

# Health Equity Resources | Flip Sheet


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**Health Equity Into Action: Planning and Other Resources for LHINs**

This resource provides a range of tools, techniques, and resources LHINs, and the providers and stakeholders health equity strategies and initiatives in the most effective ways for their regions and needs.

- 1. **Introduction**
  - Why Health Equity
  - Context
  - What This Resource Provides
- 2. **The Problem to Solve: Health Inequalities in Ontario**
  - How To Analyze the Social Determinants of Health
- 3. **Thinking About/Acting on Equity**
  - Definitions



## Health Equity Into Action: Planning and Other Resources for LHINs

This online resource is about moving from strategy to practice – operationalizing equity within the health system. It provides a range of tools, techniques, briefing notes, research findings and other resources that LHINs, and the providers and stakeholders they partner with, can use to implement health equity strategies and initiatives in the most effective ways for their regions and needs.

The basic format is essentially to match proven tools, techniques and experience to LHINs and provider requirements. For example, to operationalize equity, LHINs will need to be able to ensure equity is embedded into provider planning and service delivery. One promising mechanism several LHINs have used is to have providers make equity plans for their organizations. Resources on how this has worked are set out.

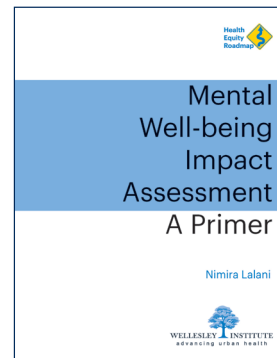
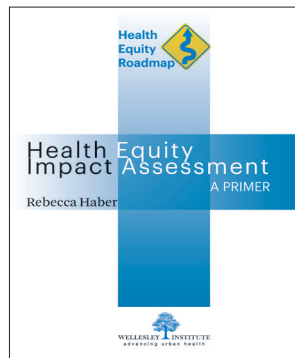
Link: <http://www.wellesleyinstitute.com/resource/health-equity-into-action-planning-and-other-resources-for-lhins/>

## Evidence-Based Planning Tools: Health Equity Impact Assessment

To drive health equity into action we need to understand the needs of health disadvantaged populations, identify barriers to equitable access to quality care, and build equity into priority setting, resource allocation and performance management. That means we need a repertoire of effective equity-focused planning tools. HEIA is one key tool that analyzes the potential impact of service, program or policy changes on health disparities and/or health disadvantaged populations. It can help to plan new services or initiatives, assess and re-align existing programs, and build awareness of equity within organizations.

Link: [http://www.torontocentrallhin.on.ca/uploadedFiles/Home\\_Page/Report\\_and\\_Publications/Health%20Equity%20Discussion%20Paper%20v1.0.pdf](http://www.torontocentrallhin.on.ca/uploadedFiles/Home_Page/Report_and_Publications/Health%20Equity%20Discussion%20Paper%20v1.0.pdf)

In addition to links and resources, we have two new primers on HEIA and a specific tool developed to better assess mental health.



**HEALTH EQUITY IMPACT ASSESSMENT**

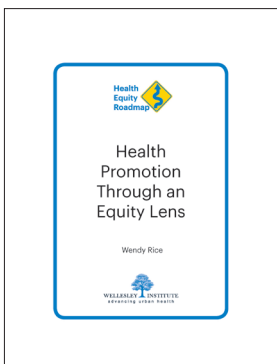

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HEIA arose out of the Health Equity Roadmap process, used for the last 15 years. HEIA tools are used for development, implementation, and evaluation of programs, policies, and services. The Wellesley Institute has developed HEIA tools in several jurisdictions, practitioners sites and other resources.

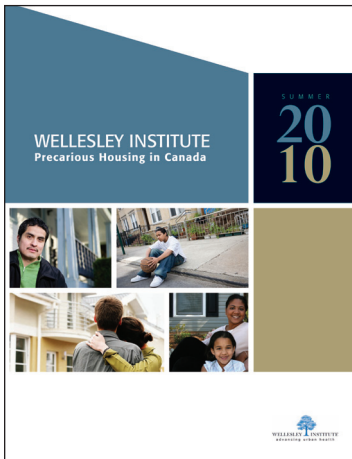
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[JK group takes government to court over gender-based analysis](#)

Wellesley does a great deal of work on building equity into its programs and services. One way to do this is through equity focused planning tool Health Equity Impact Assessment and gender-based analysis. In a recent exam



Health promotion is crucial to keeping people well and preventing illness. A major challenge is that many programs do not take peoples' unequal conditions and opportunities into account, are consequently not effective for vulnerable and marginalized communities, and can actually make disparities worse if they are taken up disproportionately by the more advantaged. This paper analyzes how equity can be built into health promotion.



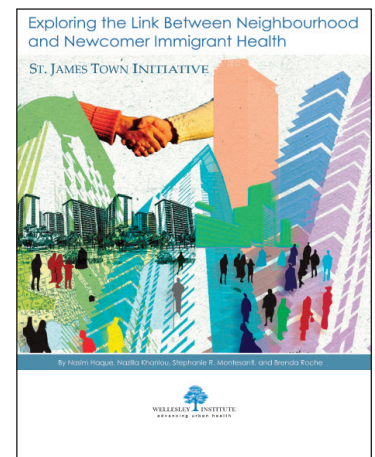
### Precarious Housing in Canada (August 2010)

Precarious Housing in Canada (2010) is a powerful, new research and policy report from the Wellesley Institute. Using the most comprehensive and current data, research and analysis, Precarious Housing sets out a pragmatic, five-point plan targeted to the millions of Canadians who are living in substandard, over-crowded and unaffordable homes – plus those who are living without any housing at all. Housing is one of the most important factors for a healthy life. A good home is important for individuals and for overall population health.

The growing number of Canadians who are precariously housed continues to be a deep and persistent problem throughout the country; the nation-wide affordable housing crisis is costly to individuals, communities, the economy, and the government. Federal housing and homelessness investments – adjusted for inflation and population growth – have been shrinking over the past two decades; and, while the federal government announces short-term initiatives from time to time, Canada still doesn't have a comprehensive, fully-funded and integrated national housing strategy.

### Exploring the Link between Neighbourhood and Newcomer Immigrant Health (July 2010)

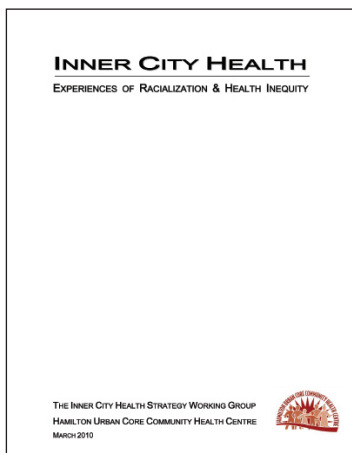
This qualitative research was conducted by the Wellesley Institute in St. James Town (SJT), an urban multicultural neighbourhood located in the northeast corner of Toronto's downtown core. This study examined both the "place-based" characteristics of SJT and individual-level factors, including newcomer immigrants' perceptions of the neighbourhood, their social relations, and their access to health and social services in the neighbourhood. This study was based on focus groups and individual interviews with three ethno-racial immigrant populations: Tamil, Filipino, and Chinese (Mandarin speaking). It compares their experiences with those of Canadian-born residents in the neighbourhood. The study also interviewed health and social service providers in SJT and the surrounding area. The results indicate that SJT newcomer immigrant residents experience a range of challenges relating to physical, mental, and social health and well-being. Health outcomes and well-being are the result of a complex web of causation where risks are related to individual behaviour, neighbourhood, access to social and health services, and social support. Responses and experiences were similar across the ethnic groups and non-immigrant residents in SJT.



### Inner City Health: Experiences of Racialization and Health Inequity (June 2010)

Urban issues are emerging more centre-stage within national Canadian politics and with it discussions about sustainable cities with a focus on housing, employment, education and health within inner cities. Inner city health in particular is a subject of concern for service providers and policy-makers alike.

As this report illustrates, poverty and racism are critical factors that need to be incorporated into urban health strategies and policy interventions that aim to address current inner city health issues. These efforts need to acknowledge poverty and racism as social determinants of health which affect health and health inequities in various direct and indirect ways. Over the course of several months, community members of three inner city areas in Toronto, as well as Hamilton's inner city, took part in a survey and focus group discussions examining their experiences of racism and its impact on their health and well-being. The study focused primarily on experiences of racism within the primary health care sector, but also considered the broader impact of racism on well-being in these communities.



The Wellesley Institute is a Toronto-based non-profit and non-partisan research and policy institute. Our focus is on developing research and community-based policy solutions to the problems of urban health and health disparities.

