Reducing Health Inequities Through Intersectoral Action:

Balancing Equity in Health With Equity for Other Social Goods

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‘Health equity in all policies’ is ethically problematic.

Disclosure Statement

I have no affiliation (financial or otherwise) with a pharmaceutical, medical device, or communications organization.

Declaration of Alma-Ata

International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978

The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following

Declaration:

I
The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

II
The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

III
Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace. **IV** The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

V
Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.

Declaration of Alma Ata (1978)

"The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization **requires the action of many other social and economic sectors in addition to the health sector**."

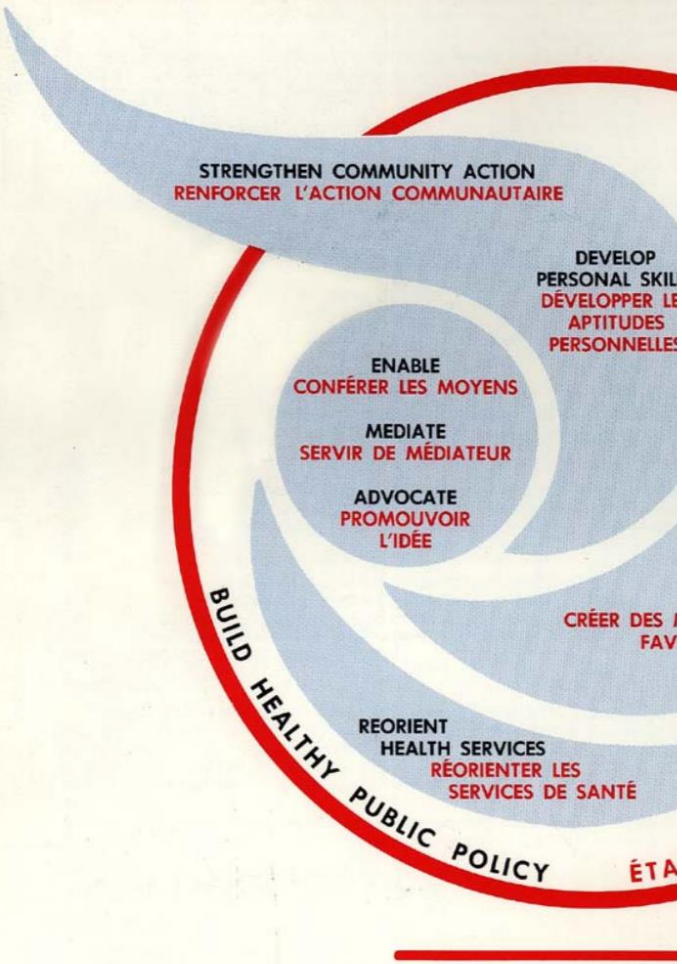
http://www.who.int/publications/almaata_declaration_en.pdf

World Health Organization
Organisation mondiale de la Santé

Health and Welfare Canada
Santé et Bien-être Canada

OTTAWA CHARTER FOR HEA

CHARTE D'OTTAWA POUR LA PRO



AN INTERNATIONAL CONFERENCE
ON HEALTH PROMOTION
The move towards a new public health

November 17-21, 1986 Ottawa, Ontario, Canada

UNE
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17-21

Adelaide Recommendations on Healt
Public Policy

Second International Conference on Health Promotio
Australia, 5-9 April 1988

The adoption of the Declaration of Alma-Ata a decade ago was a major mileston movement which the World Health Assembly launched in 1977. Building on the a fundamental social goal, the Declaration set a new direction for health policy l involvement, cooperation between sectors of society and primary health care as

The Spirit of Alma-Ata

The spirit of Alma-Ata was carried forward in the Charter for Health Promotion which was adopted in Ottawa in 1986. The Charter set the challenge for a move towards the new public health by reaffirming social justice and equity as prerequisites for health, and advocacy and mediation as the processes for their achievement.

The Charter identified five health promotion action areas:

- build Healthy Public Policy,
- create supportive environments,
- develop personal skills,
- strengthen community action, and
- reorient health services.

These actions are interdependent, but healthy public policy establishes the environment that makes the other four possible.

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Healthy Public P

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WHO/PPE/PAC/97.6
Distr.: Limited
English only

Intersectoral Action for Health

A Cornerstone for Health-for-All in the Twenty-First Century

Report of the International Conference

20-23 April 1997
Halifax, Nova Scotia, Canada

World Health Organization

Public Health Agency of Canada | Agence de santé publique du Canada

Crossing Sectors

– Experiences in intersectoral action, public policy and health

Reducing Health Inequities:

Enablers and Barriers to Inter-sector Collaboration

Audrey Danaher, Wellesley Institute

JUNE 2011

Wellesley Institute
advancing urban health

Ndumbe-Eyoh and Moffatt *BMC Public Health* 2013, **13**:1056
http://www.biomedcentral.com/1471-2458/13/1056

BMC Public Health

RESEARCH ARTICLE Open Access

Intersectoral action for health equity: a rapid systematic review

Sume Ndumbe-Eyoh* and Hannah Moffatt†

Abstract

Background: Action on the social determinants of health is considered a necessary approach to improving health equity. Most of the social determinants of health lie outside the sphere of the health sector and thus collaboration with governmental and non-governmental sectors outside of health are required to develop policies and programs to improve health equity. Case studies of intersectoral action are available, however there is limited information about the impact of intersectoral action on the social determinants of health and health equity.

Methods: Search and retrieval of literature published between 2001 and 2011 was conducted in 6 databases. A staged screening of titles and abstracts, and later full-text, was conducted by two independent reviewers. Reviewers independently assessed the quality of the articles deemed relevant for inclusion. Data were extracted and synthesized in narrative format for all included studies, conducted by one reviewer and checked by another.

Results: 17 articles of varied methodological quality met the inclusion criteria. One systematic review investigating partnership interventions found mixed and limited impacts on health outcomes. Primary studies evaluating the impact of upstream and midstream interventions showed mixed effects. Downstream interventions were generally moderately effective in increasing the availability and use of services by marginalized communities.

Conclusions: The literature evaluating the impact of intersectoral action on health equity is limited. The included studies identified reveal a moderate to no effect on the social determinants of health. The evidence on the impact of intersectoral action on health equity is even more limited. The lack of evidence should not be interpreted as a lack of effect. Rigorous evaluations of intersectoral action are needed to strengthen the evidence base of this public health practice.

Keywords: Intersectoral action, Health equity, Socioeconomic factors, Social determinants of health

Challenges

- Health inequities persist
- Limited evidence of intersectoral action on health equity
- Difficult to mobilize action across non-health sectors
- Difficult to collaborate intersectorally given competing pressures and sector-specific terminologies and approaches

Intersectoral Action for Health

"…actions undertaken by sectors outside the health sector, possibly, but not necessarily, in collaboration with the health sector, on health or health equity outcomes or on the determinants of health or health equity."

- Public Health Agency of Canada & WHO, 2008, p. 2

Public Health Agency of Canada and World Health Organization. Health equity through intersectoral action: an analysis of 18 country case studies. 2008. HP5-67/2008E. Available at: http://www.phac-aspc. gc.ca/publicat/2008/hetia18-esgai18/index-eng.php

Research Problem

- Intersectoral action on health inequities takes as its starting point the privileging of **equity in health** over equity for other social goods, which *by its very nature* may limit the opportunity or appetite of non-health sectors to collaborate

- The health sector's pursuit of **health** equity may ultimately be at odds with the pursuit of equity in other sectors, which may consider the reduction of health inequities to be peripheral to, if not incompatible with, their own context-specific equity objectives

Education Equity

Research Objective & Methods

- Identify areas of congruence and conflict in how ‘equity’ is understood and pursued between the health and education sectors
  - How is ‘equity’ interpreted and pursued in both sectors?
  - To what degree does each sector acknowledge/ accommodate/incorporate the other sector’s understanding/pursuit of equity?
  - To what extent do ‘education equity’ and ‘health equity’ reinforce one another, or lead us in different directions?
- Analysis of ‘education equity’ and ‘health equity’ literatures & policy documents
- Key informant interviews with 14 provincial policy-makers in both sectors

Intersectoriality

I: “Do you ever speak to those in the health sector who work on equity?”

P: “Hmm, really good question. I have not in my role here…but you know what, I might just after this conversation pick up the phone and have a conversation…” (P13ED)

I: “I am curious, do you ever liaise with the folks working on equity in the education sector?”

P: “We’ve sent them emails, they haven’t gotten back to us.” (P04H)

Intersectoriality

"So now we have an anti-racism tool, an OPS diversity tool, which is intended to be pan-policy program internal to everything…we have a municipal lens, we have a youth equity lens, a health equity lens…you know that advertisement where you have the drunk driving ad where you have, there's sort of like a cup, and a cup, and a cup, and then you can't see? So, I think that what we have done in government is we've done that with equity lenses, where people talk about sort of lens fatigue…there's too much competition for ministries wanting their own lens." (P05ED)

Equity as a Central Agency?

- Anti-Racism Directorate as a model central agency for coordinating equity concerns?
  - "Doesn't always filter down to the bottom"
  - "Not a huge budget"
  - "You get blow back with, oh, you are promoting employment equity"
  - Ministry of Health: "of course you have equity built in" vs. Anti-Racism Directorate: "overtly political"
  - Other ministries: equity becomes "not my portfolio"; "boutique and sidelined"

Health *in* vs. *of* non-health sectors

- Health *in* education (e.g., nurses and health promotion programs in schools)
- Health *in* the justice system (e.g., Hep C treatment in prisons)
- Vs. treating education policies and practices *themselves* as determinants of health, aligning with health/health equity aims

"I find education often just thinks about equity of access, which is important, but, you know, if we're bringing people into a problematic system and structure that is oppressive to begin with, and, for example, you know, as a colonized European curriculum and structure, that's problematic in itself. And I think why the sector really rests on equity of access is because you have no challenging of power and privilege. So, the status quo can, you can create the illusion of equity while maintaining the status quo and the power block within…In many ways, in not questioning the very foundations of education and it's colonial and, you know, Eurocentric, patriarchal, heteronormative legacy, our silence speaks volumes about what we value. And so, do we even value equity at all? Because silence is not a neutral stance." (P15ED)

Intersectoral ≠ Structural

- Intersectoral action largely fails to address structural barriers (e.g., that health budgets constitute ~half of provincial budgets)

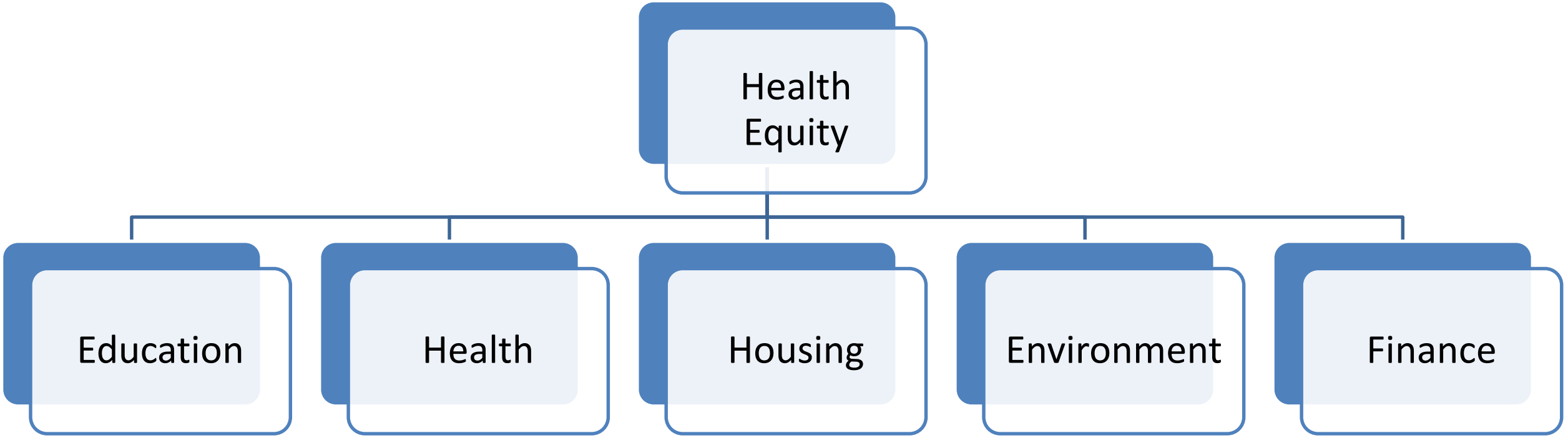
- “The work they are doing around culturally responsive and relevant pedagogy is going to push on the whole piece of creating equity within schools, but it’s not pushing on the structures.” (P16ED)

Conclusions

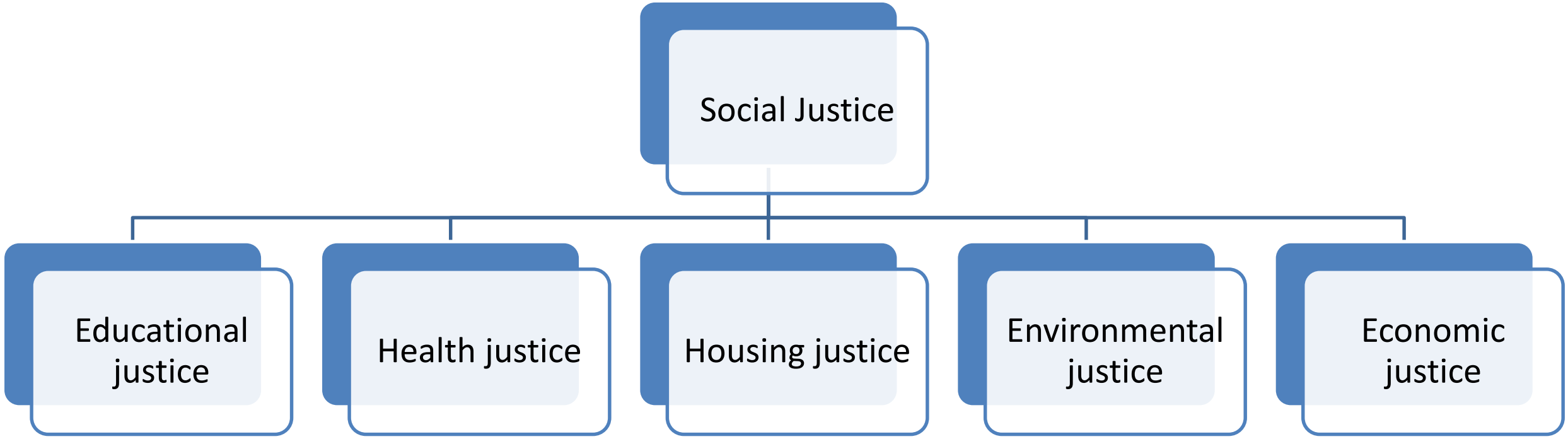
- ‘Health equity in all policies’ is ethically problematic.

- Our aim should be ‘equity in all policies’, or ‘equity across all social sectors’ (i.e., social justice), which accounts for the proper balancing of equity in health with the equitable distribution of other social goods.

SDOH Model


Health Equity
Education
Health
Housing
Environment
Finance

Social Justice Model



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