Integrating Health Equity Principles in Community Health Nursing Practice

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CHNC 2016 Conference
St John's, NL

May 30- June 1- 2016

uOttawa

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Health Equity Defined

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EN SANTÉ PUBLIQUE

- **Health equity:** is the attainment of the highest level of health for all people.

- Achieving **health equity** requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities (CDC Health Equity Guide, 2013)

- WHO (2010) defines **health inequalities** as differences in health status or in the distribution of health determinants between different population groups.

- **Health inequities** occur when these differences are considered to be avoidable and unjust

Health Equity

- **Health equity** means that every person has an opportunity to achieve optimal health achieve optimal health regardless of:
  - the color of their skin
  - level of education
  - gender identity
  - sexual orientation
  - the job they have
  - the neighborhood they live in
  - whether or not they have a disability (Braveman et al, 2011)
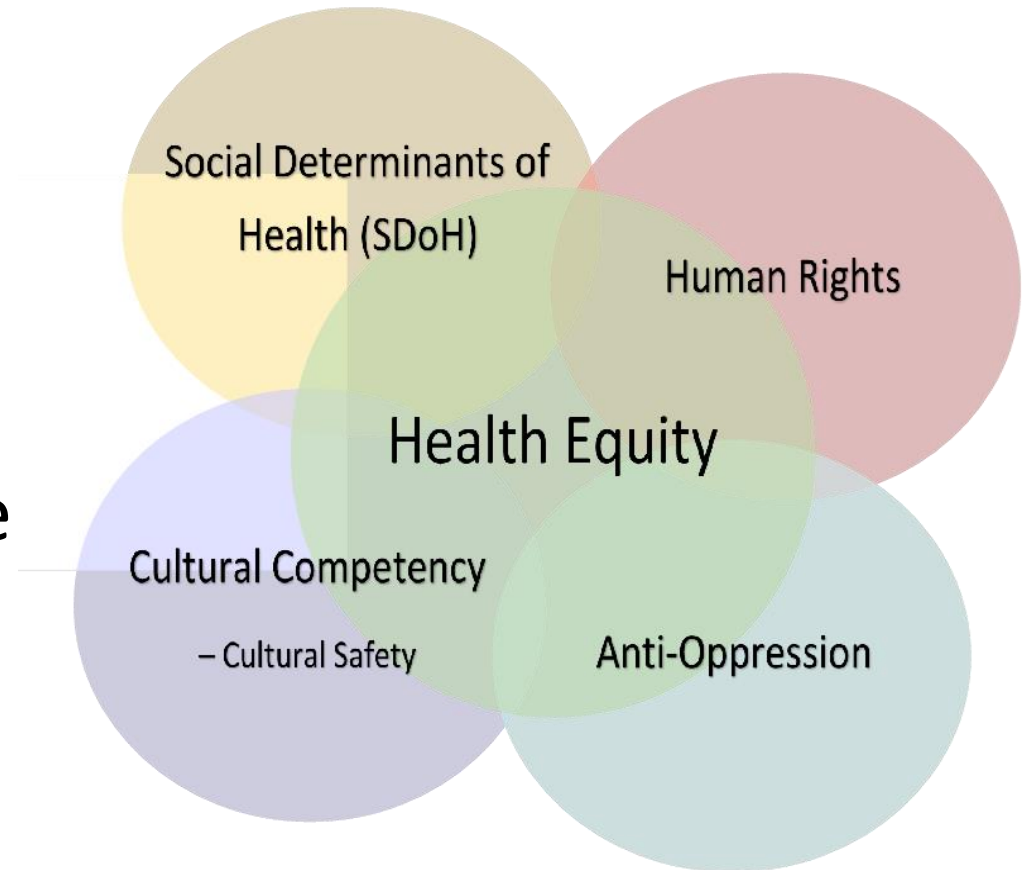
Health Inequity
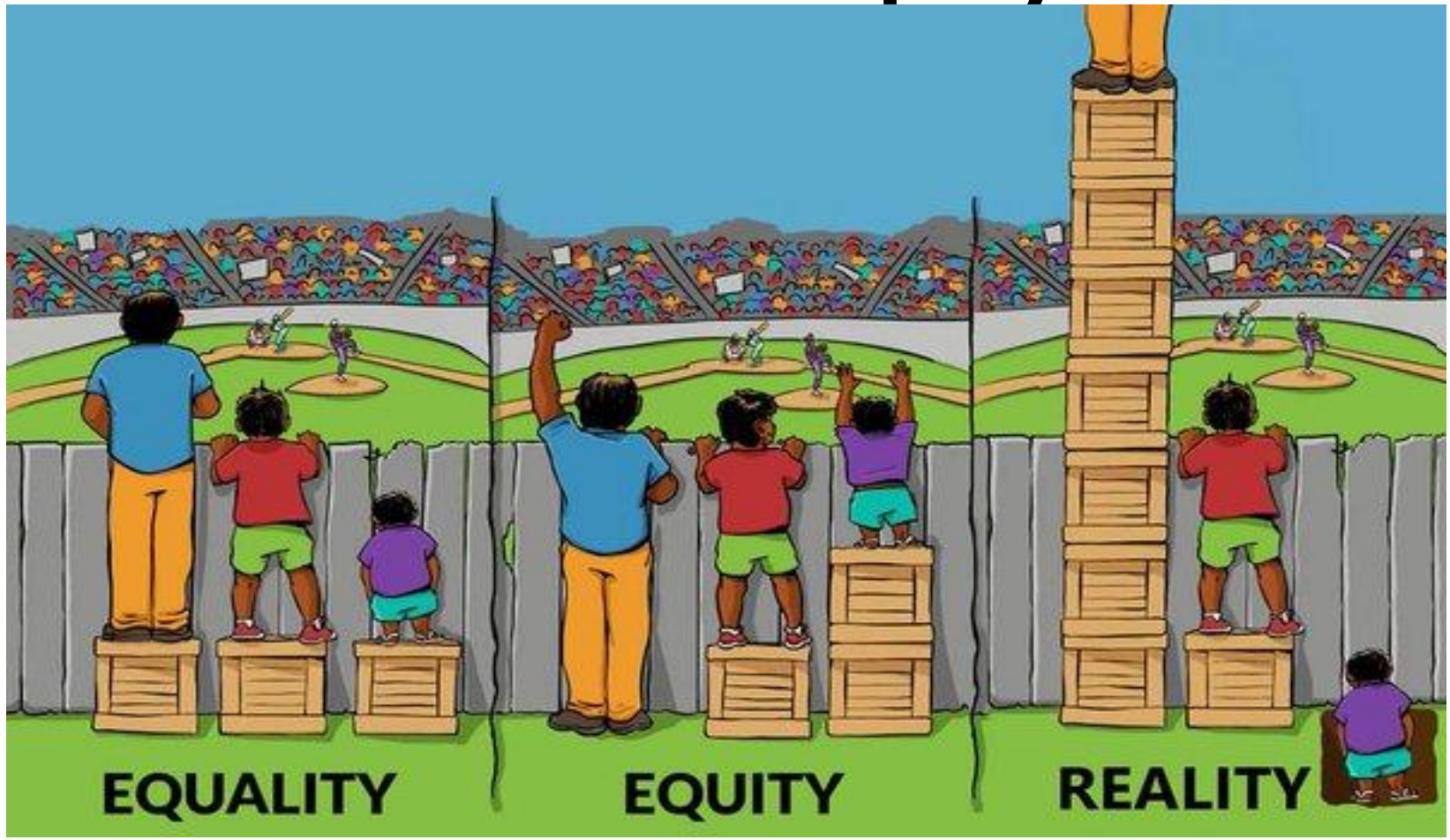
Health Inequity

- Health inequities within and between populations are produced and sustained through multiple, interconnected, and complex pathways.

- These pathways include complex interactions between biological, lifestyle, environmental, social and economic circumstances – the determinants of health.

- These circumstances are in turn shaped by broader forces, including economics, politics, and social policies.

- Therefore, strategies to effectively address health inequities must target all relevant dimensions of health equity.

Health Equity: A Concept Map

- Key concepts implicated in advancing health equity that could be embedded within best practice models of equitable health services.

Social Determinants of Health (SDoH)

Human Rights

Health Equity

Cultural Competency
– Cultural Safety

Anti-Oppression

Social Determinants of Health

- **Social determinants of health** are conditions in the environments which affect health risks and outcomes.

  – It includes access to goods and services, such as healthcare and education; conditions of work and leisure, and conditions of homes, schools and communities.

  – These conditions interact with one another to influence health outcomes.

  – Health inequities occur because their influence is experienced in different ways by different people.

  – These determinants influence the health of all Canadians, including gender, income and social status, employment and working conditions, health practices, social and physical environments, and culture

Human Rights

- **Human Rights-** are inherent to all human beings…(UN2012).

  - As WHO (2014) states, "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.“

- Inequitable access to healthcare especially in publicly funded system is a basic human right that should be integral to health equity dialogue.

Anti-Oppression

- **Anti-Oppression:** lens, enables health care providers and organizations to unpack the many layers of the societal forces that create health inequities.

  - This includes how bias, stereotype, prejudice and discrimination interact within the context of systemic power imbalance to create and sustain discriminatory practices such as racism, sexism and classism-all which have significant impact of health and health care access (Etowa & McGibbon, 2012)

  - An anti-oppressive approach addresses the multiple ways in which oppression affects the lives of individuals including simultaneous activation of privilege and disadvantage in multiple areas (Williams, 2002). Anti-oppression approach prioritizes considerations of equity and social justice across a wide range of social difference (William, 2002)

Cultural Competence…

- **Cultural competence**, **cultural safety, cultural humility**, and **cultural sensitivity** are all conceptualizations of effective cross-cultural care over time and exemplify the complex interconnection of knowledge, attitudes and skills necessary to provide effective cross-cultural care .

  - The culture-focused approach to health equity work recognizes the importance of cultural context as a factor in health outcomes

CHN and Health Equity

- Community health nursing (CHN) practice decisions have influence on **health equity.**

- These decisions may include:
    - who is hired,
    - what activities take place,
    - which populations are served, and
    - how strategies are implemented and evaluated.

- Thus, it is an imperative for CHN to integrate health equity into their everyday practice with a particular attention to how every decision will impact on a given set of health equity goals.

Reducing Health Inequity

- As community health nurses, it important to integrate the concepts implicated in health equity into our everyday practices from the individual, organizational, community and systemic levels.

- Interventions to advance health equity should:
  - Engage diverse stakeholders,
  - Identify health inequities,
  - Develop strategic partnerships,
  - Build capacity at various levels

Structures & Systems

Community

Organizations & Institutions

Interpersonal

Individuals
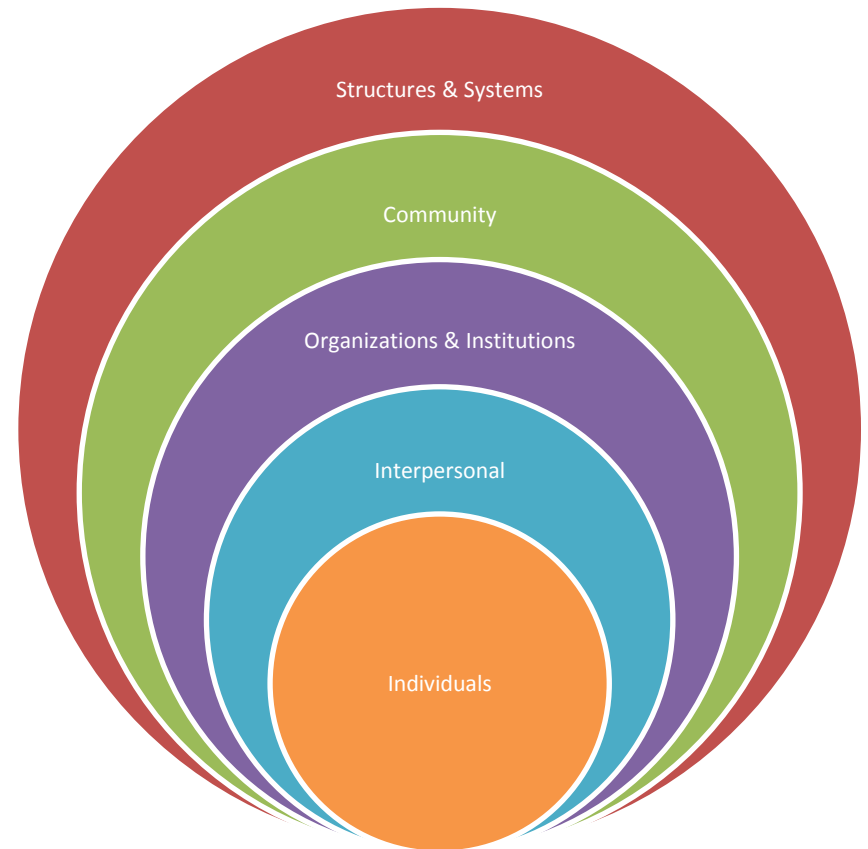
Engaging Diverse Stakeholders

- Engagement of diverse stakeholders can **harness the skills and talents** of people from different backgrounds

- Involving community members in health initiatives can foster **connectedness and trust**, improve assessment efforts, and **build the capacity** of individuals to positively affect their community.

- Stakeholder engagement can **foster the effectiveness** of interventions and **increase the sustainability** of efforts.

Identifying Health Inequities

- It is important to identify and understand health inequities to establish baselines, and monitor trends over time

- Existing health inequities need to be well understood, in order for interventions to be effective

- Well intentioned strategies may actually have no effect on or could even worsen health inequities without good understanding existing inequities and their root causes.

- Knowledge of inequities helps to inform te development of resources and interventions that are aligned with the needs of communities experiencing health inequities.

Developing Strategic Partnerships

- Partnerships often help organizations magnify the often unheard voices of populations most directly affected by health inequities.

- Partnerships are necessary to achieve equitable outcomes by leveraging a diverse set of skills and expertise.

- Identify partners with complementary goals including faith-based organizations to increase invisibility of your work.
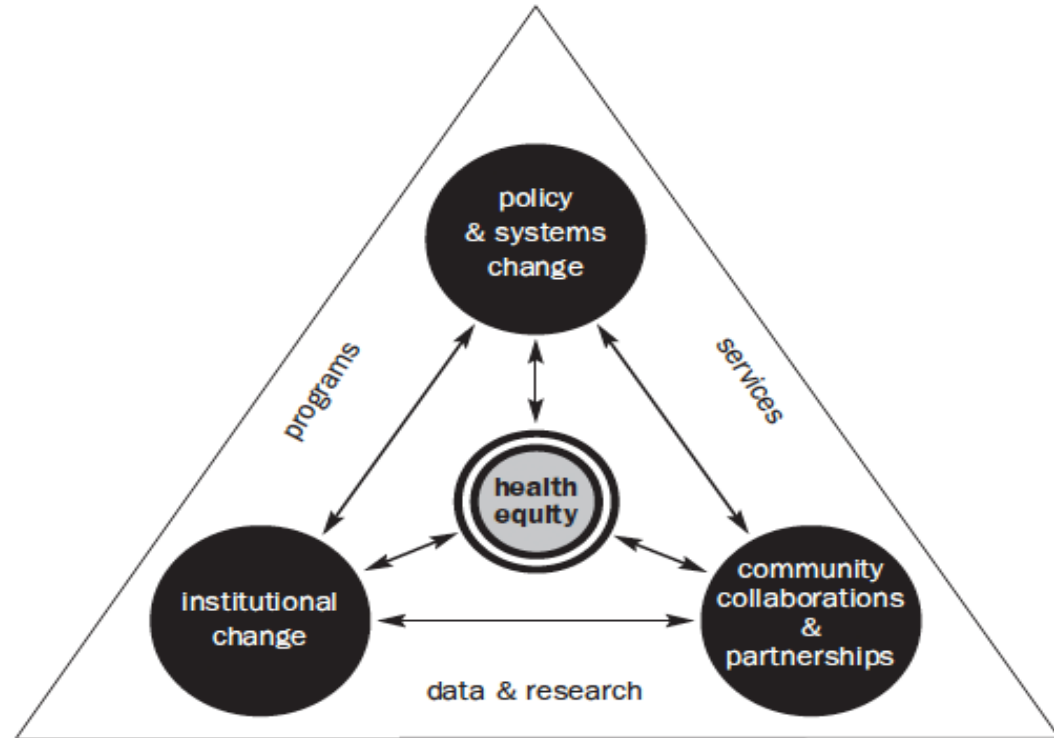
ACPHD's approach to achieving health equity

diagram source: Alameda County Public Health Department

Building Capacity

- Health equity work should be deeply rooted in social justice

- Organizations that have internal capacity anchored in social justice, work in true partnership with local communities to

  - conduct equity informed research,

  - engage in policy change,

  - ensure programs and services meet the needs of diverse communities.

- **Reflective Questions**

  - What is our organization's stated commitment to health equity?

  - How does your organizational policies and practices facilitate or inhibit the advancement of health equity?

Way Forward… Intersectionality

Intersectionality has emerged as a promising approach and practice for advancing equity work.

- It is lens for understanding "how multiple social identities such as race, gender, sexual orientation, SES, and disability intersect at the micro level of individual experience to reflect interlocking systems of privilege and oppression" (Bowleg, 2012, p. 1267).

- Intersectionality provides a way of conceiving of how structural factors interact to produce specific health outcomes in individuals

- It provides a critical unifying interpretive and analytical lens for reframing how social inequality is conceptualized, investigated, analyzed, and dealt with (Bowleg, 2012).

Intersectionality…

- The same practices that create disadvantage also yield locations of privilege e.g.
  - Being White, male, wealthy and educated is more than the addition of its parts
  - We can only understand how these positions often equate to advantage where they intersect.
- **Intersectionality** is a way to think about and act upon health inequities
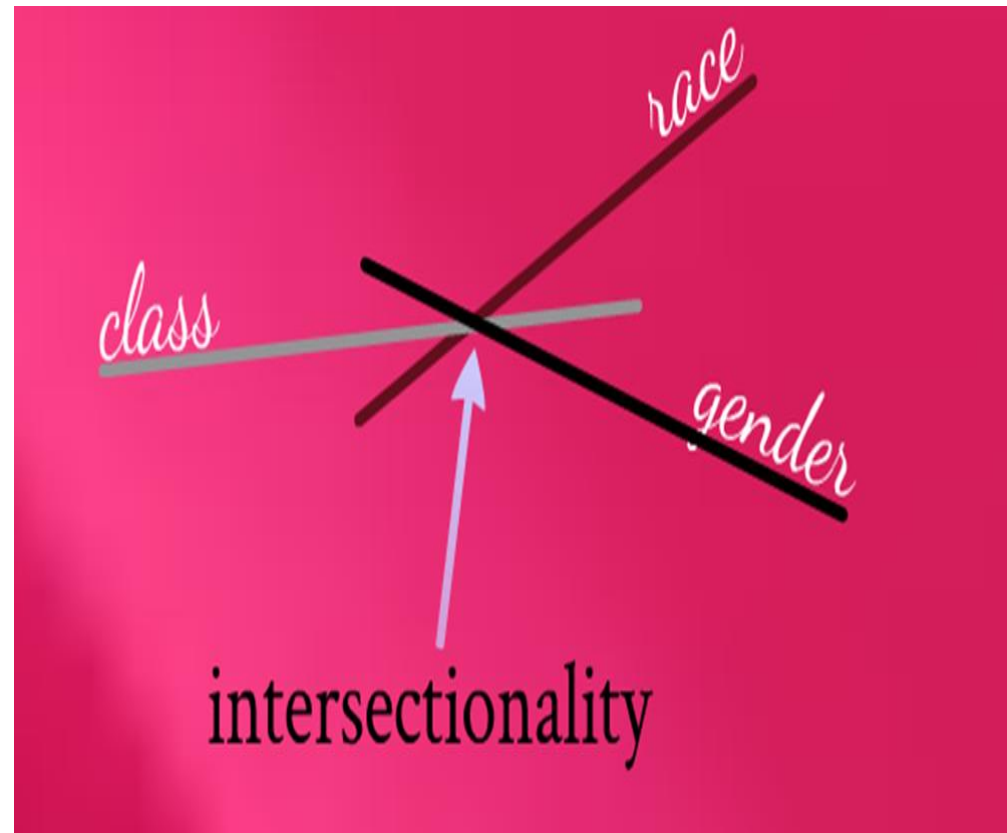
Conclusion

- Community health professionals have a responsibility to address health equity issues in their everyday practice through policies, program implementation, and service delivery, in partnerships with community members.

- **Reflective Questions**
  - How can we build diverse and inclusive partnerships for health equity?
  - Are those most affected by the issue actively involved in defining the problem and shaping the proposed health equity solution?

  - How can we balance community input with evidence-based strategies to select the most effective strategies to reduce health inequities?

Thank you!

Questions?