Through an **equity** lens

PRIMER 1

Five Things To Know About Equity In Environmental Public Health

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This Primer provides an overview of health equity and how it relates to environmental public health (EPH) practice in BC. It is written for practitioners, managers, and program directors. It aims to highlight the ways that equity intersects with practice and illustrate how an equity lens might be used. It is the first of three **Primers on Health Equity and Environmental Public Health** produced as part of a consultation with field staff. The second Primer, **Areas of EPH Practice Impacted by the Social Determinants of Health**, illustrates how equity issues impact different areas of EPH practice, and the third Primer, **Equity in EPH Practice**, discusses ways to integrate an equity lens into practice.

This information is based on a series of focus groups with environmental health officers (EHOs) in each of BC's regional health authorities and the First Nations Health Authority in March 2015. The purpose of the focus groups was to identify how barriers related to the social determinants of health impacts EPH practice in BC, how EHOs respond, and how to help EHOs apply an equity lens to practice.

The illustrative examples are based on stories told during these focus groups. Some have been altered slightly to illustrate specific aspects of equity in practice, while others are a composite of several stories that were shared during the focus groups.

# Five Things To Know About Equity In Environmental Public Health

1 What is health equity?

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 inequities, then, are differences in health status that are considered to be modifiable and unjust. They are associated with social, geographic, political, or economic determinants of health. Inequities in these determinants of health affect environmental health in four ways:[1]

1. They may be associated with undue exposure to unhealthy environments.

2. They affect individuals' behaviours in ways that affect their exposure and health status.

3. They can increase vulnerability to environmental factors that negatively impact health and well-being.

4. They may be associated with decreased access to services that could address the impacts of unhealthy environmental exposures.

Health inequities are illustrated by a strong social gradient in health status; lower socioeconomic status is associated with shorter life expectancy, higher infant mortality, and higher rates of disability and disease. Such inequities exist between and within rich and poor countries, including in BC.[2]

The following related terms are often used in discussions about health equity:[3]
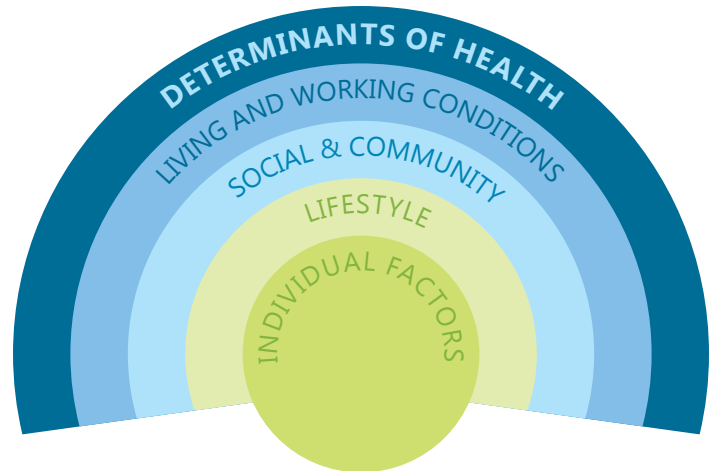
Social determinants of health (SDH): interrelated social, political and economic factors that create the conditions in which people live, learn, work and play

Health inequalities/disparities: measureable differences in health between individuals, groups or communities

2   Why is health equity important for EPH practitioners?

Health equity is a lens that is increasingly applied across a range of health systems and policies in Canada and elsewhere. **BC's Guiding Framework for Public Health** includes equity as a cross-cutting issue that relates to every facet of public health and calls on the public health system to identify community health needs, address barriers, and consider access to services in the development and implementation of policies and programs.[4] This means that health equity fits into the role of all public health professionals, including environmental health officers (EHOs) and other EPH practitioners.

EHOs are front line public health practitioners who deal with a cross-section of the population through their regulatory and educational activities. SDH and related inequities can create barriers that impact people's ability to follow health advice or comply with public health regulations. The manner in which EHOs interact with individuals who have SDH-related barriers could potentially minimize or intensify the negative impacts of those barriers. It is important that EPH practitioners such as EHOs are able to recognize and respond appropriately to SDH-related barriers—even though they may not be able to remove those barriers. Practitioners thus need to feel equipped to recognize barriers and respond appropriately.

3   Who is affected by the social determinants of health and health inequities?

Anyone may experience health inequities. Through consultations with EHOs in British Columbia, we have identified five main ways that SDH arise in practice and that could be linked to health inequities.

Socioeconomic status: Business owners or facilities operators may have financial or cash flow restrictions that impact their ability to follow protocols or maintain equipment. Employees, particularly those who are precariously employed, may be unable to afford to pay fees, lose wages, or miss shifts to attend training (e.g., FOODSAFE) or even to stay away from work when ill.

During a routine inspection of a small restaurant, the EHO notices a food handler sneezing and coughing while preparing food. When asked if she is sick, the food handler insists it is an allergy and not a cold or flu. After some discussion, the EHO learns that the handler is unable to afford to miss a paid shift, so comes to work despite the risk of spreading illness.

At another restaurant, the EHO overhears the manager on the phone with an employee, insisting that he come to work if he wants to keep his job. The employee soon arrives and exhibits symptoms of gastrointestinal illness, which prohibits food handling.

Cultural differences: People from different cultural backgrounds, such as recent immigrants, may lack understanding of accepted procedures or may be working in a new industry without specific training. They may also be hesitant to trust an EHO who is trying to offer support, particularly if they have worked in a country where health inspectors have a regulatory role but no educational role or where there are less stringent public health standards.

A restaurant owner has recently immigrated to Canada from a country with a more authoritarian approach to health inspection. He is obviously struggling with how to properly set up the kitchen and storage area, sanitize dishes and equipment, and complete a food safety plan. When the EHO offers guidance, the operator insists that everything is under control and the site will be fully compliant soon. After several months of repeated infractions and instructions about how to correct them, the owner starts to feel more comfortable with the EHO and admits the he doesn't understand how to prepare the food safety plan. His daughter tells the EHO that he was afraid to admit this because health inspectors in their home country will shut down a business or demand large fines at the first sign of infraction.

Language, literacy, and education challenges: Without fluency in a shared language (spoken and written), it is difficult for EHOs to effectively educate and work with clients to achieve compliance and support healthy behaviour change. Translated materials or visual aids are helpful for illustrating what should be done. Multilingual staff or family members can also assist with translation when such resources are not available. However, it is challenging to explain the rationale behind a guideline or describe in detail how to approach a situation without shared language. Low literacy or education levels can also make it difficult for individuals to understand complex documentation requirements such as food safety plans or to participate in certification and professional development opportunities. Language and education barriers may co-exist, creating additional challenges for effective education and communication.

A couple who were operating a small drinking water system took the required Small Water Systems Training Course three times and failed the exam each time, even though they appeared to understand the concepts during the classroom-based course. Before the next exam, they came to the EHO and said they were not very good at reading. When the EHO read the multiple choice questions out loud and let them pick which option was correct, they both passed the exam.

Psychosocial factors: Mental health and personal stress can distract people from focusing on public health. They may also intensify the effects of other barriers, such as language or finances, as people try to cope. Without specific training, practitioners can't be sure whether mental health is influencing behaviour. However, mental health issues may be suspected when a normally compliant and cooperative operator suddenly seems unable or unwilling to follow protocol.

An EHO responds to a complaint from a public health nurse about conditions in a private home. The single resident is living without electricity in a mouldy house with leaking pipes, holes in the wall, and an increasing amount of debris. Because the situation is becoming a hazard to the public, the EHO may have jurisdiction to take action, which would render the resident homeless. After speaking with the nurse, the EHO learns that the resident has experienced several kinds of personal tragedy in the past few years and has not been able to maintain the home or stay employed. The EHO and nurse discuss ways to reach out to mental health and social support providers and work together to better serve this resident.
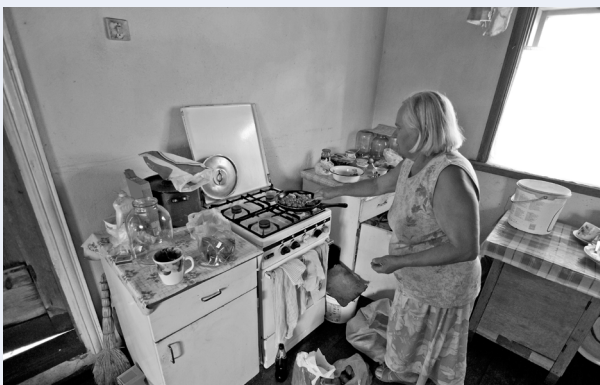
Geographic location: Geographic isolation affects the way people do business. In small or remote communities, access to equipment, parts, and expertise can be prohibitively expensive and slow, making timely equipment repairs or infrastructure upgrades challenging. Geographic isolation may also impact community health needs, particularly in relation to food. People may rely on wild game or other local sources for food that do not come from approved or inspected sources, creating food security as well as food safety concerns. Geography can also affect sampling protocols, making it difficult or even impossible to get samples from an isolated community to a certified lab within a required time frame.

A resort in an isolated community has a dishwasher that can no longer provide an adequate sanitizer step, so the EHO tells them the dishwasher needs to be replaced immediately. The next available delivery for a replacement dishwasher is 3 weeks away, but the resort is about to open for the season. The EHO works with the kitchen manager to set up a temporary process that uses the dishwasher to clean and rinse the dishes and the two available sinks for sanitizing.

4   What can EPH practitioners do in response to health inequities?

Inequities in the social determinants of health can impact any area of EPH practice, including food premises and personal services inspections, oversight of drinking water and sewage treatment operations, land use planning and built environments, and response to housing complaints. The ways that equity issues impact these practices are described in the second Primer, **Areas of EPH Practice Impacted by the Social Determinants of Health.**

A common question about the relationship between equity and EPH practice—or any area of public health—is that inequities result from social, economic, and other factors that are beyond the scope of practice. While EHOs and other public health professionals may not be able to address the root causes of inequities, they can apply an equity lens to:

- observe what barriers people might face (see box A in the figure below)

- empathize with how barriers might impact people's actions

- identify ways to help people work around those barriers (see box B in the figure below)

- consider how the public health system could better serve certain segments of the population by removing barriers (see box C in the figure below)

- raise awareness about where barriers persist and how they impact public health

- discuss with management and contribute to conversations about how to make policies and programs more equitable

- identify partners who can help respond to inequities

Support individuals and remove barriers to promote health.

These three boys are trying to watch a ball game from outside the fence, but they don't all have the same opportunity to see what is happening.

A. EQUALITY WITHOUT EQUITY

Each boy has a box to stand on, but the smallest boy still cannot see over the fence.

B. EQUITY (BUT NOT EQUALITY)

The boxes are redistributed so each boy has the same opportunity to see over the fence.

C. SYSTEMIC BARRIERS REMOVED

The transparent fence does not affect anyone's opportunity to participate in watching the ball game.

5   How can practitioners get more information about health equity?

Information and resources developed as part of the *Through an Equity Lens* project are available on the **Health Equity & Environmental Health** section of the BCCDC website at **www.bccdc.ca/health-professionals/professional-resources/health-equity-environmental-health**

The Provincial Health Services Authority (PHSA) provides **Indigenous Cultural Competency** training for health staff that work with Indigenous people.

BC Mental Health & Substance Use Services provides **Mental Health Literacy** resources to support staff that work with people affected by mental health issues.

The **National Collaborating Centre for Determinants of Health** (NCCDH) works to advance health equity through public health practice.

The **National Collaborating Centre for Environmental Health** (NCCEH) provides a wide range of evidence-based resources (including health equity) for environmental health practitioners and policy makers across Canada.

References

1. World Health Organization. Environment and health risks: a review of the influence and effects of social inequalities. Copenhagen: WHO Regional Office for Europe; 2010. Available from: http://www.euro.who.int/__data/assets/pdf_file/0003/78069/E93670.pdf.

2. Health Officers Council of BC. Health inequities in BC. 2013; Available from: http://healthofficerscouncil.files.wordpress.com/2012/12/health-inequities-in-bc-april-15-2013.pdf.

3. National Collaborating Centre for Determinants of Health. Glossary of Essential Health Equity Terms. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2014. Available from: http://nccdh.ca/resources/glossary/.

4. BC Ministry of Health. Promote, protect, prevent: Our health begins here. BC's guiding framework for public health. Victoria, BC: Ministry of Health; 2013. Available from: http://www.health.gov.bc.ca/library/publications/year/2013/BC-guiding-framework-for-public-health.pdf.