

Is Health Equity a Priority? Perceptions from Health System Decision Makers and Practitioners in British Columbia

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Purpose: to explore the views of British Columbian (BC) health system decision makers and public health practitioners on health equity as a priority in their work

Background

Health equity is the absence of avoidable or remediable differences in health between groups. The development of health inequities can be understood as a consequence of multiple social, political, and cultural factors that give disproportionate benefit to some people, while disadvantaging others. Although the causes of health inequities extend well beyond the health system, reducing health inequity is nevertheless a key and growing policy focus in health systems particularly public health.

Methods

We conducted 29 individual interviews and 25 focus groups with 171 participants from six BC health authorities and the Ministry of Health. Participants included senior executives, public health directors, regional directors, medical health officers, managers, and public health practitioners. We used the constant comparative approach to analyze the data.

Health Equity Talk

When people talk about health equity, they talk about:

- Determinants of health (social, structural)
- Defining populations
 - Geography (e.g., health status of regions)
 - Identity (e.g., “at risk,” homeless, drug user, Aboriginal)
- Targeting interventions (vs. universal programs/services)
- Challenging conversations
 - We don’t have a language
 - We’re speaking different languages

“Our (public health) language is different than the language of people making business decisions in (our health authority).”
(Manager)

Decision makers value health equity, but do not necessarily see it as a major goal of BC’s health system.

Public health practitioners engage in a wide range of health equity strategies.

Health Equity as a Priority

We found four themes in respondents’ statements about whether health equity was a priority:

- Health equity is a priority for me as an individual
- Health equity is a priority for public health
- Health equity is not a key priority for health authorities
- Health equity is not a key priority for BC

“In the health authority we don’t get into that level of discussion, but I know I do.” (Director)

“Reducing inequities is the most important goal in our public health team.” (Chief Medical Health Officer)

Health Equity Strategies

We found three themes in respondents’ statements about how they have implemented health equity strategies:

- Working with community members to implement health equity strategies
- Developing equity tools to assess and monitor health equity strategies
- Engaging in intersectoral collaboration to implement health equity strategies

“Working with community partners to make those things happen in communities and those are front line priorities around health equity.” (Front line staff)

Conclusions

- Decision makers value health equity, but do not necessarily see it as a major goal of the health system in BC. At the same time, public health practitioners engaged in a wide range of health equity strategies.
- Definitions of health equity vary, reflecting different understandings of vulnerability (structural vs. identity), justice (material vs. non-material aspects of justice), and appropriate health system responses (individual vs. population health interventions).
- Practical implications would be to develop a common language around health equity as well as engage community members, develop equity tools, and encourage intersectoral collaboration when implementing health equity strategies.

Find out more!