

# **Building Capacity for Equity in Health Promotion**

[Health Nexus](#) and the [Health Equity Council](#) are pleased to announce that we are partnering to build capacity for equity in health promotion in Ontario through a bilingual project entitled **Building Capacity for Equity in Health Promotion**. This project is funded by the Healthy Communities Fund of the Ontario Ministry of Health Promotion, and runs from November 2009 to March 2011.

## **What will the project do?**

The project will work with health promoters and managers / decision makers in public health, community health centres and community organizations who work with racialized groups, especially those living in low income communities, to build capacity for equity in the areas of healthy eating, physical activity and mental health promotion.

Key activities will be the convening of 5-6 conferences in all four regions of the province (3-4 in English and 1-2 in French) in the fall of 2010. The project will undertake an environmental scan, develop a literature review and resources, and a directory of promising practices in Ontario and elsewhere. Building a province wide health equity network will be one of the results of the project. The project envisages a strong role for an advisory committee and other partners.

## **What are we hoping to achieve?**

This project is intended to address the health disparities facing racialized communities including francophone communities, in specific regions of Ontario, including those who are affected by poverty. It will do this as follows:

- Directly - by building capacity among staff working in public health, community health centres, community agencies and groups, neighbourhood centres, etc. which promote physical activity, healthy eating and mental health promotion with ethnoracial communities living in poverty. Conference participants will include public health specialists in chronic disease prevention, nutrition and mental health, health promoters in CHCs, program planning and delivery staff and volunteers in community organizations. It will also include managerial and decision making staff in these organizations. Staff and partners of the new local Healthy Communities planning tables will be encouraged to participate in these conferences.
- Indirectly - the project will benefit ethnoracial communities affected by poverty through the development and implementation of local programs and policies that address issues of inequity.

## **Project objectives**

- Increased capacity for health intermediaries (at managerial and/or service delivery levels) to develop and deliver strategies, programs and services in ways that reduce health inequities for racialized groups including those living in poverty. This includes greater awareness, improved skills, improved access to tools and strategies and case studies, shared learning and practice.
- Potential partnerships and opportunities identified to enable all population groups to have opportunities for healthy living and mental health.
- Build a province wide health equity network.

## **Why such a project?**

- Health equity concerns those differences in population health that can be traced to unequal economic and social conditions and are systemic and avoidable – and thus inherently unjust and unfair.<sup>1</sup>

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<sup>1</sup> From Unnatural Causes – Is Inequality Making Us Sick?  
<http://www.ok.gov/health/documents/What%20is%20Health%20Equity.pdf>

- Health equity research shows that taking an exclusive aggregate or whole of population approach to health promotion and health education runs the risk of widening inequities, because advantaged groups are in a better position to access and take advantage of information, incentives and programs.
- Because of this, equity needs to be considered at all levels – policy and strategy, designing actions and programs, and implementation and evaluation.
- Ontario is experiencing demographic shifts, with larger numbers now belonging to racialized communities (including newcomers, established immigrant and Canadian- born communities). The percentage of Francophones in racialized groups has increased in every region.
- While Ontario does not consistently collect data about racialized communities, proxy measures nearly all indicate health status concerns among these communities.
- Evidence released in June 2009 (Powerstudy.ca) shows poorer health status is reported by Ontario men and women who are low income, French-only speakers, non-English speakers, Aboriginal, or Black than other groups. Additional analysis showed low income groups also reported poorer mental health, higher rates of multiple chronic diseases, lower rates of physical activity, less healthy eating and higher food insecurity.
- Analysis of the census data concludes that poverty is becoming increasingly concentrated among racialized groups: the population in racialized groups represented 30% of low income Ontarions in 1996 increasing to 41% in 2006, while their proportion in the total population only increased from 16% in 1996 to 23% in 2006<sup>2</sup>. The poverty rate among racialized groups is double that of white Ontarians in most cities.
- Rates of heart disease and diabetes are increasing especially among certain racialized groups where the risk for diabetes and heart disease occurs at lower levels of overweight and obesity.
- The percentage of Francophones in racialized groups has increased in every region. The Office of Francophone Affairs recently widened the definition of ‘francophone’ in recognition of the increasing ethnoracial diversity of French speaking population resulting from immigration trends. Regional, gender and age disparities within the ethno-racial and Francophone population and in the regional resources, policies and supports need to be addressed in planning.
- For communities of colour and immigrant communities across Ontario, chronic disease concerns related to diet and obesity, chronic stress, depression and mental illness all point to an urgent need for more coordinated, aligned and cross-sectoral interventions to address these risk factors.
- Although efforts to address health equity as it pertains to ethnoracial communities have been made by some organizations, many Ontario health promotion structures, planning and delivery mechanisms lag behind.
- The need for reducing inequities and providing equitable services is recognized in the Local Health System Integration Act 2006 which established LHINs, and the Ontario Public Health Standards (November 2008).

We need more coordinated, aligned and cross-sectoral interventions at the level of programs and services, and at policy and strategic levels. We need to move to taking an equity-focussed approach in a systematic and consistent manner across sectors that directly or indirectly impact our health.

### **How can you participate?**

Many of us are already involved in individual or collaborative efforts to address health equity as it pertains to racialized communities. This project will build on the work and connections and expertise already in place across the province and even beyond.

A representative Advisory Committee provides input and advice. Members include the Colour of Poverty, Ontario Council of Agencies Serving Immigrants, Sudbury and District Health Unit, South East Ottawa Community Health Centre, Réseau du soutien à l’immigration francophone, Centre for Addiction and Mental Health, Conseil

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<sup>2</sup> Colour of Poverty campaign, [www.colourofpoverty.ca](http://www.colourofpoverty.ca)

Economique & Social d'Ottawa-Carleton, Multicultural Interagency Group of Peel, Regional Diversity Roundtable of Peel, Black Creek Community Health Centre, Toronto Public Health, London InterCommunity Health Centre and the Canadian Mental Health Association, Ontario. Some Advisory Committee members are also local co-hosts for the fall 2010 day long conferences.

As the project proceeds, we will be further developing our website and looking at other ways of engaging stakeholders, so that we are able to build on the wealth of knowledge, experience and passion that is out there.

## **Survey**

In March 2010, an online survey was carried out with a two-fold purpose – an environmental scan and promising practice survey. While the environmental scan has closed, the promising practice survey is still open and may be accessed from the link at the end of this document.

The purpose of the environmental scan was to discover who is doing what in relation to health equity for racialized communities in Ontario. This information will help inform the project, specifically the literature review, promising practice directory, and contribute to the building of a health equity network in the province.

The purpose of the promising practice survey is to identify promising practices related to health equity for racialized communities in Ontario. These practices will inform workshop content, case studies and other aspects of project development. A directory will be of use to organizations, groups and individuals to support integration of a health equity approach into planning in order to reduce health disparities.

The project defines the term “practice” broadly to include programs and services, broader initiatives, interventions, strategies, policies, advocacy, resources, tools, reports, practices, websites, etc. We do not wish to limit the nature of items that you may submit, so that we are able to assess the range of practices available.

The survey may be completed by any group or organization who works with, or whose work has an impact on racialized communities in Ontario and their health. You may in fact be involved in a health equity related initiative, even if you do not use the term. We encourage you to look at your work to see if you should be responding to this survey. Specific focus around project priorities of healthy eating, physical activity and mental health promotion is preferable, but not necessary.

If you work in public health, community health centres or community organizations this survey is meant for you. However, given the fact that health inequities are created and maintained by intersecting factors, we actively welcome submissions from other audiences.

If your work involves policy, planning, direction setting, we would like to hear from you. What we know about inequities tells us that addressing these issues best begins by setting the right policy directions, in addition to how programs and services are delivered.

We especially wish to encourage submissions from smaller community groups and agencies, including those run by volunteers, as these initiatives are not often included in more formal promising practice or “best practice” directories and inventories. We hope this project will be an opportunity to highlight the wealth of initiatives that we know are happening in the community.

## Note on Terminology

Racialized groups refers to the populations identified by Statistics Canada as “visible minorities” (see box).

The Ontario Human Rights Commission: **Policy and guidelines on racism and racial discrimination** states:

*The term “racialized person” or “racialized group” is preferred over “racial minority,” “visible minority,” “person of colour” or “non-White” as it expresses race as a social construct rather than as a description based on perceived biological traits. Furthermore, these other terms treat “White” as the norm to which racialized persons are to be compared and have a tendency to group all racialized persons in one category, as if they are all the same.*

Understanding racial groups as socially constructed means that which groups experience stereotyping, social exclusion, racism, under-representation, different treatment, etc. vary by place or community and social context. For example in some communities or situations, having a name or an accent or what one wears can generate forms of discrimination, racism, etc. regardless of one’s actual ethnoracial identity with one or more of the groups included in the Statistics Canada populations listed here. So while recognizing racism as a determinant of health is at the heart of this initiative, we want to be inclusive of the varying ways that this may occur in communities across Ontario based on the unique ethnic mosaic in each local community.

Racialized groups can be newcomers, particularly those who have migrated to Canada in the last 10-15 years from non-European countries, established immigrant as well as Canadian- born communities. It is necessary to clarify this, as the terms “immigrant”, “newcomer” and “racialized communities” or “people of colour” are often used interchangeably. Because of the complex nature of inequalities, issues facing newcomers can be compounded by the fact that they may also belong to racialized communities. Conversely, members of racialized communities may face continued inequalities, despite being Canadian residents or citizens of long standing.

Aboriginal Groups/First Peoples (First Nations, Inuit, Metis) are included separately in recognition of their unique situation as original peoples while the rest of the population are immigrants or descendants of immigrants. This project does not specifically include First Peoples out of respect for self-determination, that projects for First Peoples should be led by First Peoples, but the project will connect with, share information and hopes to learn from the work of First Peoples in this area.

Statistics Canada’s category of “Visible minority” is based on the Employment Equity Act which defines visible minorities as “persons”, other than Aboriginal peoples, who are non-Caucasian in race or non-white in color.’ Categories include: Chinese, South Asian (East Indian, Pakistani, Sri-Lankan, etc.), Black (e.g. African, Haitian, Jamaican, Somali), Filipino, Latin American, Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.), Arab, West Asian (e.g. Iranian, Afghan), Korean, Japanese, Visible minority, n.i.e. (‘n.i.e.’ means ‘not included elsewhere’), and Multiple visible minority.

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We see this as more than a “project” – it has the potential to build strong networks, to draw together various initiatives that are addressing health equity, to learn from each other, help identify research questions, and build strategic alliances that can take this work forward in a more effective and high impact manner to create a healthier Ontario, especially for those communities that face the greatest health inequities.

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[http://www.healthnexus.ca/projects/building\\_capacity/index.htm](http://www.healthnexus.ca/projects/building_capacity/index.htm)