National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

Executive Summary

The equity action spectrum: Taking a comprehensive approach.

The Equity Action Spectrum (1) is the first in a series of five policy briefs (2) describing practical actions to addressing health inequities in relation to priority public health challenges facing Europe. This guidance document describes a framework developed for the European context that can be applied by other regions and countries to consider how inequities might occur and how to develop comprehensive and systematic approaches to address those inequities.

The Equity Action Spectrum framework is proposed as a way for Europe to move towards meeting the goals of Health 2020 (3), the European policy plan for health and well-being endorsed by the World Health Organization (WHO) European region. Health 2020 identifies health as a human right, and reinforces the critical necessity for joint action across multiple sectors, including government, health, and non-health partners. For the Americas, a comparable approach is the Pan American Health Organization (PAHO) Strategic Plan 2014-19 (4) which represents the collective priorities of member states, including Canada, with a focus on reducing health inequities within and between countries and territories, representing collective priorities of member states.

The framework consists of four key stages essential to building a comprehensive approach and action plan to address health equity at national, regional, or local levels of public health policy.

Stage 1: Securing political commitment and multisectoral action.

Recognizing that opportunities will be missed for reducing inequities unless the health and equity lens is applied to all policy decisions, several strategies are suggested for action on the social determinants of health. The strategies include implementing a cross-governmental framework; legislation, regulation, and memoranda of understanding to set and monitor requirements of sectors; joint accounting for results in meeting equity goals; structured impact assessments to inform policy decisions; financial and reward systems linked to health equity improvement results; guidance and support mechanisms to support stakeholders to implement necessary actions.

Stage 2: Assessing the problem and possible intervention points

Steps for developing an action plan are outlined to help achieve a thorough understanding of the unique set of circumstances around health inequities and their determinants. An expert working group can use available information sources to assess the extent of the problem and consider the distribution of the determinants of health that causes health inequities. (5;6) This is followed by examining the collection of health information to develop equity monitoring systems. Practical ways to achieve the goal of involving marginalized and at-risk groups include building capacity to participate in decision-making, strengthening capacity of non-governmental organizations to address social determinants of health and health equity, defining problems and solutions to health equity at the local level, reporting on actions and progress to improve health inequities, and making equity and social determinants data accessible locally and nationally.

Stage 3: Deciding on optimum organizational and accountability arrangements

Strategies to improve organizational and accountability arrangements for action on health inequity are suggested. These include: setting requirements of stakeholders in delivering goals; holding stakeholders to account; collecting and making available data on health related to social and economic factors; building health intelligence systems on a range of data sources; making agreements with the private sector (industry, commerce) on their contribution; and scaling up and strengthening programs supporting leadership on health equity and the social determinants of health.

Stage 4: Drawing up a strategy and action plan

A decision on policy needs to be followed-up with a strategy and concrete action plan for putting the policy into effect (e.g. a national strategy aimed at reducing social inequities in health), along with the need for the development of tools, information systems, knowledge, training and capacity building. An action plan needs to include priorities and rationale for action, actions to be taken and by whom, resources to be allocated, expected outcomes or targets (including timelines), management and coordination systems, monitoring and evaluation plans, and a timetable for reporting back to the public and politicians on progress.

A spectrum of activities – combining universal with selective actions

The report describes how inequities affect every segment of the population and therefore require a universal approach. Reducing the health equity gap, in addition, is achieved by improving the health of those that are worse off faster than those who already have better health. This means that additional effort over and above the population health approach is needed to improve the health of those worse off. The term "proportionate universalism" is used to refer to the combination of universal measures with tailored measures for those groups facing greater levels of disadvantage, also referred to as targeted universalism. (7)

A comprehensive approach includes three key issues for priority action to address the accumulation of health inequities over time:

1. Taking a life course perspective is important because it highlights the accumulation of both positive and negative effects of social inequities on health over a lifetime and how investments in early stages of life contribute to the levelling up of the social gradient in health.
2. Improving the conditions in which people live and work is critical because it focuses on reducing inequities related to socioeconomic and environmental conditions, which may be different for different segments of the population.
3. Building and sustaining a more equitable health care systems is essential because it helps ensure access for all segments of the population. This includes assessing if there are systematic differences between different population groups in access to health services, treatment received, outcomes obtained, or costs incurred that are contributing to health inequities. This assessment is important to help determine priority actions for addressing distribution patterns of the social determinants of health that contribute to health inequities across a population.

Bringing it home to Canada

There are a number of similarities between Canada and the European Union. Both have complex multilevel governance systems where authority is dispersed between local, provincial, and national governments with transnational commitments. Both have a strong traditional focus on social solidarity through a public welfare system. (8) Both also have geographical, social, and cultural diversity including remote northern areas, areas of

prosperity and deprivation, indigenous and immigrant populations, varied industry and occupational profiles, areas of concentrated and dispersed population density, and a range of socioeconomic classes.

Just as life expectancy quintiles vary by country in Europe, we can see variations between regions in Canada. There is a difference of 6.6 years of life expectancy (9) between the region with the lowest life expectancy (Territories at 75.1 years) and the highest life expectancy (British Columbia at 81.7 years). A closer look at economic differences, access to adequate housing and food supplies, and infrastructure stability may present a deeper understanding of the socioeconomic conditions contributing to systematic differences in health.

The Equity Action Spectrum highlights a number of promising practices for addressing the social determinants of health and health equity in countries across Europe. Considering these practices in the context of initiatives in Canada provides practical examples of how applying the components of the framework can contribute to reducing the health equity gap. The list below highlights examples of Canadian projects as a way to consider "how" to build on the framework principles discussed in the framework.

- Recent projects in New Brunswick (10) and Winnipeg (11) highlight the importance of making health equity a permanent area of policy responsibility and engaging stakeholders to secure commitment and cooperation for an action plan to address health equity.
- In Newfoundland (12) the design of policies that act across the entire gradient of health, as well as the most disadvantaged, speaks to the importance of integrating key principles for action to address the social determinants of health. This includes tackling processes that create exclusion as well as capacity building in organizations to address health equity.
- Targeted home visiting programs (13) and school health programs (14) in public health practice help to demonstrate the use of universal and targeted measures. In Vancouver, combining universal and targeted strategies to make services available to all has been utilized by the tobacco cessation programs. (15)
- The development of information systems, tools, and knowledge for intersectoral work as well as the importance of training and capacity building for managers and practitioners has been part of the strategy in Alberta (16) and Quebec. (17) This has included reorienting practitioners to take a social determinants of health perspective in public health work.
- Reducing inequities in social determinants of health related to the conditions in which people live and work by focusing on regional development and a high level of political commitment underlines work in Nunavut (18) that directly engages the community in decision making around health equity.
- Action to make financing systems more equitable requires policy decisions to change conditions that contribute to healthcare utilization and financing, elements of which can be seen in collaborative work in Saskatoon. (19)

The stages of the Equity Action Spectrum align well with several key Canadian documents outlining public health actions to address health inequities, strengthening the fit of the proposed framework for the Canadian context.

Equity Action Spectrum framework (1) (Europe)	Public health action on health determinants to reduce health inequities (20) – (Canada)	Federal, Provincial and Territorial Advisory Committee on Population Health and Health Security (21) (Canada)	Toward Health Equity: Canadian Approaches to the Health Sector Role (22) (Canada)
Stage 1 - Securing political commitment and multisectoral action	Engage in community and multisectoral collaboration	Engage with other sectors in health disparities reduction;	Collaborate with Non-Health Sector Partners
Stage 2 - Assessing the problem and possible intervention points	Assess and report on the health of populations	Strengthen knowledge development and exchange activities	Incorporate a Strong Knowledge Base
Stage 3 - Deciding on optimum organizational and accountability arrangements	Modify/orient public health interventions	Integrate disparities reduction into health programs and services	Build the Foundation for Action
Stage 4 - Drawing up a strategy and action plan	Lead/participate and support other stakeholders in policy work and advocacy	Make health disparities reduction a health sector priority	Build the Foundation for Action

The Equity Action Spectrum helps us to shift the discussion from needing more resources to making better use of the resources currently available. Targeted improvements to the conditions which shape modifiable risk factors can contribute to reducing health inequities. Exploring actions taken to address health equity in Europe provides the opportunity to consider how similar strategies may apply to the Canadian context, supporting continued work to closing the health equity gap and protection of gains already made.

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