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Chief Provincial Public Health Officer Position Statement on Health Equity

Health gaps between the least healthy and the healthiest populations in Manitoba are significantly influenced by differences in socio-economic factors (e.g., income, education, employment)[1] and by structural drivers. Substantial improvements in the overall health of Manitobans can be realized by reducing the excess burden of ill health among socially and economically disadvantaged populations through policy, program and service decision-making at all levels.

> ***Health equity*** means "that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socio-economic status or other socially determined circumstance."[2, p.2]
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> Achieving health equity will improve the health of all Manitobans.[1]
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> ***Health inequities*** "are preventable, unfair health differences between different population groups, such as the health related differences observed between high and low income groups."[1, p.78]

The Chief Provincial Public Health Officer (CPPHO) of Manitoba recognizes that:

- Some populations experience a disproportionate burden of poor health outcomes and shorter life expectancy. These populations include Indigenous peoples, newcomers and refugees, visible minorities, people living in poverty, persons with disabilities and people experiencing long-term unemployment, homelessness or other types of economic and social marginalization.[3-5]
- First Nations, Metis and Inuit peoples face persistent health gaps resulting from historic and contemporary traumatic experiences related to racism and colonization.
- Governments spend a large portion of their budget (more than 40 per cent for most provinces and territories) on the health care system with the bulk spent on acute or hospital care. Proportionately less is spent on prevention and early intervention services such as public health and primary health care.[6]
- Only 25 per cent of overall health outcomes are influenced by the health care system and its services. Other factors, known as the "social determinants of health" (SDoH), contribute up to 60 per cent to a population's health status.[6]

> The ***social determinants of health*** are the conditions in which people are born, grow, live, work and age – such as housing, food, income, natural and built environments, social safety net and social inclusion.[7]

- These social determinants of health are unequally distributed among population groups in our society. Unequal and unfair social relations such as colonialism, discrimination, racism and gender inequity influence the social determinants of health, as do structural drivers such social policies and programs, economic arrangements and politics.[5]

The Chief Provincial Public Health Officer of Manitoba affirms that:

- ✧ Health is recognized internationally as a human right.[8]
- ✧ Health is a shared responsibility as most factors that influence population health are outside the traditional mandate of the provincial department of health and health-service organizations.[1]
- ✧ The health of a population and the health gaps between population groups has profound consequences for health-system budgets and for the long-term sustainability of the health-care system.
- ✧ Closing health equity gaps is achievable, requiring upstream action on the social determinants of health.
- ✧ Including health equity as an essential component of government policy will improve health outcomes. Significant opportunity exists when the work of the health ministry is enhanced by co-ordinated action with other departments. “Health in All Policies” provides an approach that accounts for the health consequences of public policies across sectors.[1, 5, 9, 10]
- ✧ Policy decisions require the use of health equity impact assessments (HEIA) to maximize positive impacts and minimize negative impacts. HEIA is a planning tool designed to inform these decisions.

  The department of health has a responsibility to:

  - examine its own actions and the intended and unintended downstream health impacts of policy decisions, in partnership with Indigenous and civil society groups.
  - improve the availability, accessibility, acceptability and quality of health services with a focus on structurally disadvantaged populations. This includes reporting on health systems performance by race/ethnicity including self-identified Indigenous status.
  - in line with the provincial Path to Reconciliation Act, work with Indigenous partners on fulfilling the health-related Calls to Action of the Truth and Reconciliation Commission (TRC), including setting targets on informing health system transformation and reporting annually on progress.
  - advise decision-makers on public policy and actions that affect population health and health equity outcomes. This includes providing support to other departments and sectors to consider the health impact (both intended and unintended) of their policy decisions.

  All of government, federal, provincial and municipal, has a responsibility to:

  - apply an equity perspective to strategic planning and public policy, program and service development and evaluation, so equity considerations are part of everyday business.[11, 12]
  - integrate health equity and social determinants of health considerations into policies and work collaboratively across government departments (i.e. a “Health in All Policies” approach).
  - draw upon existing population data and expand opportunities to disaggregate that data by social characteristics, which allow for comparison between more disadvantaged and more privileged population groups and the social gradient in between.
  - implement the Calls to Action of the TRC and report annually on progress.[13]

In summary, approaches which hold the most potential to effectively improve overall population health and to close health equity gaps are upstream preventive measures which focus on social, economic and environmental factors that contribute to the health of populations experiencing the greatest burden of ill health, and on mitigating the structural drivers of inequity.

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