Equity Lens in Public Health: Health Equity as a Priority for BC Health Systems?

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Purpose of ELPH

To guide and inform learning about the integration of an equity lens in public health and to contribute knowledge of health inequities reduction.

Key Question: What is the contribution of PH to reducing health inequities and promotion of health equity?
Partners

BC Health Authorities
• Fraser Health
• Interior Health
• Island Health
• Northern Health
• Provincial Health Services Authority
• Vancouver Coastal Health

Universities
• University of British Columbia
• University of Victoria

Provincial Organizations
• Public Health Association of BC
• Public Health Ontario

National Organizations
• National Collaborating Centre on the Determinants of Health
• Public Health Agency of Canada
Four Inter-Related Studies over Five Years

1. ELPH 1: Health Equity Priorities and Strategies
2. ELPH 2: Intersectoral Collaboration
3. ELPH 3: Health Equity Tools
4. ELPH 4: Power and Ethics in Public Health

Integrated knowledge translation and exchange
Health equity priorities and strategies

1. Is health equity identified and prioritized across the health authorities

2. Contextual influences on organizational systems level priority setting and health equity goals

3. Specific public health strategies to reduce health inequities in programs to promote mental health and prevent harms of substance use

4. Changes over time
Preliminary Analysis

BC Health Authorities and Ministry of Health

• 14 Individual interviews
• 12 focus groups with 109 participants
• Senior Public Health Directors and Managers, MHO’s
• 18 documents from 6 HA’s and the MOH
Broad Categories

• Health Equity as a Priority
• Health Equity Talk
• Definitions of Health Equity
• Health Authorities Priorities
• Understandings of Health Equity
• Influencing Factors
• Measures/Indicators of HE
• Promoting HE
For Individuals
For Public Health
For the Health Authorities and the Province
Not a Priority

HEALTH EQUITY AS A PRIORITY
FOR INDIVIDUALS

• Strong leadership by individual MHOs and directors. “We have a very passionate MHO around health equity...but it is an upward battle”

• “There is nobody who said we should be doing this except us.” “In the HA we don’t get into that level of discussion, but I know I do”
FOR PUBLIC HEALTH

• Yes because there is a requirement for programs to have an equity lens
• FTEs dedicated to focus on health equity
• “How could it not be a priority? It always has been for us.” “Reducing inequities is the most important goal in our PH team.”
• Public health is leading the way in thinking about
• In public health documents, health equity is a strong value (moral commitment to social justice)
FOR THE HA’s and PROVINCE

• Variable across the health authorities
• Still more focus on illness care - “everybody who is sick gets the same care”
• Limited inclusion of health equity in health authority strategic plans
• More focus in recent years including in BC’s Guiding Framework for Public Health
• Public health leaders feel they have led the way and challenged others in health authority and province to focus on health equity.
HEALTH EQUITY NOT A PRIORITY

• “We’ve talked about how we like to believe its built into what we do, but there is no formal approach”
• “It’s not something that is put out there as the firm basis of what we do”
• “If we go back to the goals and objectives, equity is given short shrift”
• “There is more talk about it, but its not a requirement of our senior executive”
• In documents, health equity is not necessarily a goal of health systems
Determinants of Health
Population Concerns (Health Status and Geography)
Vulnerability
Targeting Interventions

HEALTH EQUITY TALK
Differences in Understanding Vulnerability

- Individual vulnerability--those at risk
- Vulnerable groups or subpopulations
- Conditions in which people are vulnerable
Challenges to Talking about Health Equity

• We don’t have a language
• We’re speaking different languages
• It’s hard to address.....
Preliminary Conclusions

• Clear and consistent language is needed to shift conversations across health systems
• Pay attention to potential blame that may be embedded in individualistic language
• A need to incorporate health equity goals and objectives across the health system
• A need to make leaders accountable for meeting health equity goals and objectives
• Intersectoral work enhances public health capacity to meet health equity goals and objectives
Funders

Institute of Aboriginal Peoples’ Health
Institute of Population and Public Health

Infectious Disease and Emergency Preparedness Branch