

Reducing Health Disparities – Roles of the Health Sector: Recommended Policy Directions and Activities



*Prepared by the
Health Disparities Task Group
of the Federal/Provincial/Territorial
Advisory Committee on
Population Health and Health Security*

The opinions expressed in this publication are those of the authors and do not necessarily reflect the view of the Public Health Agency of Canada.

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INTRODUCTION

Canadians are among the healthiest people in the world, but some groups of Canadians are not as healthy as others. Major health disparities exist throughout the country. As in other countries around the world, there is an increasing emphasis in Canada on the need to adopt policies and take other actions to reduce them.

- ▶ The 2002 and 2003 First Ministers' Health Accords made national commitments to reducing health disparities. At the 2004 First Ministers' Meeting, a special meeting with Aboriginal leaders resulted in specific measures to address disparities in the health status of Aboriginal peoples.
- ▶ Ministers of Health have committed to advancing the Integrated Pan-Canadian Healthy Living Strategy, which established health disparities reduction as one of its two goals.

As directed by the FPT Conference of Deputy Ministers of Health, this paper contains policy advice with respect to the roles of the health sector in addressing health disparities. It is intended to be used as a guide for FPT health jurisdictions to address health disparities over time. The recommended directions are based on the fuller considerations and analysis of the companion paper, *Reducing Health Disparities – Roles of the Health Sector: A Discussion Paper*, overseen by the Health Disparities Task Group (HDTG) and reflecting input from many individuals and organizations.

It should be noted that although Quebec shares the general goals of the PanCanadian Healthy Living Strategy and most of this document analysis, it was not involved in developing them because it intends to remain solely responsible for developing and implementing programs for reducing health disparities within its territory. However, Quebec does intend to continue exchanging information and expertise with other governments in Canada.

OVERVIEW OF HEALTH DISPARITIES IN CANADA

Definition and Description

Health disparities are differences in health status that occur among population groups defined by specific characteristics. They mostly result from inequalities in the distribution of the underlying determinants of health across populations. Socio-economic status (SES), Aboriginal identity, gender and geographic location are the important factors associated with health disparities in Canada. These factors are interdependent.

- ▶ Men in the lowest income quintile live an average of five years less than men in the highest; the gap among women is two years.
- ▶ Canadians in the bottom SES quintile are five times more likely to rate their health as fair or poor as people in the highest.
- ▶ Personal health practices, such as smoking, diet and physical activity, vary with educational and income level.
- ▶ All men in Canada (as a whole) live 7 years longer than First Nations men; for women the gap is 5 years.
- ▶ Aboriginal peoples are twice as likely to report fair or poor health status than non-Aboriginal people with the same income levels.
- ▶ Injuries, including suicides, are the largest cause of potential years of life lost for First Nations on reserve – four times the rate for all of Canada.
- ▶ Women live 6 years longer than men but are more likely to experience long-term activity limitations and chronic conditions.
- ▶ People living in Canada's northern remote communities have the lowest disability-free life expectancy (DFLE) and lowest life expectancy in the country. Rates of smoking, obesity and heavy drinking are above Canadian averages.

Community characteristics, like governance and cultural continuity, are associated with health disparities. For example, suicide rates in Aboriginal communities are lower in those communities that have taken active steps to preserve and strengthen their own cultures. The distribution, accessibility, and quality of health services are also associated with health disparities. Financing of insured health services in Canada is intended to ensure that there is access to services for lower SES groups and others in order to reduce health disparities, but these goals have not yet been fully or consistently achieved.

Consequences

Disparities affect all Canadians

The consequences of health disparities are most pronounced in the lowest 20% of the SES scale and for Aboriginal peoples, but health disparities affect everyone, not just the most severely disadvantaged populations. At every step in the SES gradient there are differences in risk factors and risk conditions, health status, incidence of disease and mortality across a wide range of physical and mental disorders. Moreover, the overall health of communities is affected by disparities.

Socio-economic status includes income, employment and education. Poor health is not only due to a lack of financial resources, although for some living in poverty this may be sufficient explanation for poor health outcomes. For others, low SES is often associated with low self-esteem, the absence of life skills essential to making healthy choices, an unhealthy physical environment, etc. Those who experience ill-health may become trapped in a vicious cycle of illness, poverty, marginalization and isolation that can persist through several generations.

Disparities are health system cost drivers

Because they are more often and more severely sick or injured, people in the lowest quintile of income groups use approximately twice as much in the way of health care services as those in the highest quintile. On the basis of an estimation of health care resources used by Canadian households, approximately 20% of total health care spending may be attributable to income disparities. Despite this higher overall use of health services, health disparities persist among lower SES groups.

In summary

All of society feels the impact of health disparities - directly and indirectly. Health disparities are inconsistent with Canadian values. In addition to the excess burden of illness on those who are already disadvantaged, health disparities threaten the cohesiveness of community and society, challenge the sustainability of the health system and have an impact on the economy. These consequences are avoidable and can be successfully addressed.

REDUCING HEALTH DISPARITIES

Where Canada Stands

Countries such as Sweden and the United Kingdom (UK) have developed comprehensive, integrated strategies for health disparities reduction and are formulating goals and targets to achieve them. In the UK, this has been elevated to a government-wide agenda. A commitment to documenting the extent of disparities, developing evidence-based policies and evaluating interventions has been an essential building block of the most comprehensive European strategies.

In Canada, there is a need for more comprehensive, integrated efforts to address known health disparities, and the factors and conditions that lead to them. Although health ministries in all jurisdictions, often in collaboration with other sectors, have launched a variety of initiatives to improve health and reduce health disparities, these efforts could benefit from a more coherent, system-wide approach. Some major gaps still exist. For example, more indicators of health disparities are needed than are currently in the frameworks developed by CIHI (Canadian Institute for Health Information) and Statistics Canada. At this time, only one of the indicators developed by the Performance Indicators Review Committee (PIRC) has been required to be reported by SES or other characteristics; all others have been reported as averages for the whole population. Indicators that measure disparities could be used by all jurisdictions in the measurement of health status and evaluation of health programs and services.

Given the magnitude of the issue and the great potential for health gains, greater focus and investment should be given to health disparities. At this juncture, 30 years of policy development culminating in the 2003 Accord has positioned Canada's health sector to play a leadership role in developing and implementing strategies for reducing health disparities and promoting this agenda within all governments. Some promising initiatives, ranging from research, to targeted community programming, to issue-based intersectoral collaboration, are already in place. The framework for the development of the Integrated Pan-Canadian Healthy Living Strategy, which includes the reduction of disparities as one of its two goals, provides one key opportunity to advance the health disparities reduction agenda. Research and non-government partners are also engaging in this issue in a variety of ways, including highlighting the extent of disparities, analyzing and developing policy options, and delivering innovative, on-the-ground programs. The conditions exist now to galvanize these efforts and accelerate progress.

Where and How to Focus Change

Research has consistently shown that a limited number of non-medical determinants underlie the greatest health disparities. The most appropriate and effective way to improve overall population health status is by improving the health conditions and health services for those in lower SES groups and other disadvantaged populations.

- ▶ Health Services policies can either reduce or increase health disparities depending on how they are implemented and/or taken up by the population. Primary health care innovations and other reforms to increase comprehensiveness and accessibility have great potential to benefit lower SES groups and other disadvantaged populations.
- ▶ Universal health promotion strategies, e.g. general lifestyle education, tend to be more effective in higher SES groups, which are more likely to have the motivation, resources, social support and environment to adhere to them. Supporting health promotion and preventive programs with partnerships that address the economic, community and environmental characteristics that affect uptake will enhance program effectiveness.
- ▶ Building a disparities perspective and focus into performance indicator frameworks and public reporting requirements will strengthen accountability, advance understanding of what works best and galvanize support for disparities reduction.

Taking a systemic, integrated approach to disadvantaged populations is proposed. As part of a comprehensive disparities reduction strategy, this approach places emphasis on building leadership and processes to address health disparities generally, and the interrelated determinants of health that are associated with them. It also recognizes that a balance of universal and targeted interventions is needed to create environments supportive of change for all populations, including Aboriginal peoples and lower SES groups.

MOVING FORWARD

The following outlines a Canadian approach for reducing health disparities. It briefly considers the current health sector landscape and identifies key success factors for a coherent strategy. Four recommended policy directions to carry out health sector roles for addressing health disparities are described. Proposed activities have been identified for each policy direction and are positioned as a guide for comprehensive action on health disparities.

The current environment of change in the health sector includes the transition to new organizations such as the Health Council, the Public Health Agency of Canada, the Pan-Canadian Public Health Network, and the National Collaborating Centre for Determinants of Health. This creates an opportunity to incorporate a health disparities focus into these new entities as an essential element of their work.

Canada already has in place a foundation on which to build, over time, a coherent strategy for addressing health disparities. Coordinated and sustained action on several fronts has the greatest potential to increase the overall quality of life of Canadians and pay major dividends for the health system and the economy. The health sector needs to strengthen its commitment to making health disparities reduction a priority for action and put in place the mechanisms that will facilitate building this perspective into relevant aspects of its work. This foundation, commitment and infrastructure are key elements of an effective strategy to reduce health disparities. Other key success factors noted from analyses of international and Canadian experiences include the following:

- ▶ identifying indicators, setting goals and, where appropriate, agreeing on targets and objectives that are measured, monitored and reported on;
- ▶ sustaining focus over time to achieve results;
- ▶ involving a wide range of organizations in an investment of effort and resources;
- ▶ combining universal and targeted (to disadvantaged groups) interventions, based on evidence of effectiveness;
- ▶ informing and engaging the public;
- ▶ increasing intersectoral and international collaboration;
- ▶ supporting community capacity development.

Within this context, four health sector roles for addressing health disparities are described. These roles fall within the health sector mandate and direct span of control, including roles in partnering with other sectors to achieve health gains and in shaping broader policy agendas at Cabinet tables or in communities. A set of recommended policy directions has been identified related to each role of the health sector. These are intended as a blueprint to inform and guide activities that FPT jurisdictions and stakeholders may undertake.

RECOMMENDED HEALTH SECTOR POLICY DIRECTIONS AND ACTIVITIES TO ADDRESS HEALTH DISPARITIES

1. Make Health Disparities Reduction a Health Sector Priority

Making health disparities reduction a health sector priority, with coordinated effort on several fronts, will have the greatest impact. Leadership on disparities reduction within the health sector is needed to facilitate the roles of the health sector and to support growing awareness and policy action in other sectors to achieve health gains.

Proposed Activities:

- › Ensure that there is national leadership capacity in addressing health disparities. Key leadership roles should include the following:
 - Setting health disparities reduction targets, monitoring trends and producing periodic reports on progress.
 - Developing an integrated strategy to reduce health disparities.
 - Assessing the impact of current and potential health sector policies on health disparities to guide policy and program decisions.
- › Facilitate and support all governments to make the reduction of health disparities (i) a public policy priority and (ii) a key measure of overall government performance.
- › Collaborate among jurisdictions (provinces/territories and federal government) to consider a health disparities reduction fund to support program innovations and evaluation.
- › Develop priority areas on which to focus policies and interventions within the health sector and with other sectors. Initial priorities should include key disadvantaged groups and related determinants of health (e.g. socio-economic status, Aboriginal identity, gender, and geographic location).

2. Integrate Disparities Reduction into Health Programs and Services

The health system is a key determinant of population health. If health care and public health programs and services do not include a focus on the needs of disadvantaged individuals, populations and communities, there is a risk of increasing rather than reducing health disparities. The health sector also has an important role to play in mitigating the causes and effects of other determinants of health through interventions with disadvantaged individuals, populations and communities.

Proposed Activities:

- › Ensure that health disparities reduction is considered in the design, implementation and evaluation of all health programs and services so that disadvantaged populations benefit to the maximum extent possible.
- › Reduce financial and non-financial barriers to health care and public health, and develop strategies to improve access, comprehensiveness, appropriateness, coordination and follow-up for disadvantaged populations.
- › Develop performance indicator frameworks and reporting requirements, which include a range of measures on health disparities, for improved accountability.
- › Develop communications and educational strategies to foster public awareness and understanding of the importance of reducing health disparities.

3. Engage with Other Sectors in Health Disparities Reduction

Taking action on a wide spectrum of factors – and their interactions – known to influence health is essential to reducing health disparities. This requires participation from those sectors whose work aligns with key health determinants. As noted in its Global Strategy on Diet, Physical Activity and Health, the World Health Organization (WHO) sees engaging with other sectors as an essential responsibility of the health sector. Such partnerships and promotion of a health disparities perspective are most effective when they extend to the public, private and voluntary sectors.

Proposed Activities:

- › Support and facilitate the contributions of the public, private and voluntary sectors in disparities reduction initiatives.
- › Collaborate with other sectors in the development of structures and mechanisms for (i) setting policy, (ii) developing, implementing and assessing programs, and (iii) sharing information and resources in a way that is most likely to create the conditions for reducing health disparities, to include:
 - Supporting the development of necessary intersectoral mechanisms at the national, provincial, regional and community levels in order to enhance capacity to address health disparities.
 - Continuing to support current investments in key initiatives that align with priority disadvantaged groups and determinants of health, and where there is evidence of effectiveness in reducing health disparities or the demonstration and evaluation of promising approaches.

4. Strengthen Knowledge Development and Exchange Activities

Comprehensive disparities reduction approaches in other countries originated with a commitment to documenting the extent of disparities, developing evidence-based policies and evaluating interventions. Further development and ongoing expansion of the knowledge base in Canada is key to further advancement of policy development, priority-setting and evaluation efforts.

Proposed Activities:

- › Develop indicators to measure the impact of health disparities on the economy, community and individual well-being.
- › Continue to support research that (i) advances our understanding of the causal mechanisms that result in health disparities (ii) identifies effective interventions for reducing health disparities and (iii) measures the cost-effectiveness of different types of initiatives over time.
- › Enhance and refine information systems for improved surveillance, monitoring and reporting, to include
 - Extending the capacity to link health data to socio-demographic data to support evaluations of access and effectiveness.
- › Systematically share knowledge related to addressing health disparities within the health sector and across other sectors whose policies and services play an important role, to include
 - Compiling and maintaining a compendium of best practices in Canada and from around the world in reducing health disparities.

CONCLUSION

This paper has highlighted the current status of health disparities in Canada and their consequences, and has described how the health sector can take action on reducing health disparities. The recommended policy directions and proposed activities set forth in this paper provide the health sector with opportunities for action in areas within its span of direct control and through influencing partnerships with other sectors.

Evidence and experience have shown that reducing health disparities has many potential benefits – for the improvement of health outcomes and the overall quality of life of Canadians, as well as for the effectiveness and sustainability of the health system.

- ▶ The overall health of the community can be improved by reducing disparities.
- ▶ Because there is a gradient of health status across the entire range of socio-economic status, addressing health disparities will improve the health of all of society.
- ▶ Reducing the health care needs of low SES populations and other disadvantaged groups can decrease cost drivers and result in reduced pressures on the delivery of health services.
- ▶ Better health enables more people to participate in the economy, reducing the costs of lost productivity.

The time is opportune for health sector leadership and action to make further advances in realizing these benefits. The transition to new structures, such as the Health Council, the Public Health Agency of Canada, the Pan-Canadian Public Health Network and related Expert Groups, and the National Collaborating Centre for Determinants of Health, provides opportunities to guide and support this effort. There is a sufficient evidence base and a readiness to act on the part of stakeholders both within and outside the health sector.