

Health Equity Knowledge Partnerships: *Are many heads better than one?*

Canadian Public Health Association Conference 2016

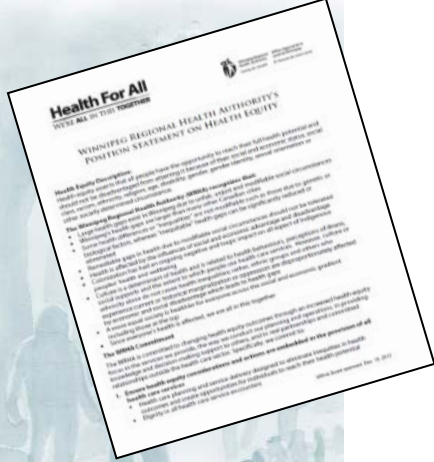
Sande Harlos(1), Christopher Green(1), Hannah
Moffatt(1), Nathan Nickel(2), Souradet Shaw(1)

1-Winnipeg Regional Health Authority
2-Manitoba Center for Health Policy



Winnipeg Regional
Health Authority
Caring for Health

Office régional de la
santé de Winnipeg
À l'écoute de notre santé



WRHA Health for All

The WRHA Commitment

1. Ensure health equity considerations and actions are embedded in the provision of all health care services
2. Produce and translate health equity knowledge
3. Promote health equity in decision-making
4. Facilitate participation and partnerships to amplify health equity action within and beyond the health sector



Equitable Care for All



EQUITY - promote conditions in which every person can achieve their full health potential

<http://www.wrha.mb.ca/about/healthequity/>

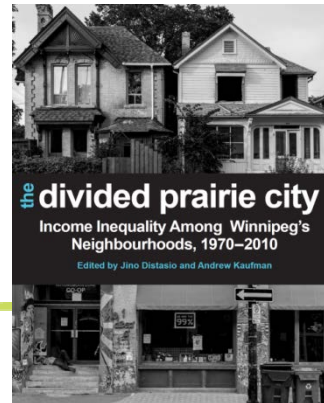
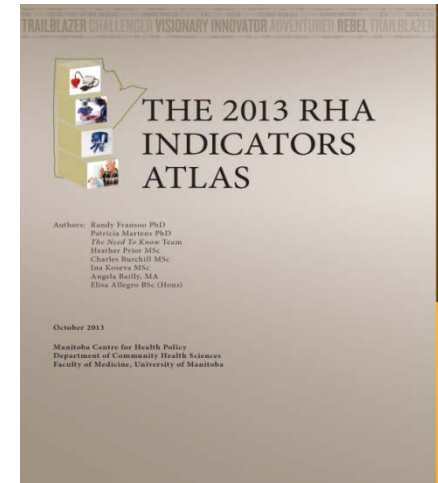
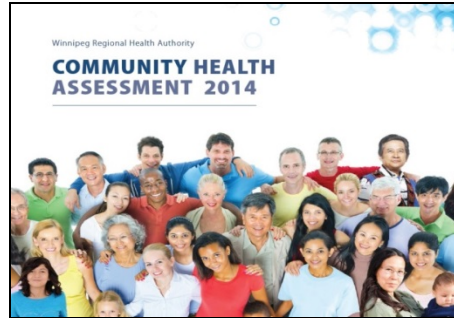
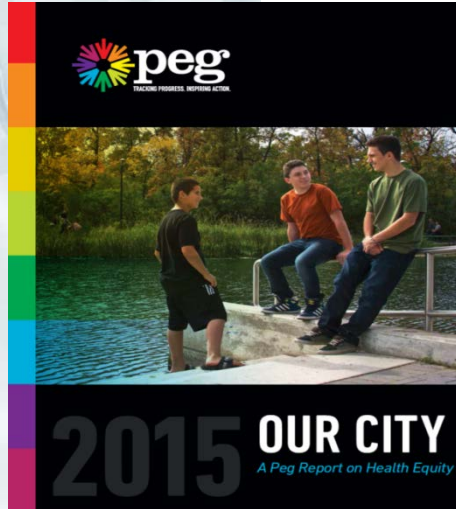
Health for All Knowledge Working Group

The purpose of the group is to develop robust capacity for health equity surveillance, research and analysis within the Winnipeg Health Region.

- **Describe and communicate** the empirical impacts of social inequality on the health status of the WHR population using population level measures
- Support the **discovery, prioritization, planning and evaluation** of equity focused interventions and approaches, including the formulation of realistic population level targets and goals
- To **monitor/evaluate progress** on health equity over time and space



Partnerships, Reports & Projects



Winnipeg Regional
Health Authority
Caring for Health

Office régional de la
santé de Winnipeg
À l'écoute de notre santé

Discussion

- How can communicating and collaborating around health equity knowledge production be more impactful in influencing action on health equity, more effectively **mobilizing** community action and political will?
- Health equity action needs to involve multiple sectors, each with different knowledge paradigms, terminology and traditions. Can **collaborating** on health equity bridge across sectors and silos?
- What steps can be taken to continue **increasing buy-in** and motivation from the variety of interests represented on the working group? How could this experience transfer to someplace else?

