

Developing Health Equity Competency Statements

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October, 2011 (Final)

Introduction

PHABC has been asked as part of its project on Public Health Core Competencies to identify competency statements in the area of health equity to facilitate the effective delivery of core public health programs in BC.

This document provides a definition of health equity and outlines a set of competency statements that reflect the skills, attitudes and behaviors essential to public health staff in addressing health equity and in establishing and implementing health equity plans and programs. These statements have been developed in collaboration with representatives from Fraser Health and PHABC.

Definition of Health Equity

There are a number of terms that may be used when considering issues of health equity – most commonly, health inequities, health disparities or health inequality – and it is important to differentiate between these terms when defining health equity.

Health **inequalities or disparities** are defined as observable differences in health status between or within defined populations groups and may stem from genetics, gender or other factors (cultural, economic, etc.). Inequalities become inequities when they are deemed to be unfair, avoidable and unjust (Pedersen et al, 2007).

More specifically, **health inequities** refer to differences in health status among population groups which are deemed to be unfair, unjust, or preventable, as well as socially produced and systematic in their distribution across the population (Commission on Social Determinants of Health, 2007; Health Officers Council of BC, 2008).

The World Health Organization defines **health equity** as “the absence of unfair and avoidable or remediable differences in health among populations or groups defined socially, economically, demographically or geographically” (Solar & Irvin, 2007, p. 7).

Core Competencies for Public Health in Canada: Release 1.0

All the competency areas identified in the Core Competencies for Public Health in Canada: Release 1.0 (<http://www.phac-aspc.gc.ca/ccph-cesp/pdfs/zcard-eng.pdf>) are relevant and required when addressing health equity issues: 1. Public Health Sciences; 2. Assessment and Analysis; 3. Policy and Program Planning, Implementation and Evaluation; 4. Partnerships, Collaboration and Advocacy; 5. Diversity and Inclusiveness; 6. Communication; and 7. Leadership.

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Health Equity Lens – Competency Statements

A health equity lens can be applied to all the public health core competencies. The set of competency statements identified below highlight the competencies considered to be essential to the public health workforce in pursuing health equity and addressing health inequities. A unique aspect is that health equity requires ongoing sustained inter-sectoral efforts and cannot be achieved by one sector alone.

Please note

Self-assess the competencies below for your own level of engagement (e.g. role in your organization, and type of work with others at various levels – neighborhood, community, municipal, regional or provincial.)

Public Health Sciences

1. Understand what health equity and health inequity mean and how this differs from health equality and health inequality/disparity.
2. Demonstrate knowledge of how health equity is associated with the social determinants of health.
3. Able to use health equity/health inequity literature, research and evidence to inform policies, programs and practice.
(Core Competencies for Public Health in Canada Release 1.0 defines evidence as: information such as analyzed data, published research findings, results of evaluations, prior experience, expert opinions, any or all of which may be used to reach conclusions on which decisions are based.)

Assessment and Analysis

4. Able to think critically at a broad systems level, recognizing the interrelationships among and between factors that affect the health of populations.
5. Able to identify and where appropriate provide information (from data to stories) needed to conduct a health equity assessment.
(Core Competencies for Public Health in Canada Release 1.0 defines information as: facts, ideas, concepts and data that have been recorded, analyzed and organized in a way that facilitates interpretation and subsequent action.)
6. Able to identify gaps and limitations in available information for conducting a health equity assessment.
7. Able to understand (purpose and content) and use an equity-focused health impact assessment tool.

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Policy, Program, Planning and Evaluation

8. Able to determine best practices to address identified health inequities.
9. Able to implement programs/services/policies designed to prevent, reduce and/or mitigate health inequities.
10. Able to understand and participate in evaluation activities to measure the impact of specific interventions on identified health inequities.

Partnerships, Collaboration and Advocacy

11. Able to engage, work collaboratively and build partnerships with diverse stakeholders and sectors for the achievement of common goals in reducing health inequities.
12. Able to articulate and utilize the strengths/assets that the public health and other components of the health care system can bring to addressing health inequities.
13. Able to articulate and utilize the leadership and strength/assets that other sectors beyond the health care system can bring to addressing health inequities.
14. Able to establish effective relationships (e.g., trusting, non-judgmental/respectful, sustainable, collaborative) with population groups affected by health inequities to jointly assess needs, test and implement solutions.
15. Able to advocate on behalf of and with populations affected by health inequities.

Diversity and Inclusiveness

16. Able to understand the influence of diversity on health equity (e.g., where diversity includes unique values, social, political, historical, physical, spiritual, mental, gender, economic, environmental and cultural experiences).
17. Demonstrate knowledge and understanding of Aboriginal peoples, their socio-political and historical context, and jurisdictional issues, in addressing health and health equity.

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Communication

18. Able to use best practices in framing and communicating about social determinants of health and health inequities.
19. Able to convey the societal and personal costs of health inequities and the benefits of addressing them in a manner that influences decision-makers in all sectors including health to take action.
20. Able to engage others in open dialogue/debate about health equity.

Leadership

21. Able to engage leaders within the health care sector and across other sectors to collaboratively address health equity issues.
22. Able to recognize and address power imbalances that impact public and population health.
23. Able to recognize and work through value differences and ethical dilemmas with stakeholders/decision makers across diverse sectors to improve health equity.

Note: Key organizational supports include: vision, policies and leadership that support the pursuit of health equity and formal recognition that the organization supports staff and managers to address health inequities.