

Health **Equity** for CHBs

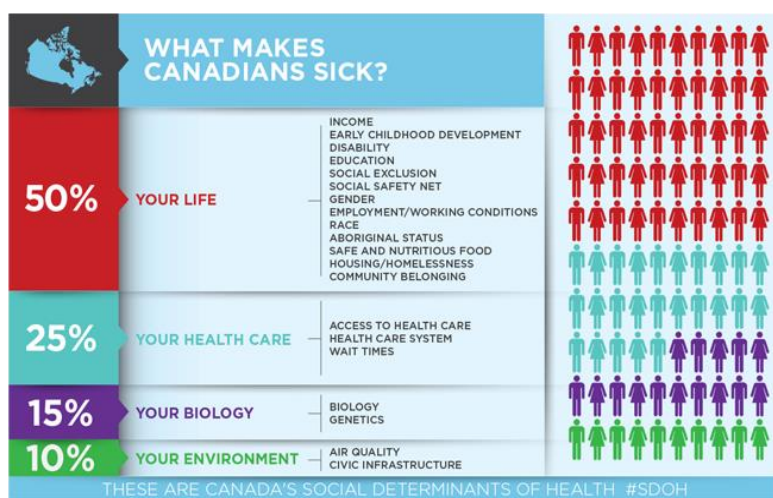
Health for all starts where we LIVE, LEARN, WORK and PLAY.

Our health is influenced by the Social Determinants of Health. These include many factors such as the work we do, our level of education, our income, where we live, the quality of our childhood experiences and the physical environment that surrounds us.



Health Equity means...

- Everyone in a population has the resources and opportunities they need to achieve their full health potential
- People are not held back because of factors such as; their life, their access to health care and their environment.
- That fairness is not about treating everyone the same but acknowledging that every person, population group and community are unique and have diverse needs.

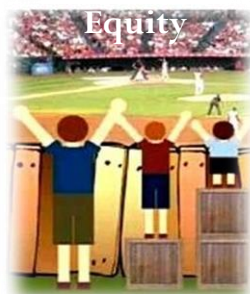
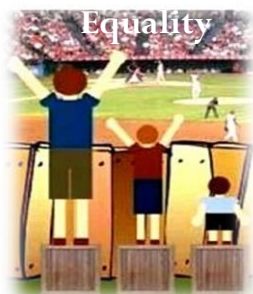


Health **INEQUITIES** occurs when some people in a population have the resources and opportunities to achieve their full health potential and others don't.

Health **INEQUITIES** are:

- ✓ **Systemic** - As wealth increases, so does health
- ✓ **Avoidable** - They are caused by conditions and policies we create as a society
- ✓ **Unfair** - They are largely outside of a person's control

Which picture do you think would have the greatest impact in advancing health equity and improving the health of the population?



Equity is not the same as equality. When people are treated equally they are treated the same. When people are treated **EQUITABLY**, they may be treated differently, with the goal of achieving more equal outcomes.



Achieving Health Equity in your work

Achieving health equity means asking *questions* that ensure differences in health status or inequities are assessed for *fairness and justice*. These include question about how we can identify priority populations, ensure that we are thinking about social, economic and political structure that create inequities as well as questions about how we can more fairly distribute resources for health.

Here are some questions to reflect to insure CHB works is towards achieving Health Equity

IDENTIFY the population that experiences health differences in your communities

Given the issues, who is the priority population?

Examples: living on low income, discriminated against on the basis of gender /age/race/religion..., low level of education, unemployed, working poor, single parents , homeless, youth /elderly, isolated, disabled, recent immigrant, living with a chronic condition.....

Are there data available that demonstrate the health differences for the priority population?

What are the unique needs of the priority population?

Explore the ROOTS of the health differences experienced by the priority population

Why do these health differences exist?

Why are there health differences in your community? Can these conditions be modified through health promotion actions?

How can the barriers and constraints experienced by the priority population be addressed? Does it fit within CHBs' role?

ACTION that can have the greatest impact on the health differences

What action would have the greatest impact on the identified health differences? (think Health Impact Pyramid, think changing the context acting on socio-economical factors)

What advocacy action would address the roots of the identified health differences?

Who should be involved? Who are the partners/stakeholders/community members and groups working with the priority population on this issue? Who else could be involved?

MONITOR the outcomes of the actions on health differences

Can you identify ways to monitor the impact of the actions on the issues experienced by the priority population?

What indicators could be used that would measure the impact on the health differences?