



# Success Factors for Equity-Integrated Environmental Health Practice: A Discussion Guide

*Environmental Health Services  
BC Centre for Disease Control*

Conversations about equity in the context of environmental public health have begun in health authorities across Canada. An equity lens is a values-based approach to practice rather than a specific skill set. Many practitioners are already integrating a focus on equity into their daily activities and promising strategies and approaches are emerging across practice areas.

Environmental public health practitioners have an important role in addressing health equity related issues (such as access to services or ability to comply with regulations) that are part of their consultation, enforcement, and educational activities. Taking action on health inequities also requires changes at the organizational level with clear support from all levels of practice, including local managers, regional directors, and health authority leadership.

**Health equity** exists when everyone has a fair opportunity to reach their full health potential without disadvantages caused by their social, economic, or environmental circumstances.

**Health determinants** such as geographic isolation, socioeconomic status, education and literacy, mental health, language, and culture, can create barriers to compliance and lead to health inequities in all areas of environmental health practice.

This discussion guide was developed to support environmental health officers (EHOs), public health inspectors, managers, and senior leadership to reflect on their current practice, policies, and procedures and to identify opportunities to take action toward health equity.

# Success Factors for Equity-Integrated Environmental Health Practice



## Success Factors for Equity-Integrated Environmental Health

From a shared vision of health promotion to operational requirements and concrete tools, support from all levels within an organization plays an important role in promoting health equity in environmental health practice.

Here are key facilitators:



### UPSTREAM APPROACH

Managers and senior leadership recognize the importance of approaches that consider equity such as health promotion and healthy built environments

### HEALTH EQUITY CHAMPIONS

Managers and senior leadership develop a clear vision and champion health equity in all programs and services



### OUTCOMES-BASED REGULATIONS

Flexible policies and procedures allow environmental health officers to apply discretionary powers to meet desired public health outcomes and address equity concerns

### EQUITY TOOLS

Inspection forms and checklists incorporate an equity lens  
General health equity assessment and reporting tools are adapted to for health protection use

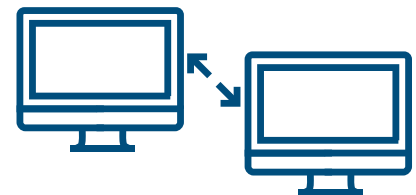


### COLLABORATION

Knowledge sharing through inter- and intra-agency collaboration, including equity-focused networks and working groups

### SHARING DATA

Monitoring and reporting on health inequities  
Sharing data for use in health equity assessment  
Evaluating and sharing outcomes of new approaches





## Case Studies

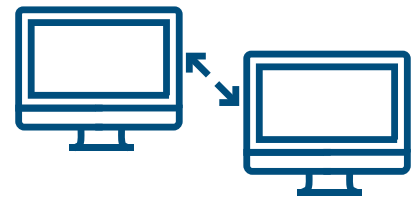
The following examples are from stories of environmental health practitioners across Canada who have applied an equity lens to their work. They highlight some of the critical success factors, tools (e.g., health equity impact assessment [HEIA]) and strategies (e.g., adapting training/processes/tools for inclusivity) that are being used to integrate equity into environmental health practice.

### PRACTICE EXAMPLE 1:

#### Decision trees for rabies and mould control (Niagara Region Public Health)

In 2013, two public health inspectors (PHIs) began a project to review a policy on rabies vouchers, with a focus on equity and social determinants of health. Existing policy provided vouchers to people who could not afford veterinarians to access cost-reduced rabies vaccination. Using the Ontario Public Health Standards as a guide, they began assessing why vouchers were being provided, reviewing past rabies investigations, and interviewing PHIs. They analyzed this data using the Ontario Marginalization (ON-Marg) Index to consider differences in measures of socio-economics, population groups, and geographical areas. There was a clear match between areas of deprivation and areas where rabies vouchers were being distributed.

The research results were used to create a decision tree for PHIs, helping to formalize the process of determining the need for the vouchers. The decision was then made to create a similar algorithm for mould complaints by examining indicators of income, education, employment, safe and affordable housing, and personal health practices. The finding that mould complaints were coming from higher areas of deprivation has changed the process of service delivery to respond to the needs of priority populations.



*Existing data from provincial population health status reports and indices such as ON-Marg can be used to identify and address inequities.*

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Some of the critical success factors that supported this initiative are:

- ✓ Support from the public health unit to address social determinants of health and equity concerns, backed by a mandate from the Ontario Public Health Standards
- ✓ Intra-agency support and collaboration—the project team included public health inspectors (acting as mentors to environmental health summer students), health promoters, an epidemiologist, and a GIS analyst.
- ✓ Available equity tools and strategies, e.g., an existing voucher policy, data from the Ontario Marginalization Index

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## Discussion Questions:

1. Health status and socio-demographic data were key in identifying and responding to existing inequities. What is known about health inequities in your community or region?
2. Are there existing programs (such as vouchers) to support vulnerable populations? Could these decision trees be adapted for any programs in your region?
3. How can more be learned about vulnerable populations and the role of various determinants of health in creating barriers to compliance in your context (e.g., income, geographical location)?

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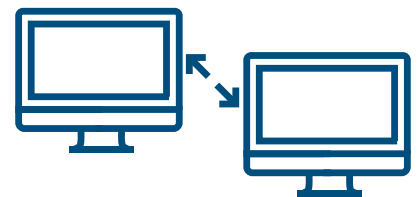
## PRACTICE EXAMPLE 2: Healthy Communities (Northern Health)

The concept of an equity lens recognizes that, although the root causes of health inequities may be outside the mandate of environmental public health practice, external partnerships and collaboration with other sectors may be required. Based on the belief that the environment and culture can be nurtured to support people to make healthier choices, Northern Health works in partnership with local governments on a Healthy Communities Approach. Local committees are usually co-chaired by the mayor and a senior Northern Health Leader, and include community members from various sectors, environmental health officers (EHOs), and other public health staff. The local communities determine health priorities and the committee works to address upstream risk factors and collaboratively develop local action strategies to make real and sustained improvements in the health of residents.

When first introduced, the approach challenged EHOs with a new way of working and a steep learning curve in terms of identifying community and health resources they could call upon. According to one EHO, the approach has gone far to break down barriers between sectors and even within the health unit. There are still challenges in finding relevant, local health data, but looking for the underlying healthy equity issues has now become an integral part of how they work.

Some of the critical success factors for incorporating equity into environmental health practice in this context includes:

- ✓ Executive support and championship at the senior leadership level for an upstream approach to environmental health services
- ✓ Recognition that the most powerful interventions come from empowerment (i.e., public health doesn't have all the answers)
- ✓ Effective strategies to engage the community solving problems collaboratively



*The Healthy Communities approach is one way to look "upstream" and create an organizational vision for health equity.*



## PRACTICE EXAMPLE 3:

### Health Equity Impact Assessment for food safety training and certification (Ontario)

Ontario's Health Equity Impact Assessment (HEIA) tool helps users make program or policy decisions with a clear understanding of how it will impact population groups in different ways. For example, "universal" programs are actually taken up far less often by people in low socio-economic status neighbourhoods, risking that they may fall further behind the rest of the population. Applying the strategy of "targeted universalism", many public health authorities are offering food safety certification at a reduced cost or in revised formats to overcome a range of learning barriers. For example:

- ✓ Ontario's North Bay Parry Sound District Health Unit will waive the course fee and reduce the class size, even providing individual support, for those with mental, emotional, or academic needs.
- ✓ In the Regional Municipality of York, PHIs worked with nurses in the Health Equity Program, using the HEIA tool to identify changes needed in its Food Handler Certification Program to accommodate people with intellectual disabilities. The full-day, 6-hour course was broken down into smaller time segments, using oral and pictorial formats rather than the usual lecture and presentation-based approach.
- ✓ In the Sudbury and District Health Unit, *A Guide to Accommodating People with Disabilities* was developed in 2015 to help program instructors in food handler training to be aware of and accommodate physical or learning disabilities. The *Guide* is now being used in training programs across the health unit and the training program is being delivered twice monthly.



*Health equity impact assessments are a valuable and flexible tool to target and adapt programs to better meet the needs of your population.*

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Critical success factors influencing the success of these initiatives varied across regions, but included:

- ✓ Partnerships and collaboration were central to the development and delivery of the programs (e.g., involvement of health equity nurses and health educators).
- ✓ Provincial (reportable) standards raised the profile of equity as part of health unit mandates. As equity was already defined as an organizational goal, getting support and buy-in for the initiative was not as difficult.
- ✓ An active Health Equity Committee provided support and consultation. In addition to the manager of the health protection division being on the committee, members also provided training on how to use the HEIA tool and how to find data and information about vulnerable populations.
- ✓ Policy support in the form of new provincial guidelines on food handler training programs (requiring programs to address culture, gender, and disability) led to a program evaluation.
- ✓ A new by-law requiring all high and moderate-risk food premises in the region to have a certified food handler on site during operations created the opportunity to apply the HEIA tool.
- ✓ Outcomes-based regulations provided EHOs with discretionary powers in meeting their mandates, i.e., EHOs had flexibility to decide how to deliver food safety training.

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## Discussion Questions:

1. Other regions, such as Fraser Health in British Columbia, are developing a Health Equity Assessment Tool (HEAT) to assess the needs of vulnerable populations in their communities. Are there similar tools in use or in development in your area of work? Are there other tools that could be adapted to your area of practice to address equity concerns?
2. In the area of food safety training, are there current initiatives to meet the needs of specific populations? How might health equity assessment improve those initiatives?
3. Are EHOs using other less formal strategies to address equity concerns, e.g., reading exam questions aloud to students with literacy challenges? How could these ad hoc strategies be implemented more systematically to help break down inequitable structural barriers?



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## LEARN MORE

Primers on equity and environmental public health practice, written for practitioners, managers, and program directors. Available from <http://www.bccdc.ca/health-professionals/professional-resources/health-equity-environmental-health/equity-and-eph-handbook>

1. **Five things to know about equity in EPH**, highlights the ways that equity intersects with EPH practice and illustrates how an equity lens might be used.
2. **Areas of EPH Practice Impacted by the Social Determinants of Health** illustrates how equity issues impact different areas of EPH practice.
3. **Equity in EPH Practice** discusses ways to integrate an equity lens into practice.

**NCCDH** has collected stories from environmental public health practitioners who are pioneering the use of an equity lens in different ways.

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