

## Worksheet 1: Developing a common language

### Health status

| Terms                                    | Definition  | What does this term mean to you? |
|--|---|----------------------------------|
| <b>Health inequities</b>                 | Differences in health which are not only unnecessary and avoidable, but in addition are considered unfair and unjust. <sup>1</sup>  |                                  |
| <b>Social determinants of health</b>     | Determines whether individuals stay healthy or become ill as they are the economic and social conditions that influence the health of individuals, communities and jurisdictions as a whole. Social determinants of health are about the quantity and quality of a variety of resources that a society makes available to its members. <sup>2</sup> |                                  |
| <b>Social inclusion/social exclusion</b> | Refers to the dynamic and multi-dimensional social process at all levels (individual, group and community) that is driven by unequal power relationships across economic, political, social and cultural dimensions. Unequal access to resources, capacities and rights lead to health inequities. <sup>3</sup>                                     |                                  |

<sup>1</sup> World Health Organization. Health Impact Assessment (HIA): glossary of terms used. [Internet]. Geneva: World Health Organization; c 2016. [cited 2016 March 11]. Available from: [www.who.int/hia/about/glos/en/index1.html](http://www.who.int/hia/about/glos/en/index1.html)

<sup>2</sup> Raphael D. About Canada: Health and Illness. Black Point, NS: Fernwood Publishing. 2010.

<sup>3</sup> National Collaborating Centre for Determinants of Health. Glossary. [Internet]. Antigonish, Nova Scotia, Canada; c2016. [cited 2017 January 13]. Available from: <http://nccdh.ca/resources/glossary/>

**Populations**

| Terms                           | Definition  | What does this term mean to you? |
|---------------------------------|---|----------------------------------|
| <b>Vulnerable populations</b>   | Groups and communities at a higher risk for poor health as a result of the barriers they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability. <sup>3</sup> |                                  |
| <b>Marginalized populations</b> | Groups and communities that experience discrimination and exclusion because of unequal power relationships across economic, political, social and cultural dimensions. <sup>4</sup>   |                                  |
| <b>Priority populations</b>     | Population groups that would benefit the most from public health programs and services and are at risk of experiencing health inequities. <sup>1</sup>  |                                  |

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<sup>4</sup> Ontario Agency for Health Protection and Promotion (Public Health Ontario), Lu D, Tyler I. Focus on: A proportionate approach to priority populations. Toronto, ON: Queen's Printer for Ontario; 2015. [cited 2017 January 13]. Available from: [www.publichealthontario.ca/en/eRepository/Focus\\_On\\_Priority\\_Populations.pdf](http://www.publichealthontario.ca/en/eRepository/Focus_On_Priority_Populations.pdf)

**Approaches and/or strategies**

| Terms                                | Definition   | What does this term mean to you? |
|--------------------------------------|--|----------------------------------|
| <b>Upstream</b>                      | Aimed at the root causes of the problem by focusing on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential. <sup>3</sup>  |                                  |
| <b>Downstream</b>                    | Aimed at ‘managing the effects’ or ‘controlling the consequences’ of the problem by focusing on providing equitable access to care and services to mitigate the negative impacts of disadvantages on health. <sup>3</sup>  |                                  |
| <b>Universal</b>                     | Strategy applies to all people. <sup>3</sup>   |                                  |
| <b>Targeting within universalism</b> | <p>An approach to providing programs and services that makes them available to all (universal) and reaches out to vulnerable and marginalized populations so that they get supports and services that meet their needs (targeted).<sup>1</sup></p> <p>Recognizes that to level up the gradient, programs and policies must include a range of responses for different levels of disadvantages experienced within the population.<sup>3</sup></p> |                                  |
| <b>Proportionate universalism</b>    | <p>Is an approach that balances targeted and universal population health perspectives through action proportionate to needs and levels of disadvantage in a population.<sup>4</sup></p> <p>Universal policies and programs are ‘fine-tuned’ so that those who are at greater risk benefit. The health of the entire population improves but the health of priority populations improves more or faster.<sup>3</sup></p>                          |                                  |

**Worksheet 2: Identifying upstream and downstream approaches**

| Upstream  | Downstream  |
|---|---|
| Aimed at the root causes of the problem by focusing on improving fundamental social and economic structures in order to decrease barriers and improve supports that allow people to achieve their full health potential. <sup>3</sup> | Aimed at ‘managing the effects’ or ‘controlling the consequences’ of the problem by focusing on providing equitable access to care and services to mitigate the negative impacts of disadvantages on health. <sup>3</sup> |

**An adapted upstream-downstream story<sup>5</sup>**

A family was having a picnic on a riverbank. They heard a cry for help from a person caught in a river’s fast moving current and trying desperately to stay above the water. One person immediately dove in and pulled the drowning person to safety. As they were celebrating this success, they saw more people floating down the river in need of help. Other people along the shore also tried to rescue as many people as they could.

Over time, more and more people came floating down the river calling for help. It soon became impossible to pull them all out. Some floated by despite everyone’s best efforts and were lost. Others, who were pulled out, ended up back in the river. It was getting too exhausting to keep pulling people out of the water. It soon became clear that pulling people out of the river was necessary, but would never be sufficient to reduce the problem. Too many people kept falling in the water.

Finally, a group of people decided to head upstream to see what was causing so many people to fall into the river. They found that a wooden bridge upstream had several planks missing and when people tried to jump over the gap, they could not make it and fell through into the river so they got someone to fix the bridge.

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<sup>5</sup> Wallach L, Dorfman L, Jernigan D, Thembu M. Media Advocacy & Public Health (p1-25). Newbury Park, CA. Sage. 1993.

**Worksheet 3: Intended consequences, unintended consequences and mitigation strategies**

| <b>Intended consequences<sup>6</sup></b>   | <b>Unintended consequences<sup>6</sup></b>  | <b>Mitigation strategies for unintended negative consequences<sup>6</sup></b>  |
|--|---|--|
| The intended benefits of a planned policy, program or initiative for specific populations. | Unintended impacts of the planned policy, program or initiative on vulnerable or marginalized groups in relation to the broader population. They can be classified as positive or negative impacts. | Identify ways to reduce the potential negative impacts and amplify the potential positive impacts of the program, policy, or initiative. |

**Worksheet 4: Informing decision making: developing an action plan**

|   |  |
|---|--|
| <b>What can you do to apply the knowledge gained today by the end of next week?</b> |  |
| <b>What can you do in the next month?</b>   |  |
| <b>What can you do in the next three months?</b>                                    |  |

**Try to be as specific as possible.**

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<sup>6</sup>Ontario. Ministry of Health and Long-Term Care. Health equity impact assessment (HEIA) workbook [Internet]. Toronto, ON: Queen’s Printer for Ontario; 2012 [cited 2017 January 13]. Available from: <http://www.health.gov.on.ca/en/pro/programs/heia/docs/workbook.pdf>