

Physical Activity:
Equity and Access

Thrive! Facilities Access Summit
A plan for a healthier Nova Scotia May 26, 2016

Stonchouse Consulting, Waterside, Pictou Co., NS

- Key concepts: Access and Equity
- "The Wealth Gap"
- The Wealth/Health Gradient
- "Four Feet Up" & Insights
- Health Equity Lens & Priority Populations
- Promising practices, Strategies, Recommendations



Understanding Access

Access: The freedom or ability to obtain or make use of something (Mirriam-Websters)

- Availability
- Affordability
- Appropriateness

EQUALITY VERSUS EQUITY

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

Canadian Federation of Municipalities (2015)

Understanding Equity

(Health) Inequity:

- o Systemic
- o Unfair
- o Avoidable

(Health) Equity: Everyone has a fair chance to have the best health possible.

Health Equity Can't Wait. Act Now in Your COMMUNITY!

Social Determinants of Health

WHAT MAKES CANADIANS SICK?

50%	YOUR LIFE	INCOME EARLY CHILDHOOD DEVELOPMENT DISABILITY EDUCATION SOCIAL EXCLUSION SOCIAL SAFETY NET GENDER EMPLOYMENT/WORKING CONDITIONS RACE ABORIGINAL STATUS SAFE AND NUTRITIOUS FOOD HOUSING/HOMELESSNESS COMMUNITY BELONGING
25%	YOUR HEALTH CARE	ACCESS TO HEALTH CARE HEALTH CARE SYSTEM WAIT TIMES
15%	YOUR BIOLOGY	BIOLOGY GENETICS
10%	YOUR ENVIRONMENT	AIR QUALITY CIVIC INFRASTRUCTURE

THESE ARE CANADA'S SOCIAL DETERMINANTS OF HEALTH #SDOH

Source: Canadian Medical Association, 2014

Equity from the start...

“CHILD POVERTY IN CANADA CONTINUES AT A HIGH AND UNACCEPTABLE LEVEL, WITH INCOME INEQUALITY CONTINUING TO GROW.”
Dr. John Myles, Clinical Professor Emeritus
at the University of British Columbia
and Lead Author, Health Services Research

Equity is about VALUES...

Equity and Social Justice

Social justice:

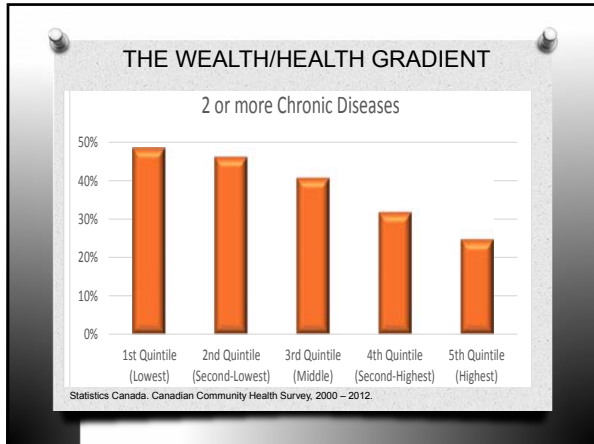
- the equitable distribution of goods, resources and opportunities necessary for health
- encompasses the concepts of human rights and equity

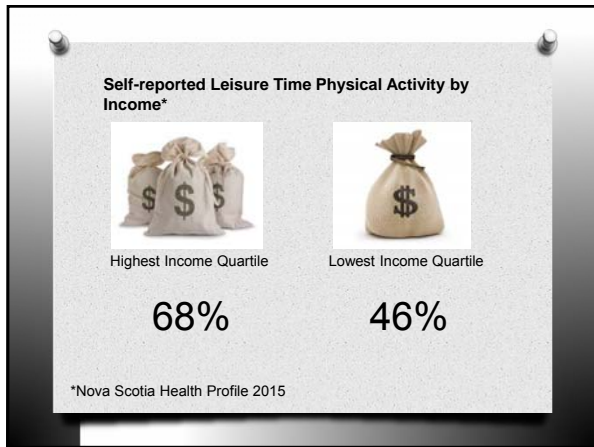
NS Public Health Standards, 2011-2016

THE WEALTH GAP

“Wealth inequality is much worse than Canadians think it is and a far cry from what they think it should be.”

DECEMBER 2014
BROADBENT INSTITUTE







Insights from “Four Feet Up”


- o Poverty is isolating and stressful
- o Poverty is worsening
- o Both low-income children and adults need opportunities for recreation
- o Low-income families may be more “active” due to circumstances
- o Recreation has a family dimension that must be factored into supports
- o Equity-focused solutions are needed

3 BIG QUESTIONS ABOUT HEALTH EQUITY

Where do the greatest inequities occur, and what can be done to reduce them?


Will some populations benefit more (or less) from this policy/action/decision?

Is there potential for this policy/action/decision to increase health inequities?



Health Equity Lens

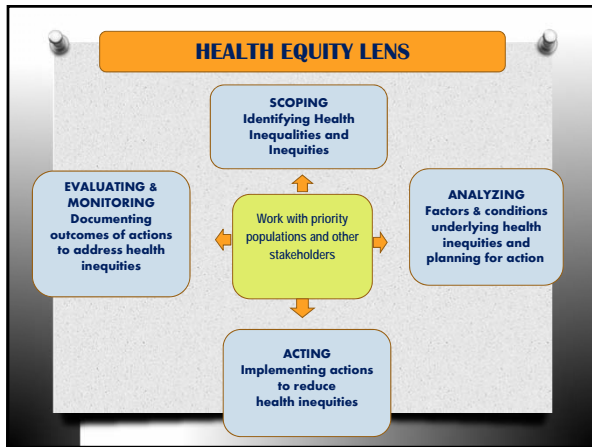
Improving Social Determinants of Health and Reducing Health Inequities in Nova Scotia




March 2016

Content of the Lens 

- About the Lens
- Unpacking health inequities
- Knowledge, skills and attitudes
- Priority populations
- Health Equity Lens (4 domains)
- Appendices and Resources



SCOPING 

- What inequalities in health exist between population groups?
- Which populations are most likely to be affected?
- Are the identified inequalities in health inequitable?

Essential things to do...
Things to consider...
Attitudes, knowledge and skills required...

Priority Populations

- o Life circumstances
- o Accumulated stress
- o Historical marginalization
- o Discrimination – the “isms”
- o Intersectionality
- o Recognize strengths and assets

PRIORITY POPULATIONS

Priority populations may be...


- ... Discriminated against on the basis of race/ethnicity, culture, class, gender, age, religion, gender identity, sexual orientation, disease state (e.g., living with HIV/AIDS) or other social factors
- ...Living on low income
- ...Living with low levels of education and literacy
- ...Homeless or precariously housed
- ...Recent immigrants and refugees
- ...Single parents (mainly women)
- ...Disabled / differently abled
- ...Youth or elderly
- ...Socially or geographically isolated
- ...Any combination of the above

ANALYZING

- o What social and economic factors and conditions are at the root of identified health inequities?
- o What barriers and constraints exist for priority populations that contribute to the inequities, and how can these be addressed?

Essential things to do...
Things to consider...
Attitudes, knowledge and skills required...


ACTING



- How can an equity focus be integrated into current initiatives?
- What policy or advocacy actions can be taken to address the social determinants of health at the root of the inequities?

Essential things to do...
Things to consider...
Attitudes, knowledge and skills required...

MONITORING AND EVALUATING



Questions
What types of indicators would best capture the changes taking place?

- reach to priority populations
- relevance for priority populations
- effectiveness in reducing inequities
- sustainability for continuing benefits

Essential things to do...
Things to consider...
Attitudes, knowledge and skills required...

REDUCING INEQUITIES: POLICY APPROACHES

Universal: Applies to all, but some may benefit more.

Proportionate universalism: Applies to all, in proportion to level of disadvantage.

Targeted within universalism: Applies to all, with additional support for disadvantaged.


Targeted: supports for disadvantaged only.

“WHAT SURROUNDS US, SHAPES US”
- Berkeley Media Studies Group

“Changing the public conversation”

***VALUES** common across the political spectrum:

- o Fairness
- o Prevention
- o Ingenuity




PROMISING PRACTICES for advancing equity

- Social marketing / communication
- Targeting within universalism
- Purposeful reporting
- Health equity target setting/goals
- Competencies/organizational standards
- Contribution to evidence base
- Early childhood development
- Community engagement
- Intersectoral action



(SDHU, 2011)

Tools We Can Use




National Collaborating Centre
for Determinants of health
Centre de collaboration nationale
des déterminants de la santé

(Series) Let's Talk...
... *Health equity*
... *Universal and targeted approaches to health equity*
... *Advocacy and health equity*

And many more.....

Physical Activity/Recreation is an Equity Issue

Differential access to resources




- Neighbourhood safety
- Transportation
- Lack of time / scheduling
- Cost
- Social and community norms (older people, people with disabilities)
- Inclusion

STRATEGIES/RECOMMENDATIONS

- ✓ Maintain focus on target groups... gender, youth, seniors
Explore equity dimensions within these groups
- ✓ Act on structural conditions / barriers
- ✓ Determine community priorities and priority populations
- ✓ Engage community stakeholders
- ✓ Shared ownership and responsibility
- ✓ Use an equity lens at all stages



Footholds...



Thrive! A policy and environmental approach... (2012)
Guiding principle:
Comprehensiveness and equity
Funding... for non-active populations

Shared Strategy for Advancing Recreation in NS (2015)

- Inclusion and Access
- Supportive Environments

- Building on regional successes and lessons to date
- Sharing successes and learning from others (e.g., BC Physical Activity Strategy)