Welcome to CHNET-Works! Fireside Chat
June 18, 2014  1:00 – 2:30 PM Eastern Time
(Teleconference open for participants at 12:50 PM ET)

Leveraging opportunities for public health action to advance health equity
Exploring findings from
Boosting Momentum

www.chnet-works.ca
A project of
Population Health Improvement Research Network
University of Ottawa
Housekeeping: how a fireside chat works...

Step #1: Backup PowerPoint Presentation
  www.chnet-works.ca

Step #2: Teleconference

All Audio by telephone
  ▪ If your line is ‘bad’ – hang up and call back in
  ▪ Participant lines muted
  ▪ Recording announcement

Step #3: The Internet Conference (via ‘ADOBE CONNECT’)

From our computer to yours

No audio via internet

A transmission delay of 1-2 seconds is normal

Difficulties? Firewalls - slow reception, disconnection:

Use the Backup PowerPoint Presentation (Instruction Step #1)

For assistance: animateur@chnet-works.ca
How to post comments/questions during the Fireside Chat

Joining in by Telephone + Adobe Connect Internet Conference

Use the text box....

Please introduce yourself!

- Name
- Organization
- Location
- Group in Attendance?

Joining by Telephone only?

By email:
Respond to the ‘access instructions email
animateur@chnet-works.ca
What province/territory are you from?

Answer via Adobe Connect: Poll
OR RSVP to access instruction email

- BC
- AB
- SK
- MB
- ON
- QC
- NB
- NS
- PEI
- NL
- YK
- NWT
- NU
- Other
Who is joining in?

Adobe Connect Poll
OR RSVP to access instruction email

√ What sector are you from?
  √ Public Health
  √ Education
  √ Research
  √ Govt/Ministry
  √ Health practitioner
  √ NGO
  √ Other?
Who is joining in?

Adobe Connect Poll
OR RSVP to access instruction email

• What is your role?
  – Research
  – Practitioner
  – Manager
  – Decision Maker
  – Policy Maker
  – Community Leader
  – Other
Facilitator for today:

Sume Ndumbe-Eyoh
Knowledge Translation Specialist, NCCDH
Agenda

• Key findings – 2014 NCCDH Environmental Scan
• Response
• Challenges & opportunities
• Response
• Implications for action: NCCDH and beyond
• Wrap up & Closing
Leveraging opportunities for public health action to advance health equity (June 16-20)

Jun 16th, 2014    4 Comments

Keywords: Collaboration, Questions & answers, Relationship building, Resource sharing, Evidence & knowledge, Academic, Practice-based, Public health practices, Intersectoral action, Population health status reporting, Public health leadership, Resources, Social determinants of health topics

This week we are discussing the results of an environmental scan completed by the National Collaborating Centre for Determinants of Health to understand the current state of public health action on health equity across Canada and, specifically, any key changes that have taken place since a 2010 scan. On June 18th, 1-2:30 EST in partnership with CHNET-Works, we will be hosting a webinar with this focus. To register for the webinar click here.

From June 16 – 20th 2014 you can engage with our guests and each other around the questions:

• In what ways has public health action to advance health equity changed over the past three years?
Advisor on Tap:

Connie Clement, Scientific Director NCCDH

For nearly 40 years, Connie has been involved in public health at the local, regional and national level, as a front-line practitioner, director, board member and community volunteer. She has played a key role in innovative initiatives in areas such as: sexual health, pesticide use, prostitution, food policy and women’s health.

Connie’s leadership guides the NCCDH to support Canadian public health organizations and practitioners to influence the everyday factors, such as income, education and social connectedness, which affect health.
Advisor on Tap:

Lynn McIntyre

Lynn McIntyre is Professor in the Department of Community Health Sciences, Faculty of Medicine, University of Calgary, Alberta, Canada. She is currently also Associate Scientific Director for the Institute for Public Health and Chair of the Canadian Public Health Association.

Dr. McIntyre holds both a medical degree and master's degree in Community Health and Epidemiology from the University of Toronto. She is also a Fellow of the Royal College of Physicians of Canada in Public Health and Preventive Medicine.
National Collaborating Centre for Determinants of Health

Our focus:
• Social determinants of health & health equity

Our audience:
• Practitioners, decision makers, and researchers working in public health
• Organizations in Canada’s public health sector

Our work:
• Translate and share evidence to influence interrelated determinants and advance health equity
Health Equity

Health equity exists when all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status, sexual orientation or other socially determined circumstance.

Adapted from Dahlgren and Whitehead, 2006
Improving health equity means…

• Aligning our interventions with social justice values

• Policies and programs that “level up” the affects of the social gradient

• Working upstream to alter institutions, policies and practices that cause inequities

NCCDH. (2013). Let’s Talk: Health Equity
http://nccdh.ca/resources/entry/health-equity
Webinar Objectives

• Support the interpretation of the NCCDH 2014 environmental scan findings

• Apply the environmental scan findings to your public health practice
Scan objectives

To assess recent change, challenges and opportunities impacting public health action to advance health equity

Methods

Document review (Canadian, published 2010-present)

29 key informant interviews (practitioners, leaders, academics, public health influencers)

4 focus groups (3 English, 1 French)
How has public health action to advance health equity changed?

Momentum - a “health equity buzz”

“It’s an exciting time to be working in the health promotion and health equity field”
How has public health action to advance health equity changed?

**Leadership commitment**

- World Health Organization Commission *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health*
- Rio Political Declaration on Social Determinants of Health

“The inclusion of health equity [in foundational and guidance documents] is moving from the exception to the rule”
How has public health action to advance health equity changed?

**Organizational structures**

- Health equity strategic plans
- Dedicated health equity staff positions
- Public health standards
How has public health action to advance health equity changed?

Visible leadership champions

• Passionate and courageous leadership identified in local, regional and P/T organizations
• Increased attention to the well-being of First Nations, Inuit, and Métis communities and individuals

“change has occurred where there are strong leadership champions”
How has public health action to advance health equity changed?

Research and evidence

• CIHR-IPPH funding
• PHAC’s Innovation Strategy
• Tools & Resources
  – Equity Lens for Public Health
  – Ontario’s Locally Driven Collaborative Projects
How has public health action to advance health equity changed?

**Action from other sectors**

- Municipalities, non-governmental organizations, community sector, cross-government partnerships, professional associations
  - Different perspectives on issues
  - Opportunities beyond public health programs
  - Access to levers for change in the broader social and economic conditions
Let's Talk… Public Health Roles for Improving Health Equity

http://nccd.ca/resources/entry/lets-talk-public-health-roles
RESPONSE

Dr. Lynn McIntyre, Professor in the Department of Community Health Sciences, Faculty of Medicine, University of Calgary

NCCDH Board Member & member of scan advisory committee
### Activity: Have you seen these changes reflected in your work?

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Challenges

Translating interest and commitment into action

- Need to prevent the “de-energizing” of health equity objectives
- Barriers presented by organizational structured, limited organizational “agility”
‘Leveling up’ capacity

- The greatest advancement in health equity capacity may have occurred among “early adopters”

- Learning from experience - successes and challenges

- Few partnerships across the health sector (e.g., acute, primary care)

- Competing priorities
Skills and competencies

- Assessment & surveillance
- Research & evaluation
- Policy analysis & advocacy
- Community engagement
Building understanding of public health and health equity terms

• Blurring of language & concepts
  – Health equity action; Health promotion; Population health; Public health
  – Vulnerable populations, priority populations
  – Targeted, tailored, universal, targeting with universalism

“We need to be better at communicating [the concept of] raising the bar and closing the gap.”
Communicating health equity ideas beyond the public health sector

- Framing of messages suggested to have a significant impact on activities & focus
- Generating messages to resonate with other partners and sectors required
Measuring impact

• More and multiple types of evidence required to guide action

• Data, skills required to effectively assess health inequities
Opportunities: 2014 Scan

- Strengthen networks and sharing lessons learned
- Align common health equity priorities
- Engage other sectors and partners
- Further promote and apply the key roles for public health
Strengthen networks and sharing lessons learned

- Opportunities to learn and share across the country
- Communities of practice
Align common health equity priorities

- Desire for coordinated efforts, common priorities
- Maintain flexibility and responsive local action
- Reinforce actions within context of broader efforts
Engage other sectors and partners

- Creative local and regional examples of intersectoral action
- Health lens to non-health priorities
- Engage others to achieve health priorities
Further promote and apply the key roles for public health

- Assess and report on:
  a) the existence and impact of health inequities, and
  b) effective strategies to reduce these inequities.

- Modify and orient interventions and services to reduce inequities, with an understanding of the unique needs of populations that experience marginalization.*

- Partner with other government and community organizations to identify ways to improve health outcomes for populations that experience marginalization.*

- Participate in policy development and evaluation, and in advocacy for improvement in health determinants and inequities.

*Populations experiencing marginalization by virtue of social and economic disadvantage

National Collaborating Centre for Determinants of Health
Centre de collaboration nationale des déterminants de la santé
Dr. Lynn McIntyre, Professor in the Department of Community Health Sciences, Faculty of Medicine, University of Calgary

NCCDH Board Member & member of scan advisory committee
### ACTIVITY: Are these reflected in your context?

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DISCUSSION
Implications for action

• Harness existing health equity momentum
• Profile and support leadership commitments
• Engage other sectors in health equity action
Implications for action

• Target knowledge brokering to meet identified gaps in capacity, skills and competencies
• Clarify health equity terms and concepts
• Link and coordinate public health action
• Facilitate difficult conversations
Imagine a future in which public health is working optimally to advance health equity.

• “Health equity is the core that drives everything that is done”

• “We have evidence and can package it in ways community understands.”

• “Staff all speak confidently and in an influential way about health equity.”

• “We all share the same understanding and values.”

What does that future look like to you?
Webinar: Where are the resources to “move upstream” in Public Health work?

July 23rd 2014 1-2:30 EDT

Online community conversation:
Health Equity Clicks: Community - July 15-25
(www.nccdh.ca/community)

Advisors on tap
• Dr. Eilish Cleary, Chief Medical Officer of Health, New Brunswick
• Dr. Paul Hassleback, Medical Health Officer, Central Vancouver Island Health Authority
• Karen Fish, Knowledge Translation Specialist, NCCDH

Recommended reading:
http://nccdh.ca/resources/entry/lets-talk-moving-upstream/
Contact Us

National Collaborating Centre for Determinants of Health
www.nccdh.ca and www.ccnds.ca

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@NCCDH_CCNDS