

# Health Equity Road Map

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## The Challenge

Health disparities are pervasive and damaging. People with lower income, education or facing other lines of social inequality and exclusion tend to have poorer health:

- over  $\frac{1}{4}$  of low income people in Ontario – three times that for high income – report their health to be poor or only fair;
- 2-3 times as many low income as high income people have chronic conditions such as diabetes or heart problems;

These disparities have a major impact:

- $\frac{1}{4}$  of low income people reported their daily activities were prevented by pain = 2X than high income;
- the difference between the life expectancy of top and bottom income decile in Canada = 7.4 years for men and 4.5 for women;
- taking account of the pronounced gradient in morbidity and quality of life, health adjusted life expectancy shows even higher disparities btwn top and bottom of 11.4 years for men and 9.7 for women.

In addition, there are systemic disparities in access to and quality of care within the health care system.

Health inequities are differences in health outcomes that are avoidable, unfair and systematically related to social inequality and disadvantage. Health equity strategy is designed to reduce or eliminate these socially and institutionally structured health inequalities and differential outcomes.

## The Roots of Health Disparities

A huge body of research demonstrates that health and health inequalities are shaped by income distribution, access to education, availability of affordable adequate housing, childcare and early child development, social exclusion, environmental factors and other social determinants of health. These determinants of health interact and intersect with each other, producing reinforcing and



cumulative impacts over people's lives and on the health of particular populations or communities. This takes place in a constantly changing and dynamic system; in fact, through multiple interacting and inter-dependent economic, social and health systems playing out in particular neighbourhoods and regions.

## Moving to Solutions: The Wellesley Institute Roadmap for Action on the Social Determinants of Health

One major focus of our work has been to analyze the underlying foundations of health disparities and to identify the necessary policy

changes that can build towards greater health equity. We have reviewed the extensive international and Canadian research and policy literature, policy frameworks and strategies from around the world, best practices from the enormous range of front-line service and community efforts addressing the impact of health disparities on the ground, and lessons learned from real life collaborations and initiatives.

The main lines of an action plan or roadmap for tackling the roots of health disparities are to:

1. look widely for ideas and inspiration from jurisdictions with comprehensive health equity policies, and adapt flexibly to Canadian, provincial and local needs and opportunities;
2. address the fundamental social determinants of health inequality – macro policy is crucial, reducing overall social and economic inequality and enhancing social mobility are the pre-conditions for reducing health disparities over the long-term;
3. develop a coherent overall strategy, but split it into actionable and manageable components that can be moved on;
4. act across silos – inter-sectoral and cross-government collaboration and coordination are vital;
5. set and monitor targets and incentives – cascading through all

- levels of government and programme action;
6. rigorously evaluate the outcomes and potential of programme initiatives and investments – to build on successes and scale up what is working;
  7. act on equity within the health system:
    - making equity a core objective and driver of health system reform – every bit as important as quality and sustainability;
    - aligning equity with system drives such as quality and priorities such as chronic disease prevention and management;
    - eliminating unfair and inefficient barriers to access to the care people need;
    - targeting interventions and enhanced services to the most health disadvantaged populations;
  8. invest in those levers and spheres that have the most impact on health disparities such as:
    - enhanced primary care for the most under-served or disadvantaged populations;
    - integrated health, child development, language, settlement, employment, and other community-based social services;
  9. act locally – through well-focussed regional, local or neighbourhood cross-sectoral collaborations and integrated initiatives;
  10. invest up-stream through an equity lens – in health promotion, chronic care and prevention, and tackling the roots of health disparities;
  11. build on the enormous amount of local imagination and innovation going on among service providers and communities across the country;
  12. pull all this innovation, experience and learning together into a continually evolving repertoire of effective programme and policy instruments, and into a coherent and coordinated overall strategy for health equity.

### Think Big But Get Going

One problem we have all faced – from analysts and researchers through decision-makers to service providers and community advocates – is the enormity of this challenge. The social determinants of health are so pervasive and inter-connected that fundamental change can seem daunting. Everything can't be tackled at once: where to begin? How to ensure that the inter-dependence of these complex factors is taken into account in planning and priority setting? Crucial questions: but we can't let

them paralyze us.

We need to move on two levels simultaneously: to always take the deep-seated nature of the social determinants of health into account and to recognize that fundamental change will take time; but, at the same time, to make our best judgements on immediate opportunities and act.

- start by identifying, on the basis of the best available evidence and information, initiatives and opportunities that seem most promising in tackling health disparities and the needs of the most disadvantaged populations;
- invest in these promising directions and initiatives – often as small scale pilots and experiments;
- evaluate service initiatives and collaborations rigorously;
- build on the best outcomes to gradually transform equity-driven service delivery and resource allocation; and
- draw on the lessons learned – both successes and failures – to chart the most effective strategic direction for equity reform.

By proceeding in this kind of incremental but strategic way, by carefully building innovation and momentum, public policy interventions can soon start to have a major impact on health disparities.

### Resources (Linkable PDF)

- [Mental Well-being Impact Assessment: A Primer](#)
- [Health Promotion Through an Equity Lens](#)
- [Health Equity Impact Assessment: A Primer](#)

**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.**