

# *Moving Equity into Planning Action*

PIBC / CITE Conference

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**Interior Health**  
*Every person matters*

# Land Acknowledgement



## Aboriginal Communities & Organizations



## Definition of Health:

State of complete **physical**,  
**mental** and **social well being**,  
and not merely the absence of  
disease or infirmity.



**World Health  
Organization**



## WHAT INFLUENCES OUR HEALTH?

50%

### YOUR LIFE

INCOME  
EARLY CHILDHOOD DEVELOPMENT  
DISABILITY  
EDUCATION  
SOCIAL EXCLUSION  
SOCIAL SAFETY NET  
GENDER  
EMPLOYMENT/WORKING CONDITIONS  
RACE  
COLONIZATION  
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%

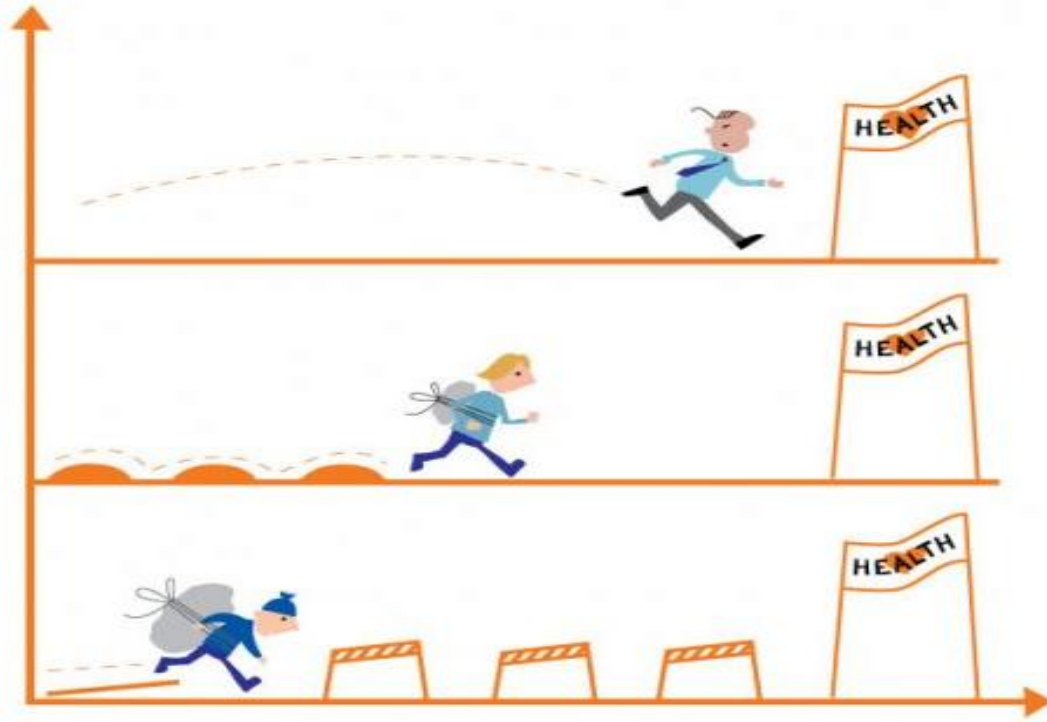
### YOUR ENVIRONMENT

AIR QUALITY  
CIVIC INFRASTRUCTURE



THESE ARE CANADA'S SOCIAL DETERMINANTS OF HEALTH #SDOH

# Health Inequities



Differences between social, economic, demographic or geographic population groups

# 3 Key Factors of Health Inequities

## SOCIAL GRADIENTS IN HEALTH

Every step along the way, people who have fewer resources are less healthy than those with more money or social status.

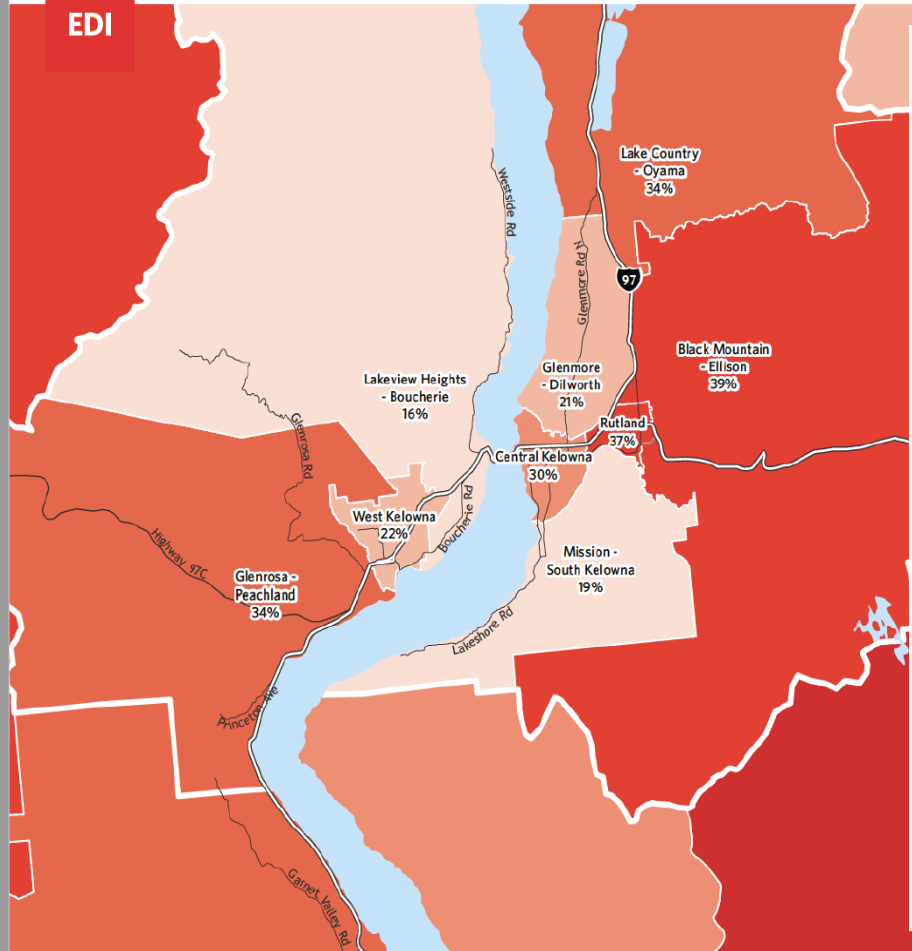
HEALTH



1. Systemic
2. Avoidable
3. Unfair & Unjust



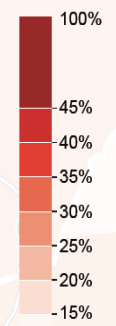
**EDI**



## VULNERABLE ON ONE OR MORE SCALES

Percent of children Vulnerable on One or More Scales of the EDI.

### % VULNERABLE



SCHOOL DISTRICT AVERAGE

27%

PROVINCIAL AVERAGE

32.2%

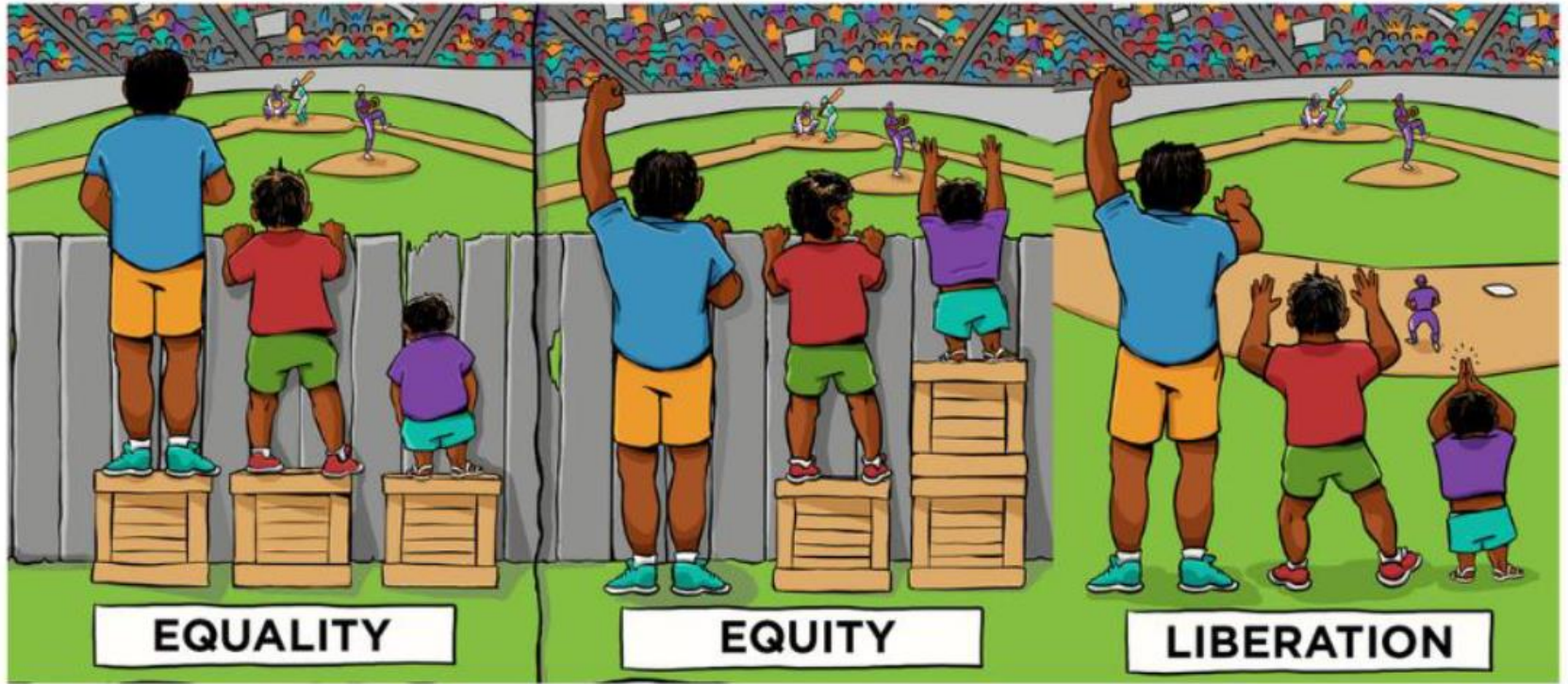
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For more information please visit:  
[earlylearning.ubc.ca/maps/edi](http://earlylearning.ubc.ca/maps/edi)

**HUMAN  
EARLY LEARNING  
PARTNERSHIP**

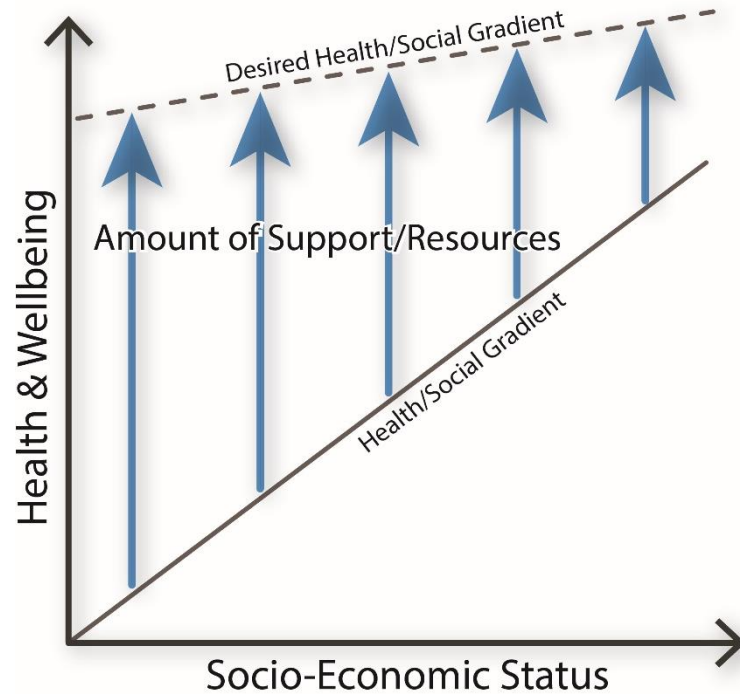


# Health Equity





# Proportionate Universality



# Linking Planning to Health



**Community Planning & Investment Policies**  
(Zoning, infrastructure investments, development practices)



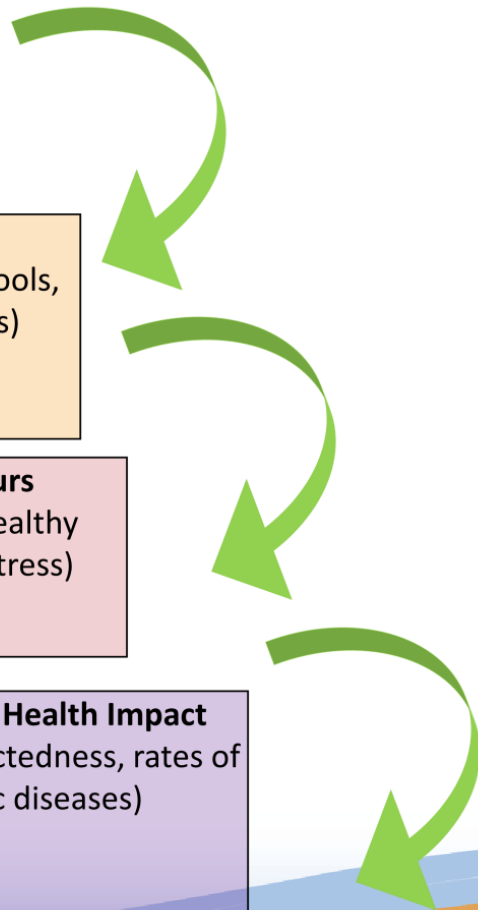
**Built Environment**  
(Access to parks and schools, transportation options)



**Health Behaviours**  
(Physical activity, healthy eating, managing stress)



**Population Health Impact**  
(Social connectedness, rates of chronic diseases)




# Healthy planning principles are effective for addressing health inequity



# Equity Tools & Practices & Resources



# Make equity **EXPLICIT**

- Equity intention statement
  - As part of the overall vision and mission
  - As an over-arching goal, priority, objective
  - Expected outcomes and indicators
- 

# Example: City of Ottawa




# Example: City of Portland

## A FRAMEWORK FOR EQUITY

### **Making Equity Real**

The promise of opportunity is real when:

- All Portlanders have access to high-quality education, living wage jobs, safe neighborhoods, basic services, a healthy natural environment, efficient public transit, parks and green spaces, safe and sound housing and healthy food.
  - The benefits of growth and change are equitably shared across our communities. No one community is overly burdened by the region's growth.
  - All Portlanders and communities fully participate in and influence public decision-making.
  - Portland is a place where your future is not limited by your race, gender, sexual orientation, disability, age, income, where you were born or where you live.
  - Underrepresented communities are engaged partners in policy decisions.
- 

# Possible Actions for Health Equity

## Discredit

Actions **argue against** evidence of root causes by **describing the evidence as false** or unreliable.

## Distract

Actions **divert attention** from root causes by **promoting unproductive arguments** or interventions.

## Disregard

Actions **overlook or ignore** root causes of health inequities.

## Acknowledge

Actions **recognize** the importance of root causes, but **go no further** to respond to these roots.

## Illuminate

Actions **seek to understand** how root causes lead to health inequities.

## Disrupt

Actions attempt to **interrupt** root causes by disturbing or **altering conditions** that contribute to root causes.

**Harmful Actions**

**Progressively Less Productive Actions**

**DESCRIPTIVE WORK**

**INTERPRETIVE WORK**

**INTERVENTIONAL WORK**

**Progressively More Productive Actions**



# Example: Master Transportation Planning

## Discredit

New infrastructure development **purposely avoids low income neighbourhood** because these people would just **damage the infrastructure.**

## Distract

New infrastructure development **purposely avoids low income neighbourhood** because these people **contribute lower amount of taxes.**

## Disregard

Infrastructure funding **is distributed proportionally** based on population.

## Acknowledge

It is **understood that areas have different needs,** but infrastructure funding **is distributed proportionally** based on population.


## Illuminate

**Staff seek to understand** needs of people in each area using census data and one public forum/town hall, and **infrastructure funding is distributed accordingly.**

## Disrupt

**Staff seek to understand** needs of people in each area using census and population health data and via an **equitable community engagement plan** and **infrastructure funding is distributed accordingly.**

# Equity-Informed Decision Making

- Who will benefit?
  - Who will/may be excluded?
  - What contributes to this exclusion?
  - What can you do differently to ensure inclusion?
- 

# Example: TORONTO

## Equity Impact Statement

- Have you determined if there are barriers faced by diverse groups?
- How did you reduce or remove the barriers?
- How will you measure the results of the policy/program?



National Collaborating Centres  
for Public Health



Centres de collaboration nationale  
en santé publique



National Collaborating Centre  
for Indigenous Health



Centre de collaboration nationale  
sur les politiques publiques et la santé

National Collaborating Centre  
for Healthy Public Policy



National Collaborating Centre  
for Determinants of Health

Centre de collaboration nationale  
des déterminants de la santé



National Collaborating Centre  
for Environmental Health

Centre de collaboration nationale  
en santé environnementale



National Collaborating Centre  
for Determinants of Health

Centre de collaboration nationale  
des déterminants de la santé

# HEALTH EQUITY AND THE BUILT ENVIRONMENT: A CURATED LIST

## THE BUILT ENVIRONMENT:

*Understanding how physical environments  
influence the health and well-being of  
First Nations peoples living on-reserve*

Roberta Stout



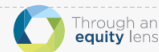
NATIONAL COLLABORATING CENTRE  
FOR ABORIGINAL HEALTH



CENTRE DE COLLABORATION NATIONALE  
DE LA SANTÉ AUTOCHTONE

EMERGING PRIORITIES

HEALTH EQUITY AND ENVIRONMENTAL PUBLIC HEALTH (EPH)



## FACT SHEET: Supporting Health Equity Through the Built Environment

Environmental Health Services  
BC Centre for Disease Control

This document was produced under the guidance of the  
Healthy Built Environment Linkages Toolkit Working Group.

### INTRODUCTION

This Fact Sheet offers evidence-informed principles to support health equity through interventions in the built environment. It is based on a scoping review titled Working with local governments to support health equity through the built environment<sup>1</sup> which examines 16 review articles and 37 Canadian empirical studies published on health equity and the built environment since 2010, and is supplemented with additional literature related to local government intervention options. Much of the research cited here explores health equity through measures of socioeconomic deprivation—there is limited research on the specific built environment needs of priority populations such as older adults, low-income children, Indigenous populations, newcomers to Canada, people living with physical disabilities or chronic illness, and homeless populations. These population groups are known to be at greater risk for poor health, largely due to inequities in the distribution of the social determinants of health.

This is one of a series of Fact Sheets on broader concepts which relate to all five features of healthy built environments described in the HBE Linkages Toolkit. Like the Toolkit, information provided here is evidence based and derived through literature review and expert opinion.

Icons indicate that more info is available in a corresponding Fact Sheet:

-  = Economic co-benefits
-  = Health equity
-  = Social well-being
-  = Small communities



# Your Healthy Community Development Team



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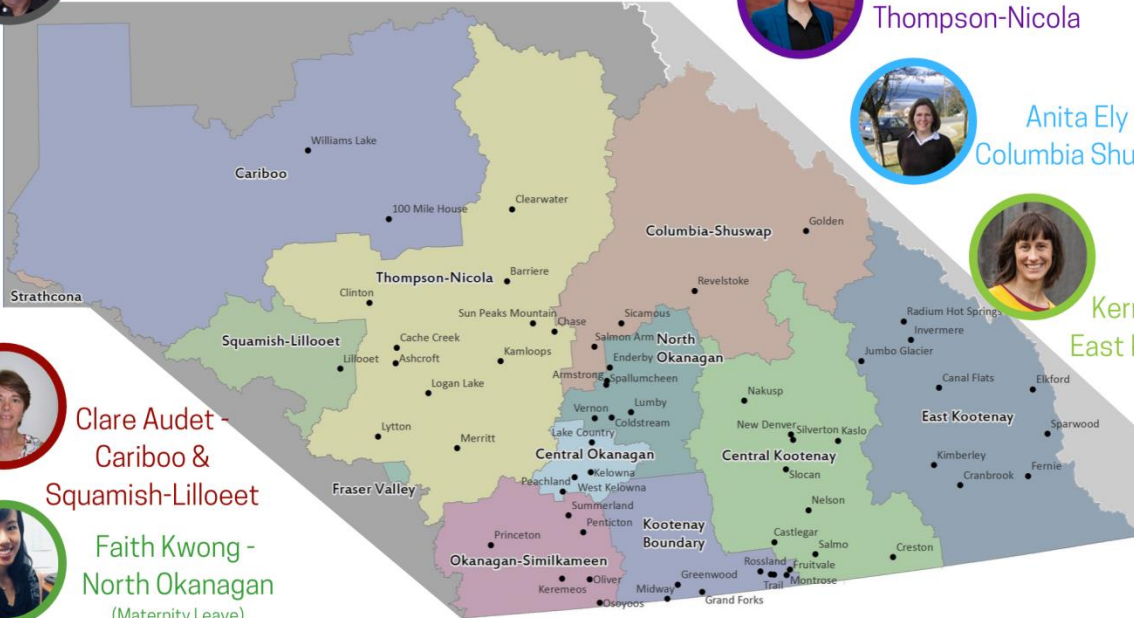
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