

## Health Equity & Social Determinants of Health Communiqué | August 2015



### The Inaugural Version of the Health Equity Communiqué Series

In September 2014, the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) adopted a Health Equity Planning Framework that outlines the LHIN's commitment to integrating equity into health planning, through the implementation of a population health approach.

This regular communiqué series will keep the LHIN's Health Service Providers (HSPs) and the public informed about the work being done locally to better integrate health equity and the social determinants of health into our health planning efforts. [Please visit our Health Equity page on the HNHB LHIN website for more information.](#)

### Call for Membership: Health Equity Action Plan (HEAP) Working Group

To support the LHIN in its efforts to improve population health outcomes in the HNHB LHIN by eliminating health inequities, a Health Equity Action Plan (HEAP) Working Group will be established, specifically to:

1. advise the LHIN on health equity priorities; and
2. make recommendations to the LHIN on the development of an annual health equity action plan.

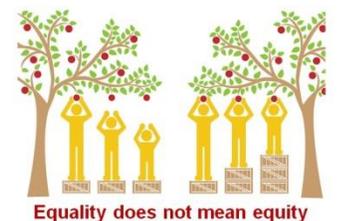
These objectives will be achieved through forming partnerships within the community and across the LHIN, both within and outside of the health sector, in order to recommend actions that the LHIN can take within its mandate to support and build on existing work related to health equity and to influence future LHIN work.

If you are interested in serving on this new HNHB LHIN Working Group, please complete the application form provided through the link below and submit no later than **midnight, Sunday, August 23, 2015**. Please click here to apply: <https://www.surveymonkey.com/s/HEAPmembership>. For your reference, the Working Group's Terms of Reference, including membership roles, responsibilities and competencies, are enclosed/can be found on the [HNHB LHIN Health Equity webpage](#). Completed applications will be reviewed the week of August 24, 2015, and selected members will be contacted with further details shortly afterwards.

**The first meeting will be held in Grimsby from 8:00 to 10:00am on September 8, 2015.**

### What is Health Equity?

**Health is more than health care.** The primary factors that influence the health of Canadians are not medical treatments or lifestyle choices, but rather other social factors and the conditions in which they live (e.g. a stable place to live, enough healthy food, the ability to read, and the right amount of exercise). These factors, known as the **social determinants of health**, require us to think about health (and how we plan health services) in a different way.



Source: Saskatoon Health Region, Advancing Health Equity.

**Health equity** is when everyone has the opportunity to attain their full health potential and no one is disadvantaged from doing so because of their socially determined circumstance. In the health system, health equity efforts include:

- reducing systemic barriers to equitable access to high quality health care for all;
- addressing the specific health needs of people along the social gradient; and
- ensuring that the ways in which health services are provided contribute to reducing health disparities.

## Health Equity and Social Determinants of Health in the News



The effects of the social determinants of health and health inequities are getting noticed. A few headlines, from the last few months, that highlight the importance of recognizing and addressing them can be found by clicking on the links in the figure to the left.

More information about the social determinants of health and health equity can be found:

- on the [Health Equity page](#) on the HNHB LHIN website
- in this 4-minute Wellesley Institute [video](#) from
- on the Public Health Agency of Canada [website](#)

## Integrating Health Equity into Health Planning

As a LHIN, there are many opportunities to integrate equity into the work we do. Some of the key components of planning with a health equity lens include:

- 1) identifying vulnerable or marginalized populations;
- 2) understanding the population and its needs;
- 3) considering the impact of the social determinants of health and how they intersect;
- 4) identifying mitigation strategies; and
- 5) monitoring and evaluating process and outcome measures.

In addition to its priority populations (Aboriginal Peoples, French speaking populations), the LHIN has identified three priority vulnerable or marginalized populations: migrant agricultural workers, refugees, and the homeless.

## Tools and Resources: Health Equity Impact Assessment (HEIA)

The **Health Equity Impact Assessment (HEIA)** is a decision support tool which walks users through the steps of identifying how a program, policy or similar initiative will impact population groups in different ways. The exercise surfaces unintended potential impacts, with the end goal being to maximize positive impacts and reduce negative impacts that could potentially widen health disparities between population groups – i.e., to ensure more equitable delivery of the program, service, policy, etc.

For resources on how to conduct a HEIA or to incorporate a HEIA into health planning, please see:

- Ministry of Health and Long-Term Care HEIA [website](#) and [tool](#)
- Health Nexus Santé Introduction to the HEIA [video](#)
- CAMH Education Network Lessons and Benefits of HEIA [video](#)

## COMMUNICATIONS:

For more information, please contact:

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