A KNOWLEDGE TRANSLATION FORUM ON SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY

Winnipeg, Manitoba, June 4, 2013

In June 2013, the National Collaborating Centre for Determinants of Health (NCCDH), Manitoba Health, the Manitoba Public Health Association, and the Manitoba office of the Public Health Agency of Canada co-hosted a knowledge translation forum on social determinants of health and health equity, which attracted 111 participants. The conference brought together public health practitioners, researchers, decision makers, students and community leaders to discuss issues related to the social determinants of health (SDH) and health equity in Manitoba. The event featured presentations from Canadian experts and working sessions. Participatory and interactive components included roundtable discussions, open space technology, and a “crowd sourcing” activity to identify ideas to move us forward collaboratively on this work.

Highlights of the forum

Dr. Marcia Anderson DeCoteau, Faculty of Medicine, University of Manitoba noted that in health equity work, process is as important as content, and therefore public health organizations and practitioners must learn more about how to engage communities. This starts with parties on all sides voicing their thoughts, interests and assumptions, which begins to create an ethical space for collaboration. Partners with a Western worldview have to start by questioning the universal applicability of their knowledge hierarchy, which puts empirical studies at the top. Health equity cannot be advanced if we don’t talk about the white advantage and privilege (e.g., who listens to whom) that is part of non-white disadvantage. Involving community groups in substantive ways can start to address this power imbalance.

Connie Clement, Scientific Director, NCCDH and Bob Gardner, Director, Policy, Wellesley Institute described their experiences of meaningful community engagement, and the characteristics of these engagements (e.g., clear goals, project structures that give community groups power, incentives for participation, community member participation in report writing).

Four Manitoba organizations—exemplars of health equity work—described their projects:

- All Aboard Poverty Reduction & Social Inclusion Strategy. In 2012, Manitoba’s first Poverty Reduction Strategy Act was created.
- A Federal-Provincial Pilot of Canada’s First Equity-Focused Health Impact Assessment. This provincial-federal collaboration (University of Manitoba, Province of Manitoba, and Public Health Agency of Canada) conducted this equity-focused assessment of Healthy Child Manitoba’s Triple P Positive Parenting Program designed for parents of teens.
- Winnipeg Regional Health Authority Health for All “Wheel” and the launch of its program Health for All: Building Winnipeg’s health equity action plan.
- Inter-governmental Committee on Manitoba First Nations Health work. This group works across jurisdictions to ensure that total health and wellbeing is restored and maintained in people in First Nations communities in Manitoba.

A 2½ hour Open Space session generated 15 lively discussions. Some of the discussion topics and best action ideas were

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<th>OPEN SPACE TOPIC</th>
<th>OPEN SPACE ACTION IDEAS</th>
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<tr>
<td>If we are going to eliminate disadvantage, then we have to address advantage. How can we create political will to do this?</td>
<td>• Frame health equity in terms of sustainability of our health care system</td>
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<td>How do we create more space for community input into public services and policy?</td>
<td>• Accept that creating a public space is legitimate and fundamental</td>
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<td>• Work with existing platforms/ tables</td>
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<td>• Give each RHA an opportunity to use ideas of ethical space with local health involvement groups</td>
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<td>What is the public health nursing role in health equity?</td>
<td>• Changing how issues are “framed”—from an individual focus to a collective one—will encourage empathy for others and motivation to do health equity work.</td>
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<td>• Work to achieve a balance between individual, community and policy level work</td>
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What type of health systems exist in First Nations communities and how does this assist or create road block to First Nations health equity?

At the end of the day, a “crowd sourcing” activity resulted in an informal ranking of ideas and actions to move us closer, in Manitoba, to more equitable access to the conditions that produce health. The ideas generated by participants were themed into the following areas.

**CROWD SOURCING IDEA**

**Who**
Work with specific population groups to address the inequities they experience (6 mentions)

**What**
Work on how specific determinants of health interconnect. Take a holistic approach to planning and intervention (8 mentions)

**How**
Use a range of tools, methods and strategies (21 mentions)

**Take a community engagement and public involvement approach to planning and action on the SDH (15 mentions)**

**Work collaboratively to address the SDH across sectors, departments and jurisdictions (9 mentions)**

**SELECTION OF CROWD SOURCING ACTIONS**

- Address the structural disadvantages that prevent First Nations’ children from having equal educational opportunities
- Provide universal child care for all Manitoban families
- Embed the requirement for a health equity impact assessment for all major, emerging provincial public policies, programs and services
- Develop health equity indicators for the RHAs
- Develop a toolkit to enhance PH professionals’ and others’ capacity to use ethical space
- Put health equity on team meeting agendas
- Mandate health authority boards to establish health equity committees and champions
- Provide education on the causes and consequences of oppression, from kindergarten through university
- Consider how the idea of ethical space could assist intersectoral collaboration
- Establish multisectoral committees
- Use a whole of government, health in all policies approach
- Enhance networking and exchange across jurisdictions
- Bring community agencies together to liaise with government about policy and strategies (e.g., Provincial All Aboard Poverty Reduction & Social Inclusion Strategy)

The full report of this event includes more details about each of the presentations and the working group sessions. It also describes the lessons learned by planning partners, and synthesizes the feedback we received from participants. For a copy of the full report contact nccdh@stfx.ca.