

Health Equity Guiding Questions

Communication

- 1. Have I written for my audience and used clear communication for content, text, design and readability?**
 - ▶ Simply Put: A Guide For Creating Easy To Understand Materials _ http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf
 - Appendix A: Checklist for Easy to Understand Print Materials
 - Testing For Readability (page 27)
 - Appendix C: Formulas for Calculating Readability
- 2. Do I use inclusive language to respect the diversity of my audience?**
 - ▶ Inclusive Language Guidelines, Region of Waterloo, http://intranet/hr/_resources/Inclusive_Language_Guidelines.pdf
- 3. Am I using the most appropriate channel to communicate this information to those who need it?**
 - ▶ For example: social media, TV, radio, community representatives, presentations, word of mouth, etc.
 - ▶ Are there any community groups or organizations that can help me do this?
- 4. When providing information, have I ensured that my clients understand and know where to go for more information?**
 - ▶ Simply Put: A Guide For Creating Easy To Understand Materials http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf

Access

- 5. Is the demand for my program/service/initiative more than what I can provide (availability)?**
 - ▶ Am I turning people away or do people have long wait times for my service/program?
- 6. Is there a geographic relationship between the location of my program/service/initiative and the people who need it (accessibility)?**
 - ▶ Do my clients rely on private transport to access my program/service?
 - ▶ Is this location easily accessible by bus, walking or bicycle?
 - ▶ Could I use a community-based location for this program/service/meeting (e.g. rural area)?
- 7. Are there barriers for those most in need of my program/service/initiative (accommodation)?**
 - ▶ Does my program/service offer flexible hours?
 - ▶ Does my program/service have adequate ramps for those with limited mobility?
 - ▶ Is childcare provided?
- 8. Is there a cost to participating in this program/service/initiative and what is the ability of users and potential users to pay (affordability)?**
 - ▶ Can I waive user-fees or provide a subsidized rate for my program/service?
 - ▶ Can I assist with other associated costs (e.g., transportation, and child care)?

9. Are the people accessing my program/service/ initiative comfortable using it (acceptability)?

- ▶ Is my program/service inviting and culturally appropriate (e.g., for people with disabilities, people living in poverty, people who speak languages other than English)?
- ▶ Was the program designed to be accessible?
- ▶ Simply Put: A Guide For Creating Easy To Understand Materials
http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf
 - Consider Culture (page 23)

Reflection to Action

10. Have I reflected on my own values, beliefs, and biases? How do they impact relationships with the people that access my program/service/initiative?

- ▶ Have I increased my knowledge of different cultures?
- ▶ Have I considered possible reasons behind a person's actions or questions?
- ▶ Am I the best person to deliver this program/service/initiative?

11. Have I included priority populations in the planning of this program/service/initiative?

- ▶ What are their lived experience and practices around this public health issue?
- ▶ What supports would they welcome, with whom, where and how?

12. Have I consulted/partnered with organizations/communities that serve and/or advocate for identified priority populations?

- ▶ What did I learn? For example, who is benefitting from their programs? Who is not? What are some physical, financial or systemic barriers for their participation? Was a Health Equity Impact Assessment conducted?
- ▶ What are some strategies that have been successful to improve service delivery to priority populations? What are the benefits achieved for this population group?
- ▶ Health Equity Impact Assessment Tool
 - <http://www.health.gov.on.ca/en/pro/programs/heia/>

13. Is there another program/service that addresses this concern/issue already?

- ▶ If so, how are referrals made?

Approach

14. Have I considered a Blended Approach to deliver this program/service/initiative?

- ▶ Are there varying degrees of the intervention I can apply, depending on the different needs of my population(s)? (Proportionate universalism)

15. Are there new ways can I provide this program/service/initiative that will better reach priority populations?

- ▶ How has this program/service/initiative been effective? How has it fallen short?
- ▶ How can this program/service/initiative be improved?
 - [Learning from practice: Targeting within universalism | National Collaborating Centre for Determinants of Health](#)
 - http://www.publichealthontario.ca/en/eRepository/Focus_On_Priority_Populations.pdf