Health Equity and the Social Determinants of Health

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Learning Objectives

At the end of the session you will be able to:

• Describe the inter-related concepts of health, social determinants of health, and health equity;
• Understand the ethical, legal and health system rationales for taking action on health equity;
• Discuss the population health approach to health equity
• List potential public health action to improve health equity, including use of health equity impact assessment tools.
What Is Health?
WHO Definition of Health

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

Prerequisites for Health

- peace
- shelter
- food
- human rights
- sustainable resources
- a stable eco-system
- social justice
- equity
- empowerment of women

Source: Ottawa Charter, 1986; Jakarta Declaration 1997
Determinants of Health

• Income and Social Status
• Education and Literacy
• Employment/Working Conditions
• Social Environments
• Physical Environments
• Healthy Child Development
• Social Support Networks

• Personal Health Practices and Coping Skills
• Biology and Genetic Endowment
• Health Services
• Gender
• Culture

Social Determinants of Health

Social determinants of health are the economic and social conditions that influence the health of individuals, communities and countries.

Social determinants of health refer to the quantity and quality of a variety of resources that are made available to people.

Social determinants of health are underpinned by structural factors, such as race, sexual orientation, and the history of colonization among First Nations communities.

FIGURE 1
ESTIMATED IMPACT OF DETERMINANTS OF HEALTH ON HEALTH OUTCOMES

“The unequal distribution of health-damaging experiences is not in any sense a “natural” phenomenon but a result of a toxic combination of poor social policies and programs, unfair economic arrangements and bad politics. Together the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequalities between and within countries.”

Life expectancy at birth by neighbourhood income and sex, urban Canada, 1971-2001

Q – quintiles
population divided into fifths based on the percentage of the population in their neighbourhood below the low-income cut-offs.

Infant mortality rate by neighbourhood income, urban Canada, 1971-2001

ASMR – Age standardized mortality rate - uses direct standardization methods to remove the effect of age structure in the population

The World Health Organization states that:

“Poverty is the single largest determinant of health”

## Poverty Makes us Sick

### Table 1

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Increase in mortality in lowest vs. highest income quintile neighbourhoods</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Causes</td>
<td></td>
</tr>
<tr>
<td>Both sexes</td>
<td>32%</td>
</tr>
<tr>
<td>Males</td>
<td>43%</td>
</tr>
<tr>
<td>Females</td>
<td>16%</td>
</tr>
<tr>
<td>Ischemic Heart Disease</td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>31%</td>
</tr>
<tr>
<td>Females</td>
<td>25%</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>150%</td>
</tr>
<tr>
<td>Females</td>
<td>-5%</td>
</tr>
<tr>
<td>Uterine Cancer</td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>50%</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>56%</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td></td>
</tr>
<tr>
<td>Both sexes</td>
<td>30%</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>56%</td>
</tr>
<tr>
<td>Females</td>
<td>47%</td>
</tr>
</tbody>
</table>

### Table 2

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Odds ratio for presence of condition among individuals living on welfare compared to individuals not living on welfare (adjusted for age and sex)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor/fair self-rated health</td>
<td>3.7</td>
</tr>
<tr>
<td>Major Depression</td>
<td>2.0</td>
</tr>
<tr>
<td>Poor Social Support</td>
<td>2.9</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>3.7</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2.5</td>
</tr>
<tr>
<td>Hypertension</td>
<td>1.6</td>
</tr>
<tr>
<td>Obesity</td>
<td>1.1</td>
</tr>
</tbody>
</table>


What Is Health Equity?
Health Equity

The absence of systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, demographically, or geographically.

Health Inequalities

Differences in health status experienced by various individuals or groups in society. These can be the result of genetic and biological factors, choices made or by chance, but often they are because of unequal access to key factors that influence health like income, education, employment and social supports.

Health Inequities

Health inequities are differences in health which are not only unnecessary and avoidable, but in addition are considered unfair and unjust.

Health and Social Problems are not Related to Average Income in Rich Countries

Index of:
- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility

How much richer are the richest 20% than the poorest 20%?

Source: United Nations Development Program

Health and Social Problems are Worse in More Unequal Countries

Index of:
- Life expectancy
- Math & Literacy
- Infant mortality
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- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility

Average Household Income, Toronto


www.oahpp.ca
Concentration of Visible Minority Populations, Toronto


www.oahpp.ca
Age-Sex-Adjusted Diabetes Rates, Toronto

Why Do Something?
Why do something?

There are **ethical reasons** for addressing health equity

“Above all, on humanitarian grounds national health policies designed for an entire population cannot claim to be concerned about the health of all the people if the heavier burden of ill health carried by the most vulnerable sections of society is not addressed.”

- Whitehead 1992

Why do something?

There are **legal reasons** for addressing health equity

- In the *Excellent Care for All Act* preamble, equity is defined as a critical component of quality health care.
- The Ontario Public Health Standards (2008) explicitly acknowledges the work of public health in reducing health inequities. Specifically, the OPHS Foundational Standard directs boards of health to plan and deliver focused interventions to meet the needs of priority populations.
Why do something?

There are **cost implications** of inequity in Ontario

- 30% of hospitalizations for four common ambulatory care sensitive conditions (ACSCs) (heart failure, chronic obstructive pulmonary disease, diabetes, and asthma)—could potentially be avoided if the hospitalization rates observed among adults living in the highest-income neighbourhoods could be achieved across all neighbourhood income levels.

What Do We Do?
Population Health

• Focusing on the health of populations also necessitates the reduction in inequalities in health status between population groups.

• An underlying assumption of a population health approach is that reductions in health inequities require reductions in material and social inequities.

• The outcomes or benefits of a population health approach, therefore, extend beyond improved population health outcomes to include a sustainable and integrated health system, increased national growth and productivity, and strengthened social cohesion and citizen engagement.

Source: Public Health Agency of Canada (PHAC) Website, 2011
FIGURE 1—Hypothetical homogenous effect of a population-approach intervention on the distribution of risk in a population.

But what if only the most advantaged access the population program?...

... then we take the interventions to those who are most vulnerable.
Levelling-Up


www.oahpp.ca
Targeting within Universalism

• If the goal is to “level up”, then some targeting must occur improving disproportionately the health of more disadvantaged groups while at the same time improving the health of the entire population.

• Targeting can be used as an instrument to make universalism more effective ensuring that extra benefits are directed to poorer groups and acts to “fine-tune” essentially universal policies.

Sudbury & District Health Unit. (2011). 10 promising practices to guide local public health practice to reduce social inequities in health: Technical briefing. Sudbury, ON
How Can We Do It???
1. Targeting with Universalism
2. Purposeful Reporting
3. Social Marketing
4. Health Equity Target Setting
5. Equity-focused HIA
6. Competencies and Standards
7. Contribution to Evidence-base
8. Early Childhood Development
9. Community Engagement
10. Intersectoral Action

Sudbury & District Health Unit. (2011). 10 promising practices to guide local public health practice to reduce social inequities in health: Technical briefing. Sudbury, ON
1. **Checklists and Lenses** – applied/integrated into existing planning and implementation activities.

2. **Processes** – to support a more comprehensive and structured planning approach to integrating social determinants and health equity.

3. **Support structures** – implemented within public health organizations to support the implementation of a health equity approach throughout the organization.

**Principles**

- **Need** – Need is established by assessing the distribution of determinants of health, health status and incidence of disease and injury...

- **Impact** – BOH shall consider... the barriers to achieving maximum health potential and to narrowing inequities in health

**Priority Populations**

- Priority populations are identified by surveillance, epidemiological, or other research studies. They are those populations that are at risk and for which public health interventions may be reasonably considered to have a substantial impact at the population level.

What Can We Do???

Ensure equitable provision of high quality healthcare regardless of circumstances and make sure that all individuals and communities get the care they need by:

1. **Building health equity into all health planning and delivery**
   - doesn’t mean all programs are all about equity
   - but all take equity into account in planning their services and outreach

2. **Targeting resources or programs specifically to addressing disadvantaged populations or key access barriers**
   - looking for investments and interventions that will have the highest impact on reducing health disparities or enhancing the opportunities for good health of the most vulnerable
• **Health Equity Impact Assessment (HEIA)** – include the classic steps of an HIA, however, focus on the potential impacts of service initiatives/policies on disadvantaged populations, access barriers and related equity issues.

• **Health Equity Audit (HEA)** – an evaluative assessment tool with 3 steps to systematically review health inequities, ensure required actions to reduce inequities are incorporated into local plans and evaluation the impact of the actions.

• **Equity Lens** – a simple tool consisting of 3-5 questions to ensures awareness and some consideration of equity issues in service delivery/planning.

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Pauly, B., MacDonald, M., O'Briain, W., Hancock, T., Perkin, K., et.al on behalf of the ELPH Research Team (2013). Health Equity Tools. Victoria, BC: University of Victoria.
• Will/Do some people or communities benefit more from the policy, program or initiative than others, and why?
• Will/Does providing or improving access to this policy, program or initiative, help to narrow the gap between the best and worst off in terms of health outcomes?
• Will/Does this policy, program or initiative have negative effects that contribute to, maintain or strengthen health disparities?
• How will/does the policy, program or initiative affect access to care for this population?
• If you don’t know, what more do you need to know and how will you find out?
Health Equity Impact Assessment (HEIA) helps users to align services with need—enabling better health outcomes.

Source: Health Equity Audit: A Guide for the NHS, UK Department of Health
The Improvement in W Hertfordshire Coronary Revascularisation Equity Before and After Introducing the CHD NSF

Source: Local finance information system and ONS; all denominators are based on Census 2001 projecti
Key Roles in Public Health

- **Assess and report** on the health of populations, existence & impact of health inequalities & inequities, & effective strategies.
- **Modify/orient** public health interventions to reduce inequities.
- **Partner** with other service providers to collectively address health inequities.
- **Lead/participate** and support other stakeholders in policy analysis, development and advocacy.

Source: Integrating Social Determinants of Health and Health Equity into Canadian Public Health Practice: Environmental Scan 2010, www.nccdh.ca
Contact Information

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