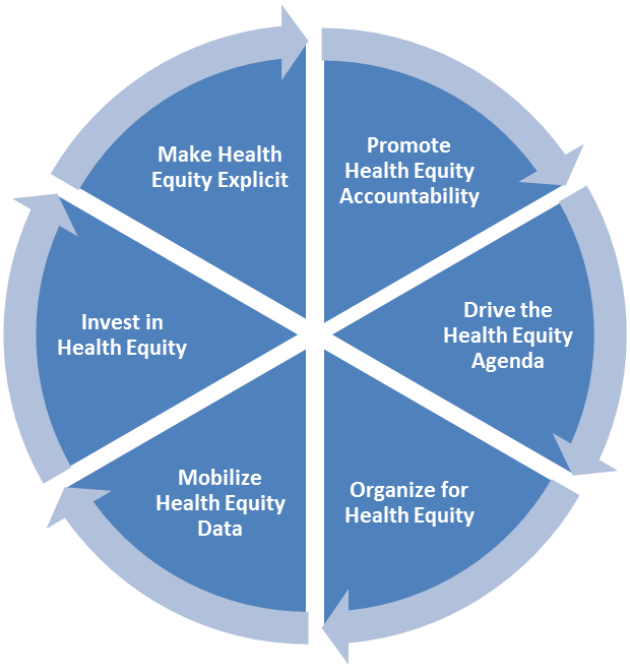
Making Health Equity a Priority

Health inequities result from unfair distributions of power, wealth and resources that create deficits in the social conditions that determine health. Although many determinants of health lie outside the health system, reorientation of health systems towards health equity is an essential component to reducing health inequities. As part of our five-year CIHR-funded project, The Equity Lens in Public Health (ELPH), we provide and describe six key strategies for making health equity a priority in health systems.



Make Health Equity Explicit

Although health equity was valued by public health leaders and practitioners in British Columbia (BC), it was not always named as an explicit priority in organizational or provincial plans and strategies. This created challenges at all levels, including the program level, where practitioners felt constrained in their ability to adequately respond to the needs of clients experiencing inequities.

To make health equity a priority, explicit inclusion of health equity is needed in strategic plans for health care organizations.

> **'I think the politicians use [health equity] as this new thing we're doing. Accessibility, health equity, all of this stuff. But it doesn't necessarily roll down to the frontline giving us the ability, the resources, and the freedom.'**
>
> *ELPH Focus Group– Program Level*

There should be organizational commitment to the application of a health equity lens in public health programs, with specific goals to operationalize health equity as a priority. A health equity lens must be clearly defined, with clear guidelines on its application in policies, programs and services. This is needed to enable health equity work at all levels in the health system.

'[Health equity is] a foundational piece of our work, yet it's not reflected in our reporting to the Ministry of Health. […] There's no check boxes for health equity or social determinants of health, specifically. […] So it's not being captured in our reporting and therefore, makes me question how much of a priority is it and how are we being accountable for it.'

ELPH Interview– Program Level

Promote Health Equity Accountability

In British Columbia, health equity was not explicitly included in Ministry priorities, mandate letters or accreditation processes. These omissions created challenges to the application of a health equity lens.

Explicit mandates and accountability mechanisms are needed to support health equity at regional, organizational, and provincial levels. Ministry directives and resource allocation should reflect and account for these commitments to promotion of health equity. Required reporting on equity-oriented goals and outcomes is paramount to health equity accountability.

Drive the Agenda

In BC, public health and Indigenous health departments and organizations were identified as driving the health equity agenda.

Health equity champions are needed at every level of the health system to drive the health equity agenda forward. Public health leaders can provide information, education, resources and tools to embed health equity thinking and practices throughout health care organizations. Medical Health Officers were seen as key health equity champions at senior leadership tables, as well as with local and municipal-level leaders. Senior leaders and managers can empower and resource program level staff to use their expertise and training to assist clients experiencing inequities. Program managers and staff can drive the health equity agenda within programs.

'the government has a mandate around population health, but […] their interest is really in the performance of the health system in terms of how the services we are providing. I feel that we're the ones trying to push this broader agenda.'

ELPH Focus Group– Senior Executive Level

'I think [health equity is] very much a priority within public health. I think it's because [our VP] has made it a priority, […] I think it's a priority because they've championed it.'

ELPH Interview– Senior Executive Level

Organize for Health Equity

> **'I think one of the other challenges is how do we then as a huge organization you know start, how do we start to operationalize that? I actually think we start to do it by how we start making decisions. So and that means even who's sitting at the table to help make a decision, what decisions'**
>
> *ELPH Interview– Senior Executive Level*

In British Columbia, the location of public health within the organization impacted the prioritization of health equity. Where public health leaders were included in the senior executive team, they were able to more effectively champion and advance health equity strategies, policies and considerations. Aboriginal health departments were also noted as key sites for health equity work, and their inclusion at leadership tables was important to health equity prioritization.

Health equity has to be hardwired into organizations at all levels, from the senior executive level to the front line. An important strategy to facilitate the prioritization of health equity is to position public health leaders and Aboriginal health leaders at the senior executive tables of health organizations.

Mobilize the Data

In British Columbia, a lack of access to robust and timely population health level data related to related to local communities, determinants of health and health inequities, and a lack of health equity indicators was cited as a barrier to health equity work.

Health equity indicators and timely population health data are needed to inform planning and resource allocation for health equity. Population health data can be generated, distributed, and used in strategic ways to inform health equity work and prioritize health equity issues. Public health leaders can act as 'data mobilizers' to contribute to making health equity a priority. A population health observatory would further facilitate health equity work.

> **'our data systems are inequitable because […] they're very acute care focused, […] where they do include public health, they tend to be things that are easily measurable by widgets which is communicable diseases and health protection. So we do not have data systems that are well-suited to chronic non-communicable diseases and equity.'**
>
> *ELPH Interview– Senior Executive Level*

Invest in Health Equity

In BC, limited resourcing for public health was noted as a barrier to prioritizing and operationalizing health equity. Funding for health equity was often limited to targeted strategies, or short term projects.

Significant resource investments in public health and public health infrastructure are required to effectively implement health equity. For health equity to be a priority, directed resources are needed to support long-term and sustainable health equity initiatives. Further funding is also needed to support the development, distribution, and use of high quality population health level data with equity-specific indicators.

> **'I think health authorities respond to how the resources are provided by the Ministry and how it's tagged. So if the Ministry provided resources that said you have to divide it up based on a good health equity lens, that would bring that way of working and way of looking right to the top.'**
>
> *ELPH Interview– Senior Executive Level*

A Comprehensive Approach

We offer a set of strategies to help make health equity an explicit priority within the health system. All of these strategies are needed to support effective health equity work across all levels of the system. A comprehensive approach will create the synergy required to promote health equity throughout the health system.

The Equity Lens in Public Health (ELPH) Program of Research

ELPH is a five-year program of research dedicated to the development and application of an equity lens in public health, to increase health equity and reduce health inequities. ELPH commenced in 2011, and is funded by the CIHR and PHAC. We gratefully acknowledge the contributions from six of British Columbia's health authorities, the British Columbia Ministry of Health, the Public Health Association of BC, the Public Health Agency of Canada, the National Collaborating Centre for the Determinants of Health and Public Health Ontario.

Please cite this document as follows: Pauly, B., Shahram, S.Z., van Roode, T., Strosher, H.W., & MacDonald, M. (2017). *Making Health Equity a Priority*. Victoria, BC: The Equity Lens in Public Health (ELPH) Research Project.