requiring service providers to address the needs of CALD communities
Alberta	Promoting Health Equity Framework	Alberta Health Services (2013)	Equity as core focus	No	No	Work in progress	Work in progress

Strategic Goals and Actions

Among intersectoral strategies, goals and actions were identified under the following categories:

1. Engaging multiple sectors and developing multi-level actions; embedding health equity into institutional practices and policies across fields;
2. Addressing the wide-ranging social determinants of health;
3. Embedding equity into institutional policies and practices within the health sector;
4. Empowering communities;
5. Research, evidence and evaluation.

Among health systems strategies, goals and actions were identified under the following categories:

6. Leadership;
7. Collaboration, engagement, multi-sectoral actions;
8. Equitable access and utilization;
9. Equitable quality of care;
10. Capacity building;
11. Cultural and linguistic competency;
12. Data, research and evaluation.

Conclusions

Several themes emerged throughout our review. First, intersectoral approaches to health equity require intersectoral partnership. Our review of sixteen strategies developed in Canada and internationally provides several comprehensive examples of intersectoral approaches targeting health inequality and health inequity. In many cases, these approaches begin in the health sector, but to succeed they require intersectoral partnership. Due to the exclusion criteria, several more focused approaches have been missed, both in terms of approaches, and in terms of region. From a regional standpoint, there has been significant progress in health equity strategies in municipal health regions across Canada. The cities of Saskatoon and Winnipeg, for example, have both developed detailed equity strategies, which were excluded from this review. From a content standpoint, more targeted strategies like the UK's *Delivering Race Equality in Mental Health Care* (Wilson, 2009) has been excluded from this review.

Second, universal measures to improve health equity are essential for overall health and necessitate targeted approaches for marginalized populations to achieve a health equity approach. It is worth highlighting the delicate balance between implementing universal measures that are essential to improve population health, and targeted approaches aimed at improving health outcomes for marginalized populations. Targeted approaches are necessary in order to include those who are otherwise excluded from education, employment, or other areas because of existing societal barriers. Further, these approaches must be carefully designed to avoid further stigmatization of already marginalized populations.

The regional differences in target populations are notable and will have an effect on the impact of a given framework. In the United States, the Office of Minority Health does comprehensive work to ensure visible minorities achieve equity. A similar focus is evident in Australia and New Zealand, where a history of oppression of Indigenous peoples renders equity or equality strategies to improve health outcomes in those populations essential. Similarly, Scandinavian countries such as Norway and Finland name social and economic inequalities, but deliberately do not name particular groups. Failing to name marginalized

populations in these documents may result in a lack of programs and policies targeting groups in need.

Third, targeting policy outside of the health system is essential for decreasing health inequities. This review analyzed several health system approaches to health equity, such as the *US National Stakeholder Strategy for Achieving Health Equity* and Alberta Health Services' *Promoting Health Equity Framework*. These approaches are well-developed and attempt to encompass all components of the health system. These approaches demonstrate that while targeting policies outside the health system is essential to improving health inequities, significant progress can also be made from within health care systems.

It was beyond the scope of this review to include an evaluative analysis of the progress to date of the reviewed strategies. However, strong focus on data, research and evaluation evident in most of the strategies will enable better targeting of programs, and monitoring and evaluation of the effectiveness.