

How do organizations define and conceptualize ‘health equity’ and how do they feel it ought to be pursued? What guidelines are organizations in London using as benchmarks for equity and diversity best practices?

Discussion host:

Tanaz Javan (tjavan@uwo.ca)

PhD candidate, Faculty of Information and Media Studies, Western University

Health equity in organizations
Definitions of health equity have breadth, including trauma, priority populations, etc.
Public health has foundational standard, but looking across health units they take up health equity differently.
health equity impact assessment across health units
- what does being equitable look like in terms of policies? what are the inequities in the system (leadership, organisation)?
Public health is using social determinants of health lens, the equity part is how do we practice is?
What is the systemic upstream approach? What is equitable? It is beyond accommodation, about systems and culture rather than numbers.
public health has issues as they vary with their relationships with the community.
- public health varies in terms of relationship with community - Grey Booth uses health equity lens that is efficient
Important to integrate community partners insight into public health.
Inequities lie in funding, resources and in structures
Inequities of funding and resources are also a problem. There's structural violence as well
Structural violence needs to be a recognized term
health equity leads are mostly nurses, but there are 5 different main positions in public health
- structure of the health equity leads are usually nurses - there's a health and equity guideline 2018 for ontario
Health equity guideline manual can be found on the internet by a simple search
Public health is inherently about equity
-public health mandate is inherently on equity - the better the health of the less privileged the better the society
Implementation: public health uses their own strategies to help staff perform jobs in equitable ways
Important to look at policies through a lens
- more diverse areas are more advanced in health equity - discussions on how you measure success - increased access to services
- how do you create safe spaces for the interrogation of taken for granted perspective - how can we improve trauma and violence training

Health equity audit tools? Are there tools that allow you to look at your organization fully?
The health equity tool kit applies to programs and services
The Vega project
- there's a community in london that you can get assistance on gender influenced trauma
Active implementation frameworks
Focus on different stages and what to do within each stage, bring together implementation team can be the first step
No organizations have poverty in their mandate
Important to measure how much time organizations spend addressing poverty
If we can capture, we can use the time more effectively to do advocacy work
If poverty was a mandate, what could we coordinate in the community to reduce the impact of poverty?
- how can we cooperate to reduce the impact of poverty. Only the state can reduce poverty from the financial perspective systematic approach
In employment equity, there has been measurement work done.
-Lack of resources. -some organizations do not have appropriate training. -bottom issues are affecting organizations
Is there an issue with the term health in organizations?
How do we define health? People tend to think it is specifically biomedical
Is equity by itself more or less understandable?
When looking at social determinants, it is health of the whole community.
Upstream refers to primary prevention.
Upstream.ca is an organization that treats root causes
- stream and identify the causes and preventing the issue from occurring
Equity is the process, equality is the outcome.
- tension between equality and equity
- how do operationalize some concepts
- base of how we define health, disparities among people when it comes to health
How do we define health and relate it to the absence of health? When making that connection it moves to social determinants of health.
How do we define health and relate that to the absence of health
What are some examples of health equity in practice? From implementation perspective, what can we say that we have done?
Health equity of often not integrated into policy.
Health is socially determined right away.
- equity models are not really articulated
Policy review is a necessity.

Guiding questions for programs and clients to develop better understanding and embrace learning opportunity.
-have the doors of the organization buildings open earlier, before work starts and give the employees enough time to get settled
-the people getting the services are not included in the conversation
Are we treating people equally, equitably, or addressing systemic issue?
- people involved in social work usually come from families/areas that benefited or needed social work
An important struggle is systemic bias
- in th academic environment, connection to community isn't strong shaping attitudes -increaing reflexivity
- teach people in a way that doesn't make them defensive
People often don't recognize their privilege.
Oppressive structures we do not realize are there and how we address them
bell hooks
- privilege people are usually oblivious to their privilege
- application of stereotype are automatic
Implicit bias and equity through the lens of transformative learning
Transformative justice model has to be transformative because change is not in the individual, it is in the community
There is a lot of practice based knowledge that does not get enough attention
Written house- organization that works to improve communities that enabled sexual offenders in the first place, as they try to be integrated
Surveys in food banks in the community, track how far people travelled to get food, tracked food deserts. Where is food insecurity?
Community counselling project for London provides subsidized housing.
There is a hierarchy of credibility of research that must be challenged (more qualitative research)
income is a significant determinant of health
- mental health is not considered a social determinant of health
How can we make equity doable with the resources we have?
Employment equity : should reflect the population it serves
How can we sustain health equity within organizations?
Next time, a good topic would be advocacy and health equity, how does it move us forward?
How do we advocate for health equity in an effective way that is not detrimental ?
Education and health equity is another important topic
What is happening on the ground and how do we make it more visible?

- things we would like to see next discussion:
- advocacy in health equity and education
- raise the profile of practice based knowledge

-Mechanisms to increase visibility

When doing typical health review, violence was missing. It is an important public health issue

Challenge of research is that academic research moves extremely slowly

-When the research in health equity does not meet academic standard it is disregarded

Tension about how quickly things happen in practice and how slowly the process of research moves

The people who work with clients are the least likely to access important knowledge. Connections between academic and services are useful.

- passion is not enough, we need access to info to know how to do things properly
- we can bridge the gap between academia and services

It is not a question of efficiency, but a question of priority.

Centre for poverty research at Kings