Safe and Inclusive Communities: Application of an Equity Lens in BC

B. Pauly RN, Ph.D, S. Shahram Ph.D , Marjorie MacDonald RN, Ph.D. H. Strosher, MA & T. van Roode, Ph.D & ELPH Team

This Photo by Unknown Author is licensed under CC BY-NC-SA

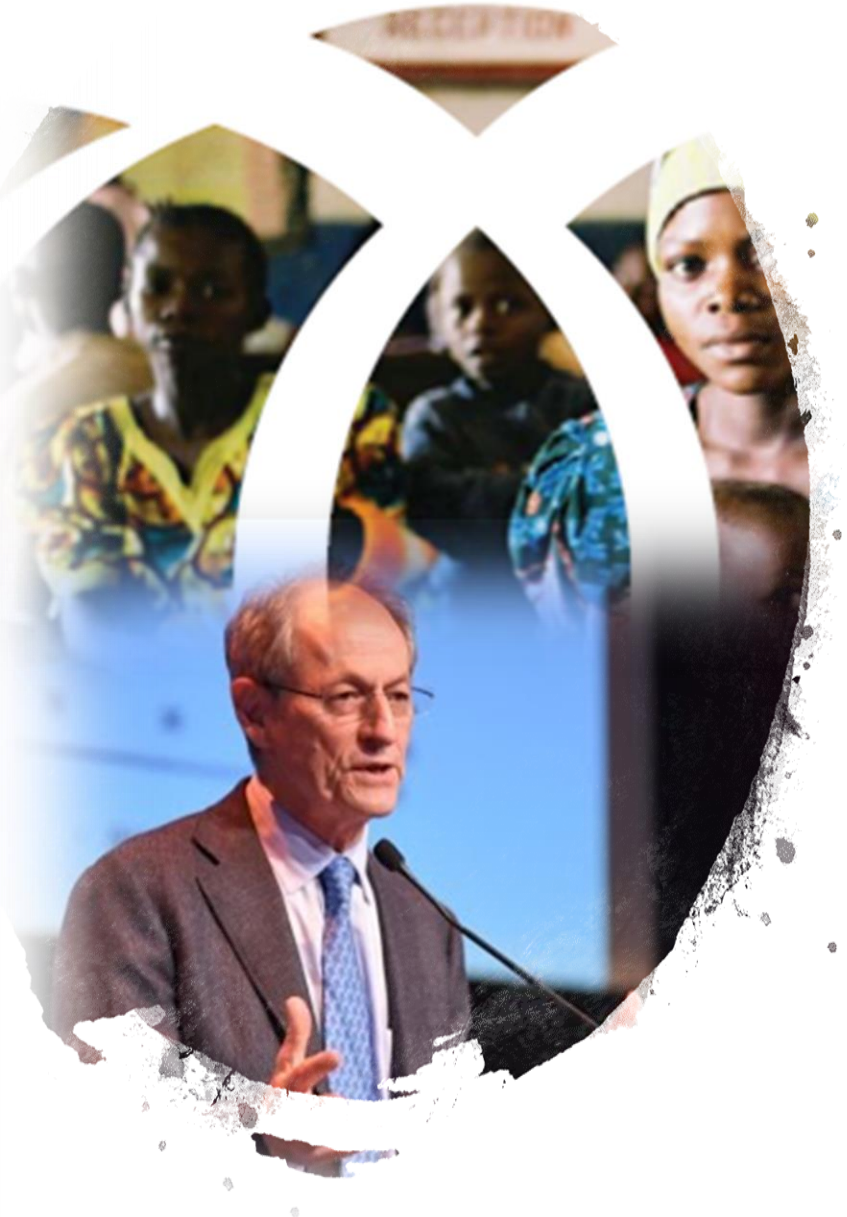
Credit: Robert Wood Johnson Foundation
https://www.youtube.com/watch?v=MlXZyNtaoDM

Bad Luck or Inequity?

Inequities are:

- systematic,
- socially produced (and therefore modifiable) and,
- unfair

This Photo by Unknown Author is licensed under CC BY-SA



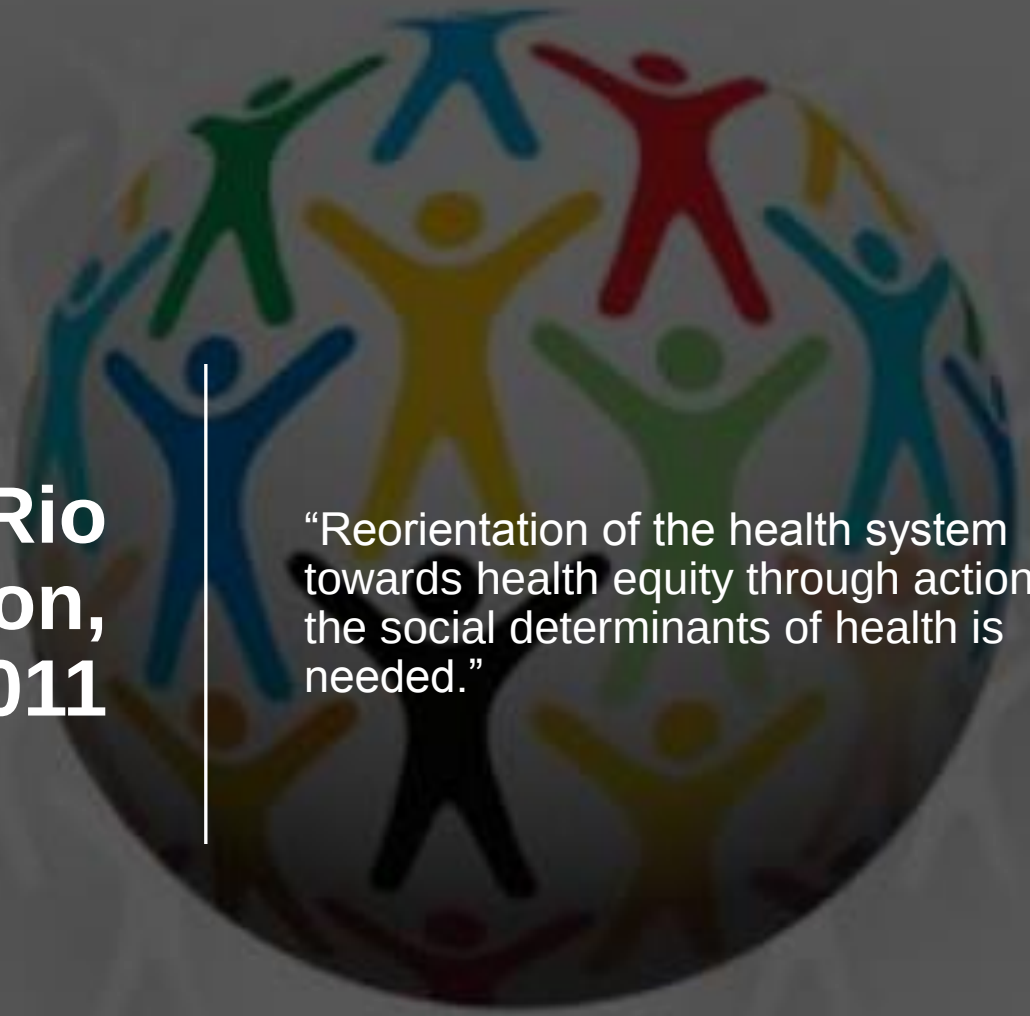
WHO Commission on Social Determinants of Health (2008)

"(The) toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible. **Social injustice is killing people on a grand scale**."

-Closing the Gap in a Generation

Starting with Values

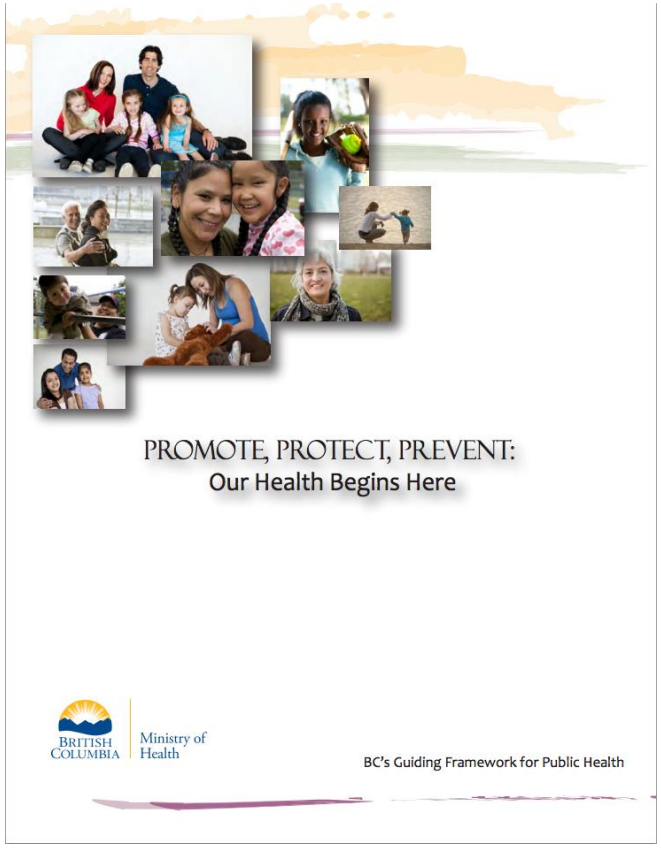
Market Justice[2]	Social Justice[3]
Seeks to ensure fair protection of engagement in the market	Places urgency on inequalities that result from systematic patterns of disadvantage
Aims for Equality, fairness in means	Aims for Equity, fairness in outcomes
Inequalities in health and wealth are acceptable, as long as people have equal access to opportunity	Inequalities are socially constructed, and lead to unacceptable inequities
Naturalizes power and privilege	Problematizes power and privilege

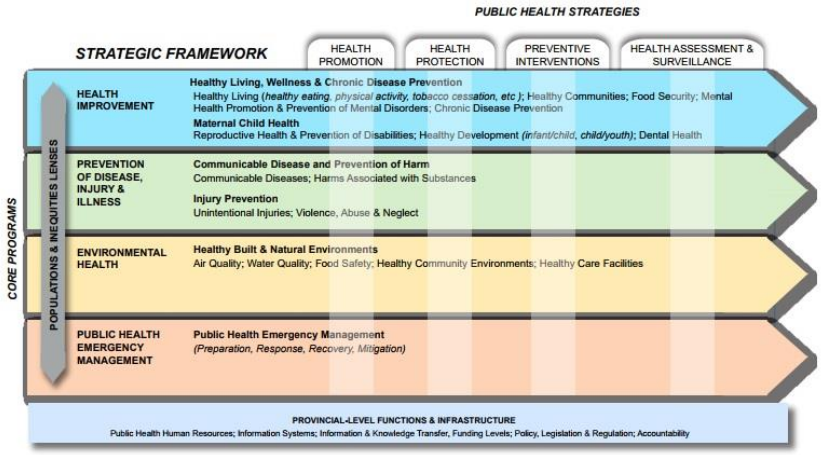


Rio Declaration, 2011

"Reorientation of the health system towards health equity through action on the social determinants of health is needed."

All for Equity



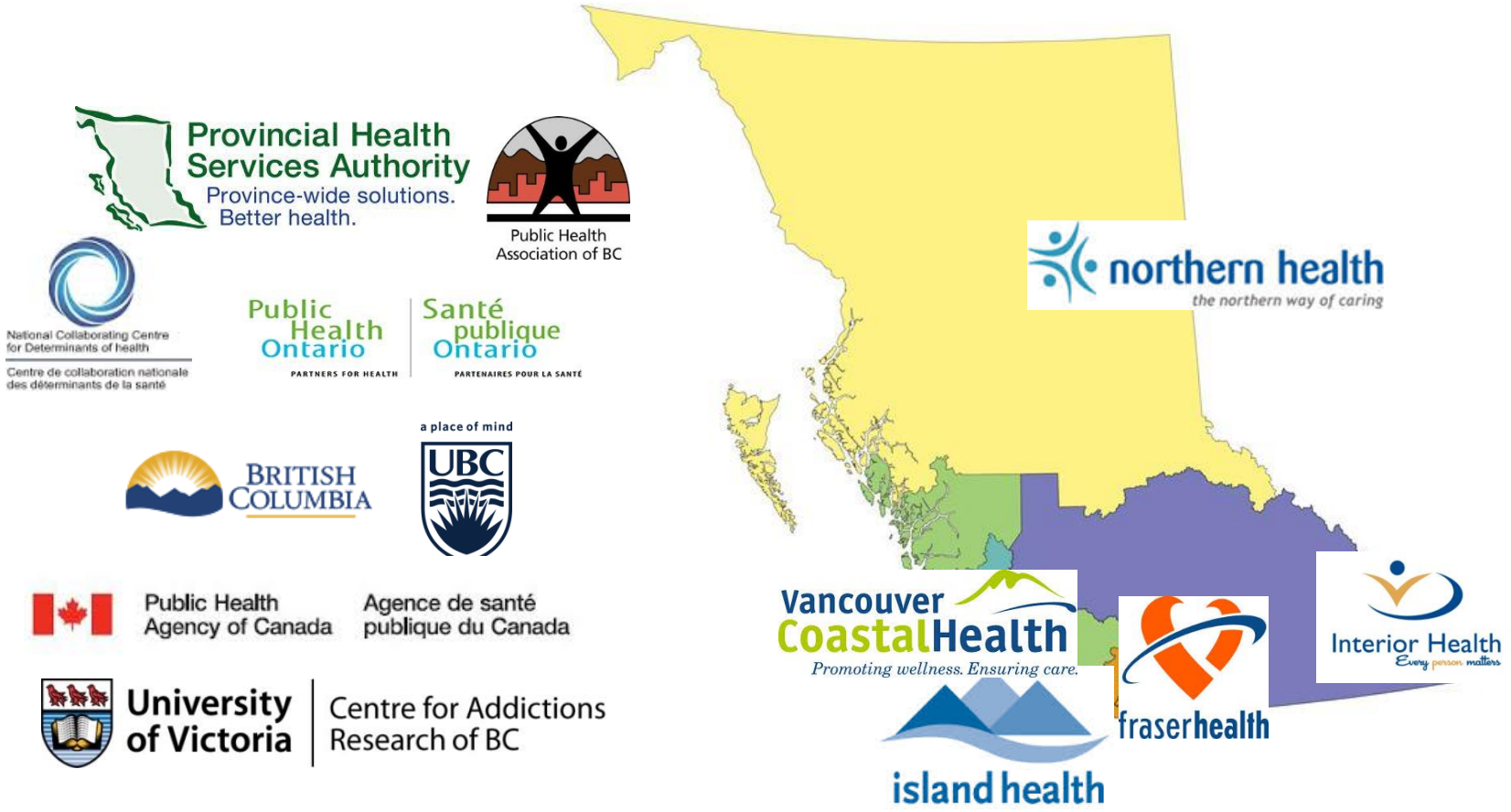


BC Public Health & The "Equity" Lens

Equity Lens in Public Health

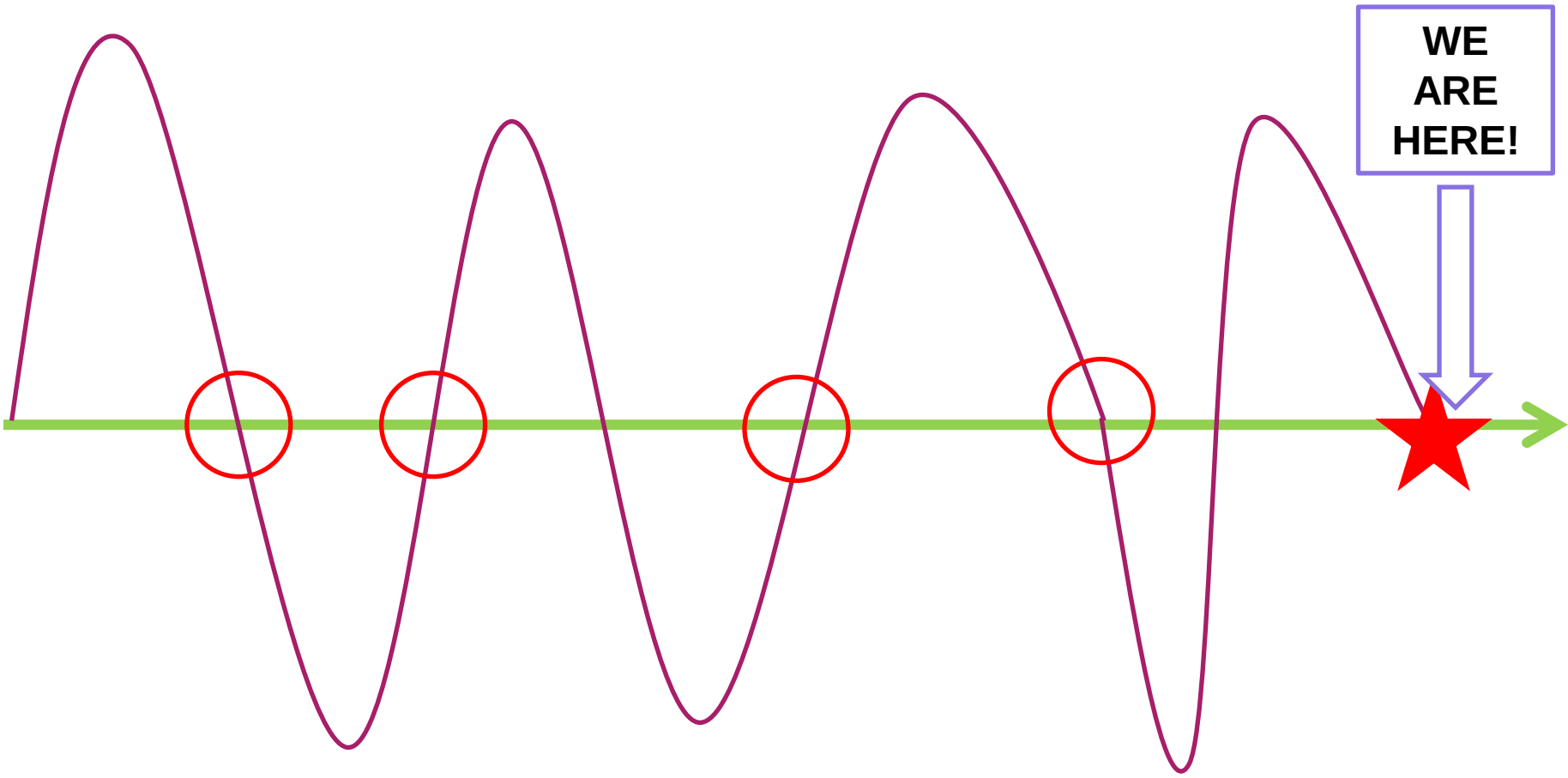
To guide and inform learning about the integration of an equity lens in public health and contribute to knowledge of health inequities reduction.

Integrated KTE Team



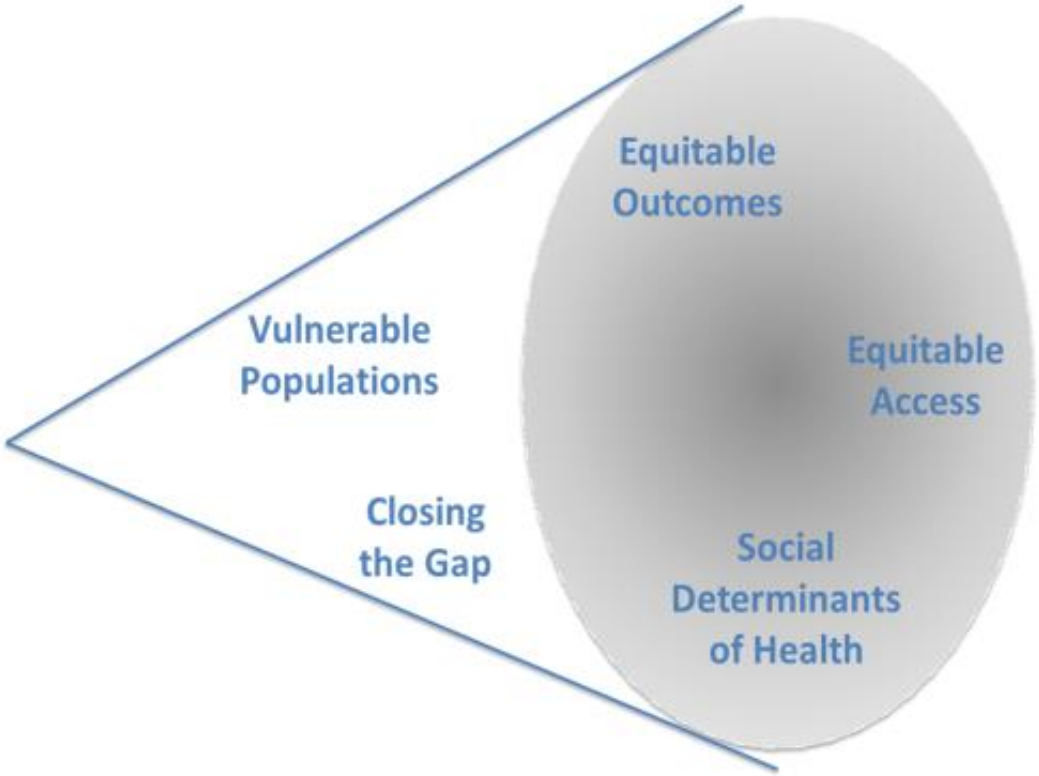
* The First Nations Health Authority in BC was established after this study began

ELPH Integrated KTE



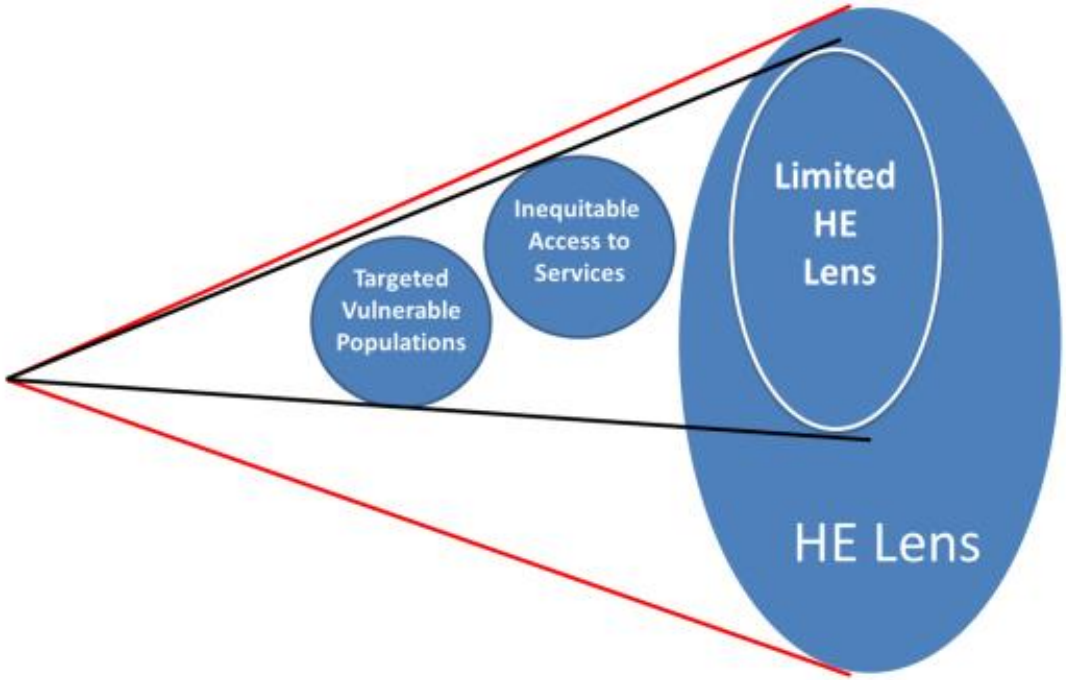
2013-2014

Time 1: The Diffuse Lens

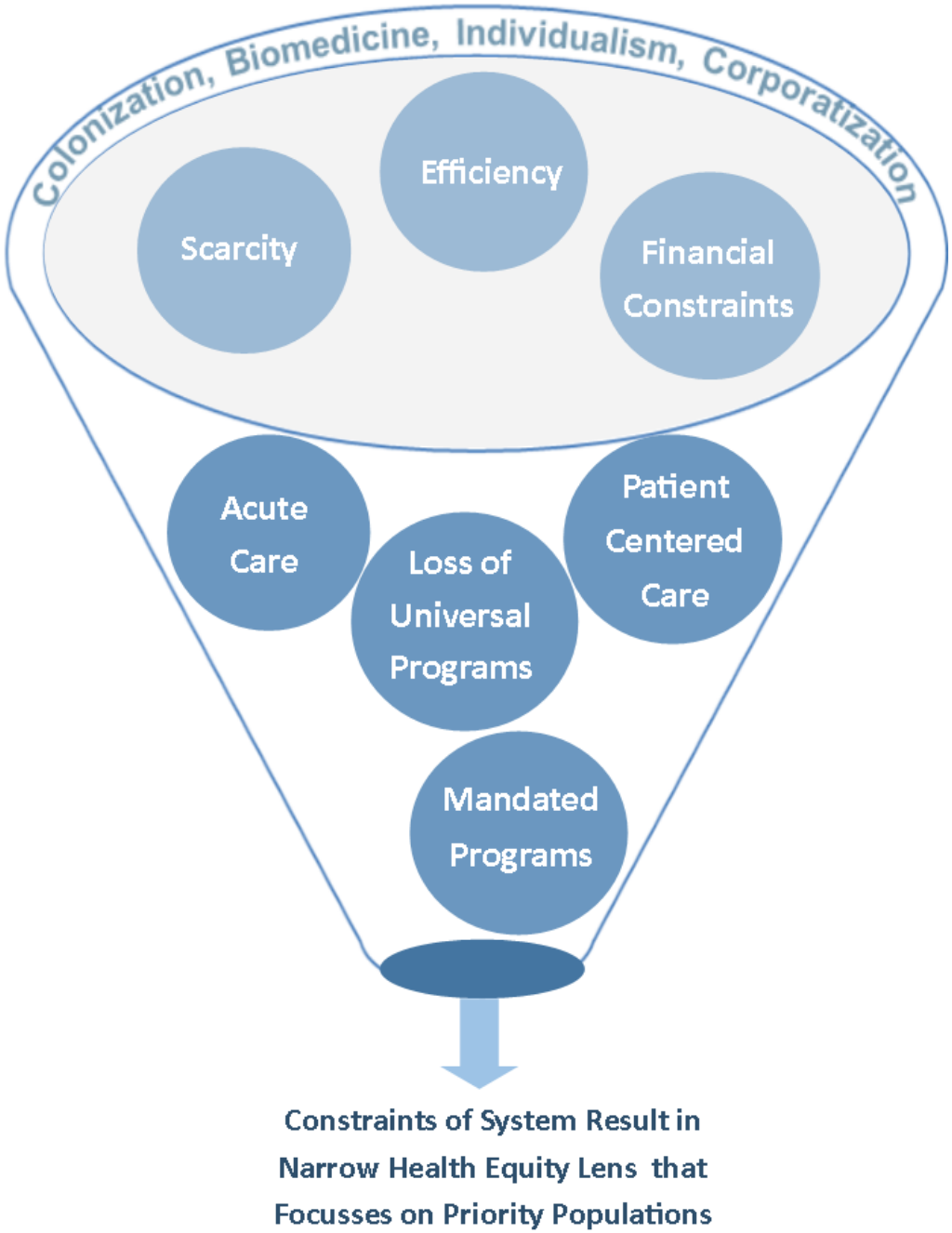


2015-2016

Time 2: The Narrow Lens



System Constraints

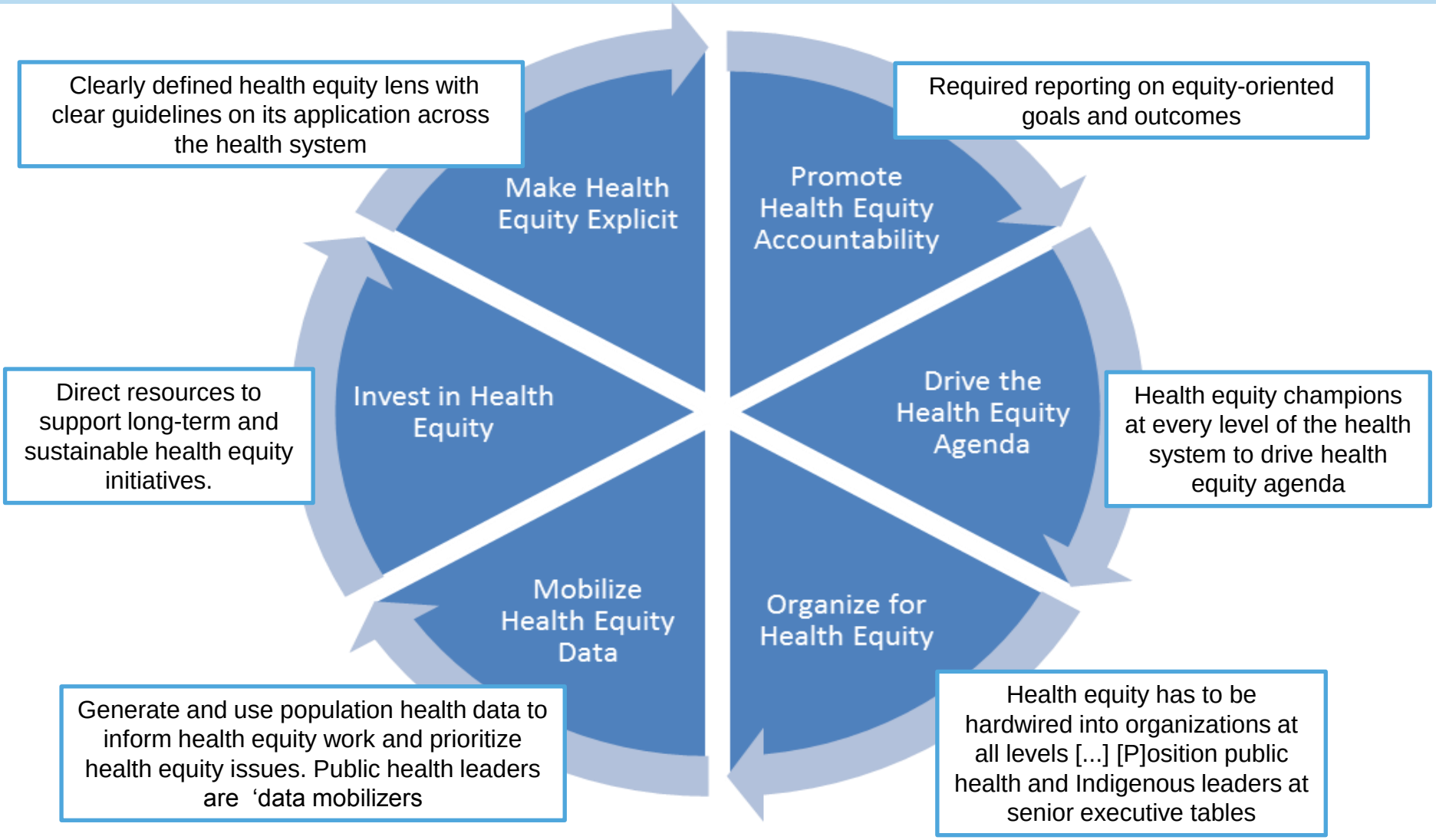


Shifting Systems

Leveraging Complexity

Six Actions for

Making Health Equity a Priority



Equity Lens in Public Health

How is a Health Equity Lens Being Applied in British Columbia?

In 2011, Canada and other United Nations member states endorsed the Rio Declaration on the Social Determinants of Health. This reiterated that a key strategy for achieving social and health equity is the reorientation of the health care sector towards action on the social determinants of health, with health equity as a central goal[1]. This includes identifying and reducing health inequities, which are the result of unfair structural and potentially remediable conditions[2]. Thus a health equity lens should bring to light the sources of inequities, as well as actions that promote health equity.

In the BC Guiding Framework For Public Health[3], public health providers are advised to apply an equity lens to all public health programs. In the Equity Lens in Public Health (ELPH) program of research, we examined understandings and application of a health equity lens in BC health authorities at two time points (Time 1: 2013/2014 and Time 2: 2015/2016) through a series of interviews with health authority staff. The distinct differences in understanding and application of a health equity lens at each of these time points are described below. Critical analysis of the strengths and limitations of each application informs recommendations, including the need for a systems level health equity lens.

Time 1: *A Diffuse Lens*

Understandings of health equity at Time 1 (2013/2014) were broad and diffuse (Figure 1). There was a general lack of clarity as to what constitutes a health equity lens, and a lack of guidance as to how it could be applied[4,5]. As a result, participants predominantly used proxy terms for health equity, such as vulnerable and marginalized populations.

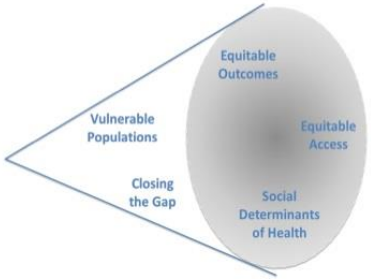


Figure 1. Time 1 (2013/14): A Diffuse Health Equity Lens

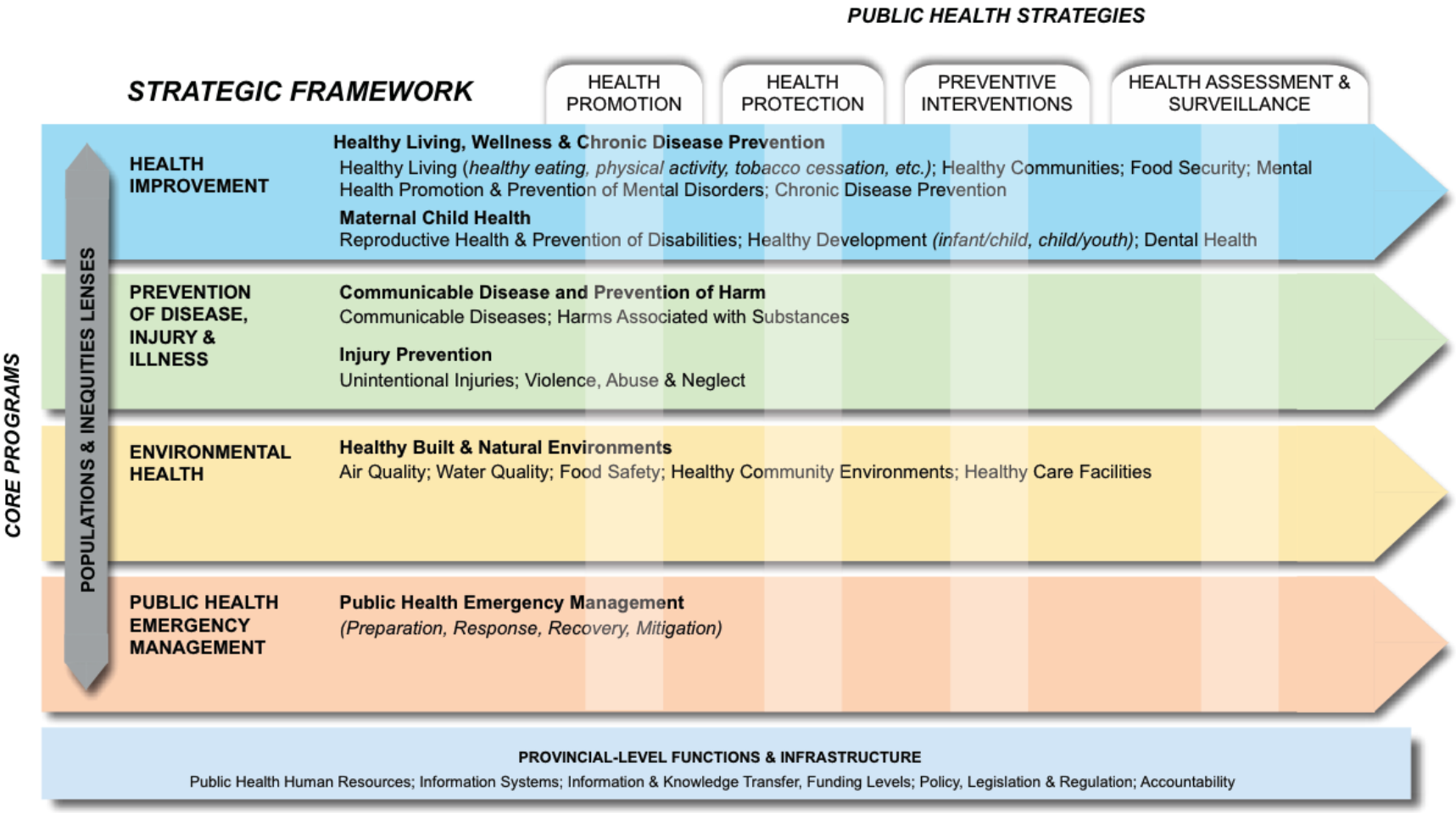
Participants asserted health equity as an important value in their work, but found it challenging to discuss or take action on health inequities in concrete ways. Although there was some mention of addressing the social determinants of health to promote health equity, there was limited consideration as to how people are positioned in relation to accessing the social determinants of health.

Discussions around the structural conditions that produce inequities such as racism, gender bias, sexism, ageism, ethnicity, and classism, were virtually absent, as was an understanding of how care within the health systems is impacted by these factors. The primary focus of applying a health equity lens at Time 1 was to achieve equitable access to health services with little mention of equitable outcomes.

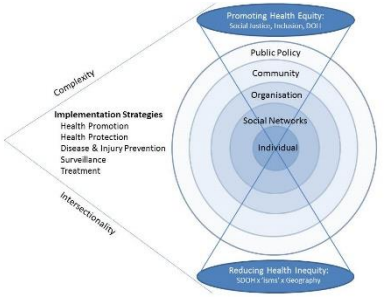
ELPH KTE Resources:

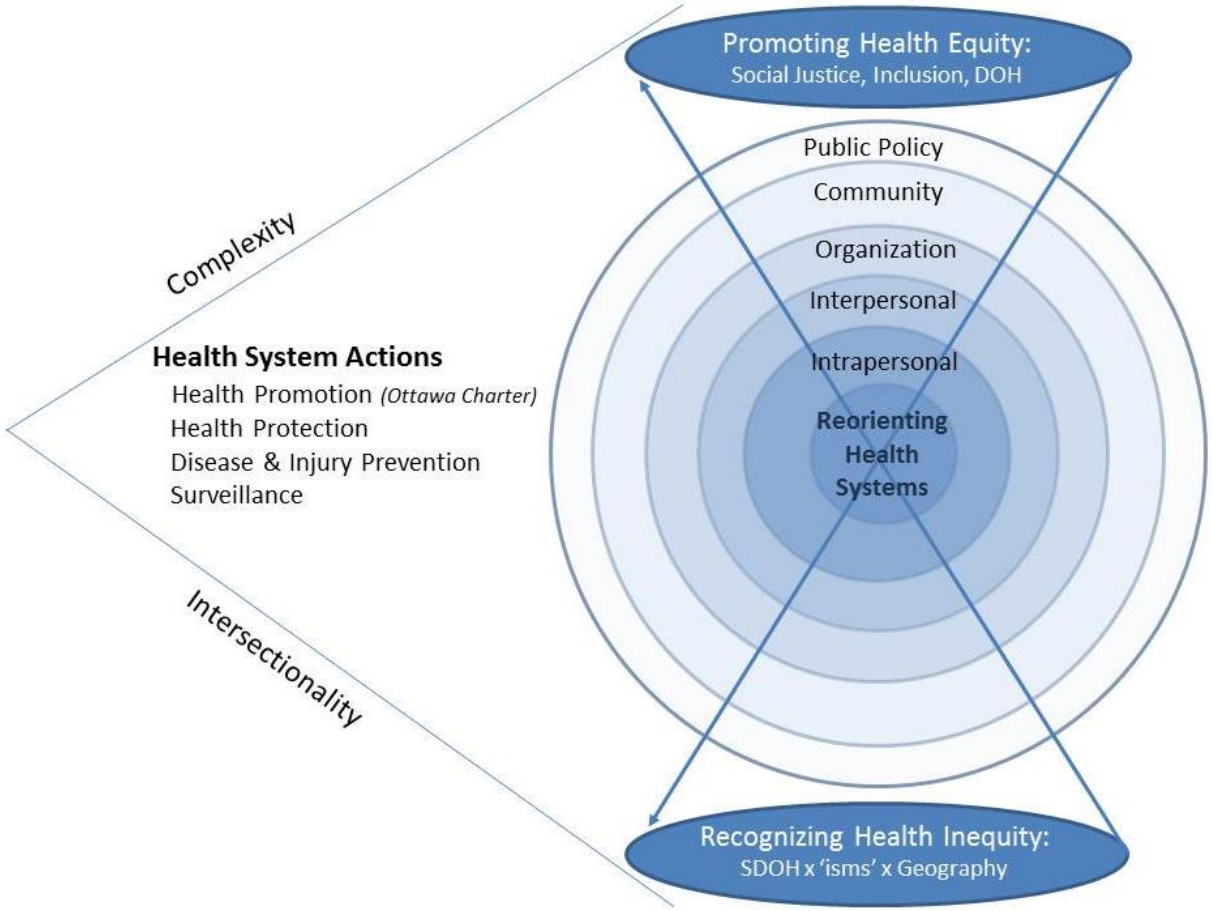
- ❑ Thinking Critically
- ❑ Getting Practical
- ❑ Mobilizing System Action

https://www.uvic.ca/elph/



SYSTEMS LEVEL HEALTH EQUITY LENS & ORGANIZATIONAL CAPACITY FOR HEALTH EQUITY





The Systems Health Equity Lens

Proposing a Systems-Level Lens

Disruption as Opportunity in complex systems

Want to find out more?

Pauly, B., Shahram, S., Dang, P., Marcellus, L., MacDonald, M. (2017). Health equity talk: Understandings of health equity among health leaders. AIMS Public Health. 4(5): 490-512

KTE RESOURCES

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.

Pauly, B., van Roode, T., Strosher, H.W., Shahram, S. Z., & MacDonald, M. (2017). How is a health equity lens being applied in British Columbia? Victoria, BC: The Equity Lens in Public Health (ELPH) Research Project.

Pauly, B., Shahram, S. Z., van Roode, T., Strosher, H.W., & MacDonald, M. (2018). Reorienting Health Systems Towards Health Equity: The Systems Health Equity Lens (SHEL). Victoria, BC: The Equity Lens in Public Health (ELPH) Research Project.

https://www.uvic.ca/elph/