

## BOOSTING MOMENTUM

Applying Knowledge  
to Advance Health Equity



National Collaborating Centre  
for Determinants of Health

Centre de collaboration nationale  
des déterminants de la santé

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Spring, 2014

Dear reader,

It is with pleasure that the National Collaborating Centre for Determinants of Health (NCCDH) shares our 2014 environmental scan *Boosting momentum: applying knowledge to advance health equity*.

The picture reported in this scan is exciting and hopeful, demonstrating increasing and more widespread attention, commitment and organizational structures and processes to achieve greater health equity across the population. As a sector, public health has improved its capacity and is far better placed to influence health for all.

This environmental scan's purpose, informed by literature and key informants, is to ascertain opportunities and perceived changes since our last scan in 2010. It also identifies continuing, previously identified challenges. Although the scan did not set out to evaluate the NCCDH, I am thrilled that so many key informants identified the NCCDH as having contributed – significantly – to the increased momentum within public health to use resources to (paraphrasing the World Health Organization) “close the gap in one generation.”

The timing of this scan was deliberate so that NCCDH staff and advisory board members could use the findings to influence the design of the NCCDH's reduced scope of work that results from significantly lessened Federal funding to all NCCs and to inform the NCC program's next five-year funding cycle.

*Boosting Momentum* supports retaining our emphasis on public health action to advance health equity – the niche within public health knowledge translation that we established as a result of our previous environmental scan. This focus allows us to encompass multiple determinants, issues, populations and settings, while being responsive to changes and needs in the field. The scan also reminds us how greatly opportunities and capacities vary throughout Canada and by discipline.

We'll continue to emphasize our existing knowledge translation strategies and plan activities to complement, and coordinate with, related work by other organizations. We'll stress brief easy-to-read products in response to user requests; participate in key public health conferences; summarize and interpret international studies through a Canadian lens; host a regional forum in Quebec and a provincial/territorial leaders gathering; continue to create our **Public Health Speaks, Let's Talk**, and **Learning from Practice** products; assess the future of our online network **Health Equity Clicks: Community**; and increase our collaboration with equity-focused CIHR-funded researchers.

Many of you are finding it helpful to describe work in relation to **public health roles to advance health equity**. Our website – [www.nccdh.ca](http://www.nccdh.ca) – now describes our work in relation to these roles and links these roles to evidence-informed promising practices identified by **Sudbury and District Health Unit**. In the points below, I highlight adjustments to our work by role, recognizing that many of Boosting Momentum's eight specified “implications and opportunities” for the NCCDH cross roles.

- **Assess and report** *on the existence and impact of health inequities and effective strategies to reduce these inequities.* To address this role in 2014/15 we are leading an all-NCC project to produce a tool kit about equity-integrated population health status reporting, and exploring means to sustain a national health equity indicators learning community.
- **Participate in policy development and advocacy** *with other organizations for improvements in health determinants and inequities.* Our work regarding this role complements and draws upon the work of the NCC for Healthy Public Policy. Look for a new Let's Talk in 2014/15.
- **Partner with other sectors** *to identify ways to improve health outcomes for populations that experience marginalization.* In 2014/15, we will share findings of a U.K. study about community engagement and produce case vignettes about promising local interventions.
- **Modify and orient interventions** *and services to help reduce inequities, with an understanding of the unique needs of populations that experience marginalization.* The scan's recommendations to facilitate difficult conversations and to draw attention to existing standards and international agreements fit here. Our Learning from Practice resources encourage critical reflection about existing practices.
- **Leadership and capacity** is supported by literature reviews and case studies to be published in 2014/15. Building on events and literature, we will propose a common agenda for public health action to advance health equity. We'll partner with professional associations and schools of public health to influence the training of new and mature practitioners.
- **Communicate** to clarify key terms and concepts and to facilitate challenging conversations. With the Canadian Public Health Association and the Canadian Council on Social Determinants of Health in 2014/15 we'll release resources to help you talk about determinants and health equity using meaningful language. Additionally, we'll continue to produce **Let's Talk** resources.

I look forward to working with you in the coming years. One of the great pleasures of working at the NCCDH – for me, our staff team, and advisory board – is hearing from you. Your requests and suggestions inform our planning and identify partnership openings. Your stories, challenges and successes are the heartbeat that drives our mobilization of evidence and knowledge. Learning how you benefit from our products, events and networks deepens our commitment. Thank you for being part of Canadian public health's increasing capacity to help all Canadians lead healthier lives, in healthier settings, as a result of healthier policies and life-enhancing conditions.

In closing, I thank *Boosting Momentum's* author, Stephanie LeFebvre, and all of the NCCDH's remarkable and committed staff, with whom I am honoured to work on your behalf.

Continue to find the NCCDH team at **events** and online. Visit our **website** to receive up-to-date information and useful resources. And, come visit us in beautiful Nova Scotia!

Sincerely,

Connie Clement  
Scientific Director, NCCDH

## ACKNOWLEDGEMENTS

The National Collaborating Centre for Determinants of Health would like to acknowledge the valuable input of the many key informants, focus group participants, and advisors to this resource. In particular, we wish to thank the project's Advisory Panel members for their generous contributions of time and expertise.

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Dr. Sauvé was the Director of Public Health, l'Agence de la santé et des services sociaux de la Montérégie when the scan was conducted.

This resource was researched and written by Stephanie Lefebvre, with French language support from Lynne Dupuis, LMD Solutions. Additional guidance was provided by the staff and management team of the National Collaborating Centre for Determinants of Health. Special thanks are extended to Connie Clement, Miranda Elliott, Debbie Wesley, and Heidi Sinclair.

## EXECUTIVE SUMMARY

### Background

The National Collaborating Centre for Determinants of Health (NCCDH) is one of six National Collaborating Centres (NCC) for Public Health in Canada. Established in July 2006, and funded through the Public Health Agency of Canada, the NCCDH supports public health practitioners, decision makers, and research partners in their efforts to address the social determinants of health and advance health equity. This is achieved through the advancement, translation, and sharing of evidence related to health equity and the promotion of networks and knowledge exchange at all levels across the public health community.

In 2010, the NCCDH conducted an environmental scan to assess public health sector practices, barriers, and opportunities to advance health equity.<sup>1</sup> Results from that scan informed the strategic direction, priorities, and activities of the NCCDH, and equally assisted the public health field in its ongoing efforts at the local/regional and provincial/territorial levels. In order to ensure that NCCDH priorities and knowledge translation activities remain attuned and responsive to the field, a follow-up scan has now been undertaken. A variety of methods, including a review of grey and peer-reviewed literature, key informant interviews, focus groups, and written feedback, were used in order to inform the key research questions below.

*In what ways (if any) has public health action to advance health equity changed over the past three years?*

*What has contributed to any change in public health action to advance health equity that has occurred?*

*What new knowledge, resources, tools, or frameworks exist to support public health action to advance health equity?*

*What barriers are currently experienced by the public health sector in their efforts to advance health equity? Are these different from three years ago?*

*Where are the greatest opportunities for the public health sector to influence health equity? Are these different from three years ago?*

*How can the NCCDH best support the public health action to advance health equity?*

### Findings

The document review identified numerous recent contributions to our collective understanding of health equity action. These include foundational documents such as the *Rio Political Declaration on Social Determinants of Health*,<sup>2</sup> guidance documents (e.g. strategic plans, frameworks, competency statements), evidence to inform public health action (e.g. health equity reporting, intervention research), and resources and evidence of action from non-public health sectors. The findings of the document review set the stage for the key informant interviews and focus groups and helped to establish the context of current public health action to advance health equity.



## ***Change***

Many participant perspectives shared during the course of this scan were consistent with those of the 2010 Environmental Scan. There was, however, widespread agreement amongst scan participants that the context and practice of public health action to advance health equity has changed during the past three years. Most notably, participants identified:

- an increase in the level of attention, interest, and dialogue devoted to health equity concepts across the sector;
- a general agreement that attention to health equity is becoming more widespread across the Canadian public health community;
- a marked increase in the voiced commitment to health equity action at all levels of the Canadian public health sector;
- many recent examples of public health reports that demonstrate the application of a health equity lens to the analysis and reporting of health data;
- increased support for research initiatives that seek to understand the factors that enable public health action, as well as the effectiveness of health equity interventions; and
- numerous recent examples of health equity action from other sectors.

## ***Challenges and opportunities***

Despite the widespread agreement that health equity has received more attention in recent years, participants commonly expressed caution that the momentum has not yet resulted in significant, concrete actions to reduce health inequities. Without these actions, participants voiced concern that public health interest in health equity may become a passing fad or “flavour of the month.” Additionally, one key informant proposed that the greatest recent advancement in action might have taken place among those already considered to be “early adopters.” Future capacity building efforts should consider opportunities to better understand the gaps that do exist as well as potential approaches for building capacity beyond those already well engaged in health equity action.

As key informant interviews progressed, it was noted that identified opportunities and challenges frequently reflected several recurrent underlying issues. As a result, these issues were analyzed and reported collectively. Among those most frequently identified are the following:

- many examples of newly established structures and organizational supports for health equity (e.g. dedicated staff positions, steering committees, strategic plans);
- great variance in the level of leadership support for health equity across contexts (perceived as absence of health equity action across the entire public health sector and a lack of consistent and strong support for “upstream” focused interventions);
- required skill and competency development in the areas of: health equity assessment and surveillance; research and evaluation of health equity interventions; policy analysis and advocacy; and community engagement;
- opportunities to further engage health sector partners in action to advance health equity;
- a continued need to define key health equity terms and establish health equity messages that resonate beyond the public health sector;
- opportunities to build upon existing health equity networks and align health equity priorities; and
- overwhelming support for the continued relevance and utility of the four key roles promoted by NCCDH for public health action to advance health equity (refer to Findings: reflections on the four key public health roles to advance health equity).

## Implications and opportunities for action

The above findings related to change, challenges, and opportunities influencing public health action to advance health equity have informed the development of the following recommendations for the NCCDH.

1. Harness existing health equity momentum. Significant public health action to advance health equity has occurred since the 2010 Environmental Scan. Continuous NCCDH activities to strengthen public health sector capacity should build on existing health equity action and momentum.
2. Profile and support the achievement of leadership commitments. The promotion of existing health equity commitments and priorities may bolster widespread community action and further inform NCCDH activities.
3. Support the engagement of partners and other sectors in action to advance health equity. This includes the continuation of ongoing NCCDH initiatives related to intersectoral action and the communication of health equity messages. A particular focus may include opportunities to share and “scale up” recent examples of broader health sector commitment.
4. Prioritize activities that address identified gaps in public health skills and competencies. Continue the development and promotion of NCCDH and external skill development initiatives related to assessment and surveillance; research and evaluation; policy analysis and advocacy; and community engagement.
5. Target efforts to meet the capacity needs of specific public health audiences. Future NCCDH knowledge brokering activities should continue to consider the distinct capacity needs of different audiences (e.g. practitioners, leaders, academic partners) and organizations (e.g. “early adopters”, those at earlier stages of health equity action).
6. Clarify key public health and health equity terms and concepts. Continue NCCDH development and knowledge brokering of tools and resources that define and promote a common understanding of health equity terminology.
7. Link and coordinate public health action to advance health equity. Opportunities exist to support public health sector collaboration towards common health equity priorities and objectives.
8. Facilitate difficult conversations. Use existing forums and emerging networks to lead critical reflection on a number of commonly expressed, often complex, questions and challenges.

Key informant and focus group participants in this scan clearly centered equity at the heart of public health practice. The main body of this report examines, in more detail, the findings and its implications for NCCDH priorities and actions. The appendices provide additional supplementary materials including a categorized listing of health equity resources and initiatives that were identified as part of this scan.



# TABLE OF CONTENTS

ACKNOWLEDGEMENTS . . . . .iii

EXECUTIVE SUMMARY . . . . .iv

TABLE OF CONTENTS . . . . . 1

INTRODUCTION . . . . . 2

METHODS . . . . . 3

FINDINGS . . . . . 4

    Document review . . . . . 4

    What we heard: Key informant and focus group perspectives . . . . . 6

        Public health action to advance health equity: What has changed? . . . . . 6

        Challenges and opportunities to advance health equity . . . . . 9

IMPLICATIONS AND OPPORTUNITIES FOR ACTION . . . . . 15

    Harness existing health equity momentum . . . . . 16

    Profile and support the achievement of leadership commitments . . . . . 17

    Support the engagement of partners and other sectors in action to advance health equity . . . . . 17

    Prioritize activities that address identified gaps in public health skills and competencies . . . . . 18

    Target efforts to meet the capacity needs of specific public health audiences . . . . . 19

    Clarify key public health and health equity terms and concepts . . . . . 19

    Link and coordinate public health action to advance health equity . . . . . 20

    Facilitate difficult conversations . . . . . 20

CLOSING COMMENT . . . . . 21

**APPENDICES**

Appendix A: 2010 Environmental Scan Executive Summary . . . . . 22

Appendix B: Methodological Appendix . . . . . 25

Appendix C: Environmental Scan Participant List . . . . . 28

Appendix D: Key Informant Interview Guide . . . . . 31

Appendix E: Resources and initiatives identified as examples of recent action to advance health equity . . . . . 33

Appendix F: Summary of findings: Changes, challenges and opportunities . . . . . 39

Appendix G: Four key roles for public health action to advance health equity: Examples from practice . . . . . 42

Appendix H: Health Equity Clicks Recruitment Email . . . . . 43

Appendix I: Focus Group Reflection Guide . . . . . 44

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“It’s an exciting time to be working in the health promotion and health equity field!”

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## INTRODUCTION

The National Collaborating Centre for Determinants of Health (NCCDH) is one of six National Collaborating Centres (NCC) for Public Health in Canada. Established in 2005, and funded through the Public Health Agency of Canada, the NCCs produce information to help public health professionals improve their response to public health threats, chronic disease and injury, infectious diseases, and health inequities. The NCCs are located across Canada and focus on different public health priorities. The NCCDH supports public health practitioners, decision makers, and research partners in their efforts to address the social determinants of health and advance health equity. This is achieved through the advancement, translation, and sharing of evidence related to health equity and the promotion of networks and knowledge exchange at all levels across the public health community.

In 2010, the National Collaborating Centre for Determinants of Health conducted an environmental scan to assess public health sector practices, barriers, and opportunities to advance health equity.<sup>1</sup> Results from that scan informed the strategic direction, priorities, and activities of the NCCDH, and equally assisted the public health field in its ongoing efforts at the local/regional and provincial/territorial levels. The report from the 2010 scan can be found on the NCCDH website. The executive summary of that report is included in this document as Appendix A. Key outcomes from the 2010 scan included a shift in focus for the NCCDH away from supporting action on specific determinants of health and towards a more comprehensive mission to build public health capacity to reduce health inequities. For the broad public health sector, four key roles for organizations and staff to advance health equity were validated. These roles have been used to guide and structure a variety of recent public health actions.<sup>3</sup>

In order to ensure that NCCDH priorities and knowledge translation activities remain supportive of the field, a follow-up scan has been undertaken. Through key informant interviews and focus groups, we heard that the results of the 2010 scan remain informative and relevant to public health leaders and practitioners. Rather than duplicate prior efforts, this 2014 scan is focused on change – changes in public health practice since 2010; emerging opportunities and challenges; and changes to the environment influencing public health action to advance health equity. Additionally, although the key research objectives of this scan include the identification of ways for the NCCDH to best support public health action, its purpose is not evaluative. The NCCDH is currently engaged in a comprehensive process to evaluate the impact of its efforts. This scan seeks to complement those evaluation findings, providing a more complete picture of the factors influencing public health action to advance health equity. Its findings have informed the identification of implications and opportunities for future public health efforts, as well as the priorities and activities of the NCCDH.

## METHODS

Environmental scanning, first described in a seminal work by Aguilar,<sup>4</sup> is the careful monitoring of an organization's internal and external environments to detect signs of opportunities and threats that may influence its current and future plans. Albright defines environmental scanning as "a method for identifying, collecting, and translating information about external influences into useful plans and decisions."<sup>5, p40</sup> The process includes gathering information about the external environment, including trends, resources, events, and relationships and using it to identify threats and opportunities to strategically plan for the future.<sup>4,6</sup> This 2014 environmental scan sought to build upon the findings of a similar method used during the 2010 scan. It focused on changes that have occurred to public health practice, current opportunities, and challenges to advance health equity. Specifically, the objectives of this scan were to identify the questions below.

1. In what ways, if any, has public health action to advance health equity changed over the past three years?
2. What has contributed to any change in public health action to advance health equity that has occurred?
3. What new knowledge, resources, tools, or frameworks exist to support public health action to advance health equity?
4. What barriers are currently experienced by the public health sector in their efforts to advance health equity? Are these different from three years ago?
5. Where are the greatest opportunities for the public health sector to influence health equity? Are these different from three years ago?
6. How can the NCCDH best support the public health action to advance health equity?

A variety of data collection methods were used in order to inform these questions including a document review of grey and peer-reviewed literature, key informant interviews, focus groups, and written feedback (provided in two cases when individuals were unable to attend a scheduled focus group). Each of these processes are described in greater detail in the methodological appendix (Appendix B).

A project advisory panel representing public health leaders, practitioners, and academic partners from across Canada was established to guide each stage of the project. This included the development of the project plan and methodology; identification of key informants (Appendix C), documents, and resources; development of the key informant interview guide (Appendix D); interpretation and validation of themes identified in the data; and a review of the draft environmental scan report. The project plan, objectives, and key informant interview guide were also reviewed by the National Advisory Board of the NCCDH prior to the data collection phase.

Limitations of the methodology were considered and documented. Most notably, purposeful recruitment of key informants and focus group participants resulted in findings that are limited to the perspectives of those likely to be already engaged in some level of health equity activity. Additional factors may be impacting those who are still "unknown" to the NCCDH.

## FINDINGS

### Document review

A focused review of documents and resources published between 2010 and 2013 was conducted in order to establish context for the key informant interviews and focus groups and inform the 2014 scan key research questions related to change. The review identified numerous recent contributions to our collective understanding of health equity action. These include examples of promising practice from across the country, tools and frameworks, and emerging findings from Canadian programs of research focused on understanding health equity processes and interventions. All examples cited in this report, and additional resources identified by scan participants, are categorized and hyperlinked (when possible) in Appendix E. A summary of these is provided below.

### Foundational resources

During the course of key informant interviews, several documents were consistently identified as having significantly contributed to recent public health action to advance health equity. Although published prior to 2010, Canada's Chief Public Health Officer's 2008 report,<sup>6</sup> and the World Health Organization Commission's seminal report, *Closing the gap in a generation: health equity through action on the social determinants of health*<sup>8</sup> were frequently cited as "turning points" in health equity action by providing increased exposure, legitimacy, and evidence-informed guidance for action. Many follow-up documents and reports have further contributed to the WHO Commission's three principles for action: 1) improve the conditions of daily life; 2) tackle the inequitable distribution of power, money, and resources; and 3) measure and understand the problem and assess the impact of action.<sup>9-15</sup> Most notably, in 2011, the WHO World Conference on Social Determinants of Health resulted in the adoption of the *Rio political declaration on social determinants of health*.<sup>2</sup> The Government of Canada was a signatory to this global political commitment for action to reduce health inequities. It includes a pledge to 50 recommended actions to:

1. *adopt better governance for health and development;*
2. *promote participation in policy-making and implementation;*
3. *further reorient the health sector towards reducing health inequities;*
4. *strengthen global governance and collaboration; and*
5. *monitor progress and increase accountability.*

### Guidance documents

For the purpose of this scan, the term "guidance documents" includes those that recommend for direct public health action at the practitioner, organization, or systems level. Many examples of newly released guidance documents, inclusive of health equity as an objective, were identified during the document review process. Specific examples, including strategic plans, frameworks, and competency statements are categorized in Appendix E.

Although not newly published, key informants also frequently referred to core functions and competency documents such as British Columbia's *A framework for core functions in public health*,<sup>16</sup> the *Public Health Agency of Canada's Core competencies for public health in Canada: release 1.0*,<sup>17</sup> public health mandates or guidelines such as *Ontario public health standards 2008*,<sup>18</sup> and Accreditation Canada's *Standards*<sup>19</sup> as being supportive of health equity action. A recently published report from the NCCDH

includes a call for additional review of existing public health competencies, as well as discipline specific competencies (e.g. nursing, public health inspection, nutrition), in order to ensure more explicit inclusion of health equity criteria.<sup>20</sup>

### ***Tools and resources to support public health action***

Among the recently developed tools and resources to support public health action to advance health equity are staff positions dedicated to health equity (e.g. Ontario's Social Determinants of Health Nursing Initiative), staff development tools to assist practitioners with specific health equity functions (e.g. assessment and reporting, health impact assessment), and health equity awareness raising campaigns. Additional case studies, such as those produced by the NCCDH, have profiled promising public health actions and presented key learnings from existing initiatives.<sup>3,21-23</sup>

Compendiums of tools are also now available to support public health action to advance health equity.<sup>24,25</sup> They support the integration of equity throughout assessment, planning, and policy development functions and include summaries of health equity assessment tools, checklists, and lenses, and other supportive structures.

### ***Furthering understanding of public health action: processes and interventions***

As an indication of recent efforts to advance health equity, many new initiatives and published reports seek to further our understanding of effective Canadian public health action. Many relate to the processes and conditions that support health equity action.<sup>26-28</sup> The Equity Lens for Public Health and Renewal of Public Health Services programs of research are among these examples.

Other initiatives are more clearly aimed at identifying and understanding interventions to reduce health inequities.<sup>29-34</sup> Most notably, the Canadian Institutes of Health Research, Institute of Population and Public Health, has funded 11 programmatic grants in health and health equity (\$21 million dollars over five years) as part of its Pathways to Health Equity for Aboriginal Peoples and Population Health Intervention Research Initiative. Those grants have resulted in the establishment of initiatives such as the Montreal Health Equity Research Consortium, and several research chairs in applied public health with a focus on health equity. The Public Health Agency of Canada's Innovation Strategy is further contributing to the evidence base through the development, adaptation, implementation, and evaluation of population health interventions, with a focus on the reduction of health inequalities.

### ***Health equity reporting***

The document review uncovered many recent examples of health status and surveillance reports that highlight health inequities.<sup>35-38,a</sup> These included a variety of approaches such as the disaggregation of health outcome data by social and economic variables, use of deprivation indices to assess health differences at geographic levels, and specific reporting of social indicators as part of community health assessments. A recent NCCDH project used a collaborative learning circle approach to share expertise and support one health region's integration of a health equity lens into its 2013 population health status report.<sup>37,39</sup> Insights gained from that process continue to be shared and represent some of the new tools and resources available to support this public health function.

<sup>a</sup> Soon to be released examples of health equity reporting include the Canadian Institute for Health Information's *Trends in health inequalities in Canada* and a joint project of the Public Health Agency of Canada, Canadian Institute for Health Information, and Statistics Canada that provides a statistical portrait of health inequalities in Canada. This work will establish a baseline for continued monitoring of health inequalities and progress towards their reduction.

### ***Beyond public health action: support from other sectors***

The document review identified a number of recent examples of action to advance health equity originating outside of the public health sector.<sup>31,40-42</sup> Key informants confirmed increasingly visible support from others. Most notably, efforts from the health care community (primary care, tertiary care, acute care) were cited as having made a significant contribution to increased exposure and “momentum” for health equity action in Canada.<sup>43-47</sup> Most frequently mentioned were recent efforts of the Canadian Medical Association,<sup>48, 49</sup> and tools for primary care providers developed by Toronto physician Dr. Gary Bloch.<sup>50</sup>

### **What we heard: key informant and focus group perspectives**

Many of the findings of this scan are consistent with those from the 2010 Environmental Scan. There was, however, widespread agreement amongst scan participants that the context and practice of public health action to advance health equity has changed during the past three years. Key informant interview and focus group questions were structured around the objectives of the scan – to assess change (or lack of change) in public health action to advance health equity; to identify challenges and opportunities influencing public health action; and to determine any implications and potential next steps for the NCCDH. As key informant interviews progressed, it was noted that identified opportunities and challenges frequently reflected several recurrent underlying issues. As a result, they are reported together. The following section highlights common themes grouped according to the scan objectives. A summary table of key findings is provided in Appendix F.

### ***Public health action to advance health equity: what has changed?***

#### **THE HEALTH EQUITY “BUZZ”**

Key informants and focus group participants identified an increase in the level of attention, interest and dialogue devoted to health equity concepts across the sector. The idea of a “tipping point”, “the moment of critical mass, the threshold, the boiling point,”<sup>51</sup> for public health action to advance health equity was suggested on multiple occasions. Participants representing diverse roles (e.g. practitioners, leaders, academics) at all levels of the public health sector (local, regional, provincial/territorial, national) identified a health equity “buzz” and increasing acknowledgment of public health’s role to advance health equity. This is supported by the many new guidance documents, tools, resources and initiatives uncovered as part of the document review. Of note, the recent activities of the NCCDH (e.g. events, webinars, “Health Equity Clicks”) were frequently identified as having contributed to increased exposure and momentum for public health action.

#### **PUBLIC HEALTH CAPACITY FOR ACTION**

At the time of the 2010 Environmental Scan it was proposed that “public health action on the broader health determinants is not widespread and may even be viewed as new.”<sup>1, p ii</sup> Even organizations seen to be “early adopters” were viewed to be at a fairly early stage in the implementation of health equity action. Three years later, there is general agreement among key informants and focus group participants that attention to health equity is becoming more widespread across the Canadian public health community. Specifically, this attention seems to be focused on the development of internal



organizational capacity and the establishment of structures and processes that are supportive of health equity action (e.g. strategic plans, dedicated health equity staff positions). Three key informants, frequently identified as leaders in health equity action, independently reinforced this positive shift in capacity. They reported a recent increase in the number of consultation requests received from public health organizations looking to learn from their experience. Further, it was noted that these requests reflected greater geographic diversity and a need for more depth of information and support.

Another frequently identified contributor to public health capacity was an increase in dedicated health equity staff positions that are beginning to take root across the country. These positions were seen to better enable the establishment of supportive organizational processes and structures for health equity and, in some cases, provide a natural “community of practice” within which to share, develop, and learn from emerging and innovative practice.

#### **LEADERSHIP AND ORGANIZATIONAL COMMITMENT**

As highlighted in the findings of the document review, there has been a marked increase in the voiced commitment to health equity action at all levels of the Canadian public health sector. A variety of strategic plans, guidance documents, and political commitments (e.g. *Rio political declaration on social determinants of health*<sup>52</sup>) acknowledge the role of the public health sector to advance health equity. As one key informant noted, “The inclusion of health equity [in foundational and guidance documents] is moving from the exception to the rule.”

Key informants and focus group participants also readily identified an increased number of leadership champions for health equity who were more visible and accessible than in past years. Despite this, the Canadian public health sector is not homogeneous. Several participants voiced a desire for more visible federal level commitment to health equity action. In other cases, specific organizations, and in some cases provinces, were frequently identified as having demonstrated strong support and capacity for public health action. The latter was most often attributed to “passionate and courageous leadership” at the local, regional, and provincial/territorial levels. As one participant noted, “Change has occurred where there are strong leadership champions.”

One specific content area was identified by multiple participants as having received increased leadership attention at all political levels—the health and well-being of First Nations, Inuit, and Métis communities and individuals.<sup>52</sup> Initiatives such as the Canadian Institutes for Health Research’s Pathways to Health Equity for Aboriginal Peoples, Ontario’s renewed Aboriginal Healing and Wellness Strategy, and the establishment of the First Nations Health Authority in British Columbia were cited as examples of strategic leadership commitment to reducing health inequities in First Nations, Inuit, and Metis communities. Several scan participants highlighted this as an opportunity to leverage existing political support into broader health equity action.

### **THE LANGUAGE AND FRAMING OF HEALTH EQUITY CONCEPTS**

As ideas and concepts related to public health action to advance health equity have gained exposure, scan participants identified a corresponding increase in comfort with health equity messages and terminology. Among the specific changes identified was a noticeable shift away from the term “social determinants of health” towards the use of “health equity,” with an acknowledgement that these concepts are not distinct. Health equity cannot be achieved without consideration of, and action to improve, the social determinants of health. This difference in language may have been influenced by the framing of the scan research questions. Additionally, it may be related to the NCCDH’s own shift in focus—away from public health action on specific social determinants of health, towards supporting broader public health action to advance health equity. Regardless of underlying factors, the term “health equity” was most frequently used by scan participants in relation to their own public health actions.

### **CONTRIBUTIONS TO THE EVIDENCE-BASE**

There was overwhelming confirmation by participants of the importance of the public health role to assess and report health inequities. Many acknowledged the identification of inequities as a critical first step towards health equity action; necessary to guide internal public health actions and engage other partners around concrete community issues. As one participant stated, without the data to demonstrate differences in health outcomes, “Stakeholders only have so much tolerance for our enthusiasm. With data, the opportunities are endless.” Consistent with participant appreciation for this role, many recent examples of public health reports demonstrate the application of a health equity lens to the analysis and reporting of health data.

The identification and reporting of health inequities is one component of required efforts to monitor progress towards health equity objectives. Programs of research that seek to understand the factors that enable public health action, as well as the effectiveness of health equity interventions, have received recent federal level support (e.g. Public Health Agency of Canada’s Innovation Strategy, Institute of Population and Public Health funding). Additional identified sources of support for applied research to inform practice include provincial efforts (e.g. Ontario’s Locally Driven Collaborative Projects<sup>53</sup>) to assist the field in the development of process indicators to assess health equity action.

### **INTERSECTORAL ACTION: HEALTH EQUITY BEYOND THE PUBLIC HEALTH SECTOR**

The need to engage with other sectors in order to achieve health equity was at the forefront of most key informant interviews. At the time of the 2010 scan, key informants suggested the beginning of a “sea of change” as public health increasingly utilized opportunities to work across sectors and more sectors became engaged in action to advance health equity. Participants in the 2014 scan confirmed this notion, highlighting the advantages of different perspectives on issues, opportunities to bring an equity lens beyond public health programs, and access to levers for change in the broader social and economic conditions that impact health. Many efforts, including those of municipalities, non-governmental organizations, and the community sector, were cited as contributing to the “health equity agenda.” Most frequently mentioned were the initiatives of professional associations, (e.g. Canadian Medical Association, Canadian Nurses Association), grassroots organizations (e.g. Upstream), and multisectoral or cross-government partnerships (e.g. Quebec’s intersectoral prevention policy currently

in development, Saskatoon Poverty Reduction Partnership). All were identified as contributing to the broader increase in awareness and momentum for health equity action, as well as legitimizing efforts to influence policy both inside and outside of the public health sector.

Adding to the influence of the aforementioned initiatives, participants frequently identified the impact of less formal social action. The Occupy movement, Idle No More, and other public calls for social justice were seen to bring much needed attention to the structures, systems, and policies that create inequities at multiple levels. Optimistically, more than one participant commented that widespread economic downturn might mean that we are "...unable to ignore issues of inequity and social injustice." Featured prominently in the media, the aforementioned social movements were seen by many to have opened a door for broader dialogue and collective action.

### ***Challenges and opportunities to advance health equity***

#### **UNDERSTANDING THE CONTEXT FOR HEALTH EQUITY ACTION**

##### **Walking the health equity talk**

Despite widespread agreement that health equity has received more attention in recent years, participants commonly expressed caution that the momentum has not yet resulted in significant, concrete actions to reduce health inequities. Expressions describing health equity as "de-energized" and a "flavour of the month" further defined this prevailing concern. In the words of one focus group participant, "We can't keep tinkering around the edges" of health equity work. Comments suggested a need to take advantage of opportunities to profile, link, and "scale up" existing actions that were taking place across the country. "Passion" was identified as a key driver of health equity action with participants emphasizing that existing passion should be promoted and harnessed to establish and continue traction for action at all levels of the public health sector.

##### **"Leveling-up" public health capacity to advance health equity**

Just as population-wide campaigns aimed at behavior change risk contributing to a widened gap in health outcomes (i.e., those with more opportunities for health are better able to take advantage of the messages, programs, etc.), so might efforts working to build public health capacity for health equity action. One key informant framed this variability as a need to "level-up" public health capacity. She proposed that the greatest advancement in action may have taken place among those already considered to be "early adopters." Future capacity building efforts should consider opportunities to better understand the gaps that exist as well as potential approaches for building capacity beyond those already well engaged in health equity action.

#### **INFLUENCING PUBLIC HEALTH CAPACITY**

##### **Organizational leadership, standards, and structures**

As proposed in the 2010 Environmental Scan, a critical driver for organizational adoption is leadership.<sup>1</sup> Leadership—required to identify and enable action to reduce health inequities across political and organizational levels—was modeled by Dr. Butler Jones in the first report of Canada's Chief Public Health Officer.<sup>7</sup> Although confirmed throughout discussions with 2014 scan participants, they reported great variance in the level of leadership support for health equity action within their respective contexts. Some highlighted great progress that had been made; others expressed ongoing frustration with the

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"Everybody knows they need to know about it."

"We can't just ride the wave."

"The word 'health equity' is becoming de-energized."

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Has the gap in public health capacity for health equity action widened?

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apparent barriers limiting their efforts. In many cases, barriers included a lack of political support (largely provincial/territorial and/or federal level) for health equity action. This translated into both a perceived absence of action broadly, as well as lack of support for “upstream” focused interventions (those seeking to influence the broader conditions that contribute to equitable health outcomes). This challenge was frequently seen to represent a disconnect between the apparent leadership commitment reflected in foundational documents and tangible support for action to advance health equity. One scan participant called for more intentional promotion of formal health equity commitments,<sup>16,54-56</sup> as a way to bolster and legitimize local efforts, as well as support the achievement of stated objectives.

Key informants and focus group participants identified multiple examples of supportive structures (e.g. steering committees, dedicated health equity staff positions, program planning processes), many of which are newly established and are highlighted in the findings from the document review. Emerging actions across multiple levels of the public health sector include the proactive development and advocacy for health equity accountability measures and mechanisms.<sup>53</sup> Participants expressed caution that public health organizations could not be solely accountable for health equity outcomes influenced by multiple factors and sectors. However, guidelines to specifically monitor public health actions were identified as critical, and currently absent, structures to enable widespread action.

In addition to the abovementioned supports for health equity action, participants identified several common barriers to organization-level activities to reduce health inequities. As more than one practitioner noted, “on-the-ground” opportunities to advance health equity often originate outside of the health sector. They are frequently grounded in immediate community needs and require a timely, collaborative response. Several participants noted that existing organizational cultures and processes (e.g. hierarchical structures, rigid program and activity plans) limited their ability to be “agile” and take advantage of those opportunities. In some cases, it was suggested that these challenges are becoming more apparent in practice as public health organizations work to increasingly operationalize commitments to health equity action.

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## Frequently identified competencies impacting capacity for health equity action

- Health equity assessment and surveillance
  - Research and evaluation of health equity interventions
  - Policy analysis and advocacy
  - Community engagement
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### Public health skills and competencies

Enhanced public health competencies were commonly identified as being critical to advancing health equity efforts. Most frequently mentioned were skills in the areas of: health equity assessment and surveillance; research and evaluation of health equity interventions; policy analysis and advocacy; and community engagement. As an example, despite widespread agreement that public health organizations have a role to play in advocacy, participants clearly expressed that comfort, skills, and expectations related to advocacy were not always present within their respective organizations. Reflecting the great variation in capacity for assessment and surveillance, some organizations have dedicated “public health observatories,” while others do not have ready access to commonly used community health data. Even with access to the data required to illustrate inequities, many key informants noted competency and capacity challenges that limited its use. Staff with the skills and experience required to analyze, interpret, and use data were not common across all participating public health organizations. Where they did exist, it was often noted that they experienced competing work priorities related to other mandated public health or health authority needs. Similarly, it was noted that competencies and resources (time and human) were frequently not available to engage in evaluation activities at the local practice level, where many equity-focused innovations were taking place.

### Leveraging partnerships across the health sector

Another challenge contributing to public health capacity is highlighted by the frequently voiced tension between “health care” (primary, acute, tertiary care; hospital system) and public health priorities. Phrases describing “the tyranny of the acute” and the “marginalization” of public health interests were commonly expressed by scan participants working at both regional and provincial/territorial levels. This related to limited financial and human resources, limited influence within the broader health sector, and corresponding public health constraint to establish health equity as a priority within their various contexts. Participant comments suggest that relationships and priorities across the health sector, as well as differences between structural models (e.g. Regional Health Authorities, autonomous Boards of Health), may influence the advancement of public health capacity for health equity action.<sup>43,44</sup>

Although most scan participants remained focused on integrating a health equity lens across their public health programs, many also highlighted opportunities to effectively engage their health sector colleagues in health equity action. Ongoing efforts of the Canadian Consortium for Health Equity to embed health equity standards into healthcare improvement; engagement efforts of the Canadian Medical Association<sup>48,49</sup>; the application of a health equity audit across Saskatoon Health Region programs; and the creation of tools for primary care providers,<sup>50</sup> were cited among recent examples of broad, health sector action. These initiatives suggest opportunities (and in some contexts readiness) to further engage health sector partners in action to advance health equity.

### Health equity concepts: continued need for clarity

The 2010 Environmental Scan recommended a need to improve the conceptual clarity about public health action.<sup>1</sup> Despite participants’ identified increase in comfort with health equity language, this 2014 follow-up scan identified a continuing blurring of language and meaning across several public health concepts. At times, the terms *health equity action*, *health promotion*, and even *public health* were used interchangeably to describe efforts to reduce health inequities. Specific challenges related to the understanding and application of a *population health* approach were identified in participant comments. One informant noted that clear language could be useful in advancing health equity work where familiarity with such concepts varies across audiences. Specifically, “We need to be better at communicating [the concept of] raising the bar and closing the gap.” There exists a continued need to define key terms and establish a common understanding of where health equity action fits within the broader scope of public health practice.

Key informants identified several additional questions and challenges posed by health equity terminology. Even the phrase “public health action to advance health equity” prompted questions such as, “Are we acting to reduce gaps in health outcomes or gaps in opportunities for health?” Amid these questions, one participant cautioned that many current health equity efforts had lost sight of the social gradient in health outcomes—favouring interventions targeted or tailored to the needs of the most vulnerable. Two participants identified an additional influence of language, proposing that a focus on “priority populations” may result in more targeted actions to meet the needs of vulnerable individuals and groups. In contrast, a broader focus on “health equity” may lead to action to improve the policies and structural conditions at the root of inequities.

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We can’t advocate for other sectors to take a health equity focus if we have not applied the lens to our own health sector programs.

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Are we acting to reduce gaps in health outcomes or gaps in opportunities for health?

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### **Communicating health equity messages: beyond public health**

Scan participants very commonly identified their need to understand and be able to use health equity messages that would resonate with the general public and other partners and sectors beyond public health. Proposed approaches included presentation of the “business case” for health equity action, and messages which demonstrate commitment to the achievement of non-health objectives (e.g. graduation rates, job creation). It was further suggested that while many local non-health partners (e.g. community and social service agencies) have been working towards health equity objectives for years, they have been framing their actions as social justice or social equity. There was a recognized need to better leverage and contribute to the existing efforts of other sectors that do not currently see themselves within the language of “health equity.”

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We need to comfort the afflicted and afflict the comfortable.

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This call for effective approaches to communicating health equity presented more than one identified challenge among scan participants. Most notably was a perceived tension between those committed to a social justice imperative in health equity messaging and those calling for a focus on the business case for health equity action. As we work towards a better understanding and promotion of effective health equity messaging, it will continue to be important to consider how values and beliefs impact both our transmission of, and receptiveness to, ideas and actions.

### **MEASURING INEQUITIES AND THE IMPACT OF OUR ACTIONS**

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“Lots of research can tell us about effective programs. Not much includes an assessment of the cost.”

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Participants working at multiple levels across the public health system (e.g. practitioners, leaders, academic partners) consistently emphasized the need for more evidence to guide public health practice. They acknowledged the need and value of multiple types of evidence gathered using multiple approaches (e.g. quantitative and qualitative methods, case studies, participatory research), including examples of “glorious failures” – capturing what didn’t work and why. Additionally, many cited challenges to measuring impact over time and attributing differences to public health interventions. Overwhelmingly, however, practitioners called for research that could guide them in “what to do” and how to effectively reduce health inequities within the scope of public health practice. Leaders at multiple levels added the need for guidance that included an “economic case”; one stated “Lots of research can tell us about effective programs. Not much includes an assessment of the cost.”

As noted in previous sections, scan participants identified several clear challenges related to the measurement and monitoring of health inequities—limited availability of appropriate data, gaps in the skills and competencies required to uncover and analyze inequities, and challenges identifying indicators to capture organizational progress towards health equity objectives. Additionally, scan participants identified a need for appropriate indicators to monitor community action on the broader conditions that impact health equity. While cautious about “laying claim” to other sectors’ interests (e.g. student achievement, housing availability), several key informants identified a desire to share data across sectors. This was seen as an opportunity to identify inequities in the “opportunities for health,” as well as learn from each other’s experience and expertise. One participant challenged the public health sector to think beyond health as our only outcome measure stating, “Why should other sectors be concerned about our outcomes?”



The challenges identified above are not new. The 2010 Environmental Scan clearly identified many of the same issues related to the absence of evidence to guide practice and competencies required to measure inequities and evaluate progress. Building on the support and momentum of ongoing research and capacity-building activities, there remains a clearly expressed need to effectively broker the emergent findings and products of those initiatives to public health decision makers and practitioners across Canada.

#### **LOOKING OUTWARDS: ENGAGING OTHER SECTORS**

Comments from scan participants suggest widespread agreement regarding the need to involve other sectors in health equity efforts. The cited benefits of such action include the ability to advocate “through others,” and uncovering areas of shared interest. Comments also suggest great differences in the ability of public health actors to engage at different levels of political and social action. Many participants representing local or regional public health organizations highlighted effective partnerships, municipally-led initiatives, and collaborative approaches to understanding broader community well-being. While appreciative of the advantages of intersectoral action, provincial/territorial and national levels, participants more frequently identified challenges to engaging across government ministries, noting the presence of well-established silos and protection of budgets among the factors influencing collaboration. Clearly defined roles for the health sector—to bring a health lens to non-health priorities, and to engage others in the achievement of health priorities—are necessary and important determinants of “collective impact” towards health equity.

#### **WEAVING THE NETWORK AND ESTABLISHING COMMON PRIORITIES**

As public health organizations across the country become increasingly engaged in focused health equity action, there appears to be a corresponding need to connect those efforts. Participants highlighted the need for diverse opportunities to share. Some identified the increased use of social media, online forums, and webinars as a useful and flexible way to learn with colleagues. Others preferred in-person meetings and conversations, noting that electronic formats may not support the “richness and depth” of dialogue required to explore health equity issues. In both cases, the NCCDH and existing networks (e.g. the Canadian Council on Social Determinants of Health, Association of Local Public Health Agencies/ Ontario Public Health Association Health Equity Working Group, Public Health Association of British Columbia) were identified as having played a significant role as the “convener of conversations” to advance health equity. Additional opportunities to develop networks of dedicated health equity staff and informal networks for knowledge exchange led by health equity champions represent immediate potential for knowledge brokering, supporting, and normalizing practice to advance health equity.

Scan participants representing different levels, functions, and disciplines across the public health sector identified a desire for the establishment of common health equity priorities. This was variously expressed as a need for “a common agenda,” “alignment,” “links,” and “better public health collaboration.” Participants expressed an opportunity for better coordination of health equity efforts – at regional, provincial/territorial, and national levels – and to link the many positive actions that were occurring at the local and regional levels. Additional efforts to build and support networks of public health practitioners, facilitate dialogue amongst leaders and decision-makers, and explore areas of shared interest and action may contribute to the strength and impact of existing public health action to advance health equity.

#### **REFLECTIONS ON THE FOUR KEY PUBLIC HEALTH ROLES TO ADVANCE HEALTH EQUITY**

A key outcome of the 2010 scan was the confirmation of widespread agreement regarding the following proposed roles for public health action to advance health equity:

- a. Assess and report on: 1) the existence and impact of health inequities, and 2) effective strategies to reduce these inequities.
- b. Modify and orient interventions and services to reduce inequities, with an understanding of the unique need of populations that experience marginalization.
- c. Partner with other government and community organizations to identify ways to improve health outcomes for populations that experience marginalization.
- d. Lead, support, and participate with other organizations in policy analysis and development, and in advocacy for improvement in health determinants and inequities.

Overwhelmingly, 2014 scan participants supported the continued relevance and utility of these roles—a number of participants adding that they were necessary. Participants provided multiple examples of the application of these NCCDH-promoted roles to support and guide public health practice across the country. These included the establishment of organizational health equity frameworks, the development of indicators to measure public health action, and provincial-level assessments of public health activities to address the social determinants of health.<sup>57,58</sup> When asked to define what “public health action to advance health equity” meant to them, participant responses frequently included specific actions or activities related to the four roles. Appendix G provides a snapshot of those responses and summarizes some of the corresponding, concrete examples of strong or promising public health activity to advance health equity that were provided by participants.

Participants acknowledged that the roles represent an “umbrella” under which more specific health equity activities are captured. Among the activities most frequently mentioned were the application of Health Equity Impact Assessment, partnerships with the media, specific engagement with individuals who experience marginalization, and involvement in research and evaluation. Participants also identified many activities directed at building public health capacity at the organization or systems level. These included activities to build staff understanding and health equity competencies, establish accountability for health equity action, and embed health equity within strategic plans and organizational priorities. Key informants and focus group participants suggested that further demonstration of the roles in practice (e.g. specific examples, case studies) may help to operationalize the roles at different levels of public health practice.

# IMPLICATIONS AND OPPORTUNITIES FOR ACTION

Albright defines environmental scanning as “...a method for identifying, collecting, and translating information about external influences into useful plans and decisions.”<sup>5, p40</sup> Consistent with this purpose, a key objective of this scan was to identify opportunities for the National Collaborating Centre for Determinants of Health to further support and build capacity for Canadian public health action to advance health equity.

Recent changes to the context of practice, challenges, and opportunities, as identified by 2014 Environmental Scan participants, have informed the development of recommendations for the NCCDH. Additionally, participants were specifically asked to identify, “What is most needed to support/advance [their] work towards health equity?” These expressed needs, and related implications for future NCCDH priorities and actions, are summarized in Table 1 and are presented in detail below.

**TABLE 1.**  
**SUMMARY OF IMPLICATIS AND OPPORTUNITIES FOR THE NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH**

<b>Harness existing health equity momentum</b>
<ul style="list-style-type: none"><li>• Use the awareness, interest, and action that has been established in recent years as a foundation for future activity. Recent momentum has been demonstrated both within, and external to, the public health community.</li><li>• Balance widespread promotion of health equity efforts and resources with targeted efforts towards those with demonstrated readiness and capacity to act.</li><li>• Facilitate explicit dialogue related to the perceived “de-energizing” of health equity language and concepts across multiple levels of the public health sector.</li></ul>
<b>Profile and support the achievement of leadership commitments</b>
<ul style="list-style-type: none"><li>• Profile existing political and organizational commitments to health equity objectives as a way to legitimize, normalize, and encourage widespread public health action to advance health equity.</li><li>• Use existing health equity priorities, (local, regional, provincial/territorial, and federal) as a foundation to inform future NCCDH activity.</li><li>• Continue NCCDH activities to build health equity leadership with additional exploration of the processes, structures, and approaches that enable timely and “agile” response to community needs and opportunities.</li></ul>
<b>Support the engagement of partners and other sectors in action to advance health equity</b>
<ul style="list-style-type: none"><li>• Build on existing NCCDH projects and initiatives supportive of intersectoral action including:</li><li>• Resources to guide effective communication of health equity messages</li><li>• Case-studies that profile effective intersectoral partnerships</li><li>• Further the assessment of skills and approaches to achieve effective intersectoral action.</li><li>• Continue partnerships with NCC colleagues to expand public health skills and application of Health Impact Assessment.</li><li>• Explore opportunities to further identify, learn from, share, and potentially “scale up” recent examples of broader health sector commitment and action to advance health equity.</li></ul>

#### **Prioritize activities that address identified gaps in public health skills and competencies**

- Continue NCCDH knowledge translation activities that focus on the identified competency needs of assessment and surveillance of health inequities and community engagement.
- Promote the resources and activities of other agencies engaged in public health competency development.
- Explore opportunities to enhance skills for current public health practitioners as well as students of public health disciplines.

#### **Target efforts to meet the capacity needs of specific public health audiences**

- Explore creative approaches for supporting organizations experiencing the greatest capacity challenges. These include mentorship models, strategic networking opportunities, and tailored NCCDH consultation services.
- Seek to better understand the distinct evidence and resource needs of public health practitioners, leaders, and academic partners, and tailor NCCDH activities as appropriate.
- Continue NCCDH knowledge brokering efforts with increased focus on ongoing Canadian programs of research and emerging international evidence and case-studies.

#### **Clarify key public health and health equity terms and concepts**

- Continue NCCDH development and knowledge brokering of tools and resources that define and promote a common understanding of health equity terminology.

#### **Link and coordinate public health action to advance health equity**

- Facilitate opportunities to establish and collaborate towards common health equity priorities and objectives.
- Take advantage of existing networks that exist at the federal, provincial/territorial, and regional levels to align health equity priorities across the public health sector.
- Capitalize on the increasing number of dedicated health equity staff resources as an opportunity for networking, knowledge exchange, and collaboration.
- Facilitate difficult conversations
- Use existing forums and emerging networks to lead critical reflection on a number of commonly expressed questions and challenges.

### **Harness existing health equity momentum**

Participant comments, coupled with reflection on the recommendations from the 2010 Environmental Scan, suggest that progress has been made to further advance health equity over recent years. Recent action has been influenced by the contributions of the NCCDH, other public health leaders and organizations, non-public health sector partners, academics and researchers, and grass-roots movements. The identified increase in exposure and momentum, however, is not without associated challenges. Despite health equity becoming increasingly integrated within political and organizational commitments, participant comments reflected frustration with a lack of corresponding direction or authority to translate these commitments into action. Without this supportive direction, they cautioned that health equity could become a “flavour of the month.”

Ongoing NCCDH activities to strengthen public health sector capacity to advance health equity should build on the momentum that currently exists whilst being mindful of the risk of “de-energizing” health equity language and concepts through overexposure to the idea of health equity without corresponding action and methods. This may be achieved by balancing the widespread promotion of tools, resources, and opportunities for action with strategic targeting of initiatives to those demonstrating readiness to act. Additionally, this tension should be explicitly identified across the public health community. Facilitated dialogue, reflection, and brainstorming with practitioners may guide effective approaches for overcoming this challenge.

### **Profile and support the achievement of leadership commitments**

Findings from the document review, key informant interviews, and focus groups highlight many recent examples of leadership commitment to health equity action. These public and explicit acknowledgements of the need for public health action to advance health equity present an opportunity for the NCCDH. A scan to specifically capture the extent and variety of leadership commitments (within strategic plans, guidance documents, mandates, etc.) coupled with the intentional profiling of examples, may further encourage widespread action and legitimize the variety of efforts currently underway across the public health sector. It may also provide a useful foundation for the further development of NCCDH priorities and activities. As a way to maximize the potential uptake and impact of NCCDH efforts, future initiatives could be aligned with existing health equity commitments established at the local, regional, provincial/territorial, and national levels.

Conversations with scan participants frequently included a focus on the organizational level processes, structures, and cultures that facilitate health equity action. A number of academic partners, governments, and professional associations have initiated recent activities to better understand and measure broad organizational capacity for health equity action.<sup>53,59</sup> At the practice level, participants noted the importance of being “agile” in their response to rapidly evolving issues and to engage in community-based initiatives. Building from existing NCCDH initiatives (e.g. appreciative inquiries, leadership syntheses, qualitative analyses), future NCCDH collaborations with public health leaders may include an exploration of the conditions that support “organizational agility” to engage in health equity action. These could include further and intentional reflection on specific processes, values, and leadership styles.

### **Support the engagement of partners and other sectors in action to advance health equity**

Consistent with the public health role to “*Partner with other government and community organizations to identify ways to improve health outcomes for populations that experience marginalization,*” scan participants overwhelmingly identified intersectoral action as a necessary approach to advance health equity. Effective intersectoral action was seen to require a common understanding of the factors that influence health inequities, identification of the impact of non-health sector policies and programs on health, and the planning and implementation of appropriate, multisectoral interventions. Participants noted the efforts of municipalities, non-governmental organizations, and community based groups as contributing to the advancement of health equity. In some cases, it was noted that much could be

learned from others in the community sector experienced in advancing issues of equity and social justice. Strengthened partnership between the NCCDH and the National Collaborating Centre for Aboriginal Health may represent one such opportunity. Specifically, joint efforts may enable greater capacity building and knowledge exchange to address the needs of First Nations, Metis, and Inuit organizations most connected to the formal public health sector.

Many participant comments reflected challenges establishing health equity as a priority amidst broader health sector needs (e.g. wait times, acute care crises). Despite these challenges, a number of health sector initiatives, highlighted in previous sections, were noted as areas of potential opportunity. The sector's recent focus on quality improvement may provide an additional opening to apply an equity lens to planning and monitoring processes. Opportunities exist to identify, learn from, share, and potentially "scale up" recent existing examples of health sector commitment and action. These demonstrations of readiness should be promoted widely across the public health community as a way to reinforce local and regional level efforts to engage health sector colleagues in a common focus on health equity objectives.

Several existing NCCDH initiatives have begun to address participant requests for guidance and support to collaborate with non-public health partners. Future NCCDH activities should include further promotion of the following:

- resources to guide effective communication of health equity messages to diverse sectors;
- case-studies that profile existing examples of creative and effective multisectoral partnerships to address health inequities and improve opportunities for health and well-being; and
- further assessment to build on an existing NCCDH evidence review that examines the impact and effectiveness of intersectoral action as a promising practice to advance health equity.

Additional opportunities to engage with partners from across sectors are suggested by current public health interest in, and increasing use of, health impact assessment (HIA) as a process for identifying the impact of policies and programs both inside and outside of the health sector. HIA is an area of existing focus for the National Collaborating Centre for Healthy Public Policy (NCCHPP). Future NCCDH activities could include the continued promotion of NCCHPP resources and initiatives as a way to extend public health capacity to engage in HIA.<sup>60,61</sup>

### **Prioritize activities that address identified gaps in public health skills and competencies**

Beyond the competencies required to engage in effective partnerships with other sectors, scan participants identified several additional skills necessary for public health action to advance health equity. Specifically, competency gaps were identified in the areas of assessment and surveillance of health inequities; research and evaluation of health equity interventions; policy analysis and advocacy; and community engagement. NCCDH knowledge translation activities have begun to address some of these challenges at the local level. They include the ongoing Population Health Status Reporting series, and upcoming resources related to community engagement as a promising practice for health equity. Additional efforts to enhance public health skills and competencies are being supported by the National Collaborating Centre for Healthy Public Policy (policy analysis and advocacy) and initiatives such as the Public Health Agency of Canada's Skills Enhancement for Public Health Program (assessment and surveillance), and Public Health Ontario's Locally Driven Collaborative Projects (research and evaluation).



Future NCCDH activities should continue to be guided by these identified challenges and required competencies. Efforts may include joint, equity-focused initiatives with the National Collaborating Centre for Methods and Tools, staff development for current public health practitioners, as well as opportunities to influence the training and skill development of students in public health disciplines.

### **Target efforts to meet the capacity needs of specific public health audiences**

Consistent with the findings of the 2010 Environmental Scan, 2014 participant feedback suggests continued variability in capacity for public health action to advance health equity across the Canadian public health sector. As previously noted, one informant suggested that recent advancements in capacity may have taken greatest hold within organizations that were previously committed, well-resourced, and actively engaged in health equity action. This idea resonated among NCCDH staff. It was viewed, however, as both a challenge and an opportunity for the NCCDH as it considers approaches for knowledge exchange, network development, and leadership support. “Early adopter” leaders and organization champions are well positioned to assume mentorship roles for others in earlier stages of building their capacity for health equity action. Through the facilitation of intentional networks and relationships, the NCCDH can profile existing health equity leaders while enhancing widespread public health capacity. The NCCDH may also consider increasingly tailored outreach, support, and resources for those experiencing the greatest capacity challenges. Such efforts may result in greater NCCDH reach and impact across the sector, and contribute to “leveling-up” the perceived gap in public health capacity for health equity action.

In addition to varying needs at the organization level, distinctions were made between the needs of local/regional level practitioners, provincial and territorial leaders, and academic partners. The writer of the scan heard practitioners call for evidence and tools to guide practice. Leaders require the additional support, case examples, and economic arguments. Academic partners may additionally benefit from the support of the NCCDH as they work to share the results of research initiatives. As the NCCDH continues with its primary mandate to connect public health practitioners with timely evidence to inform practice, it is recommended that these distinct needs are considered. Beyond the emerging Canadian evidence base, additional opportunities for knowledge exchange include assessment, translation, and brokering of health equity evidence, and examples from international public health action.

### **Clarify key public health and health equity terms and concepts**

Conversations with scan participants highlighted a number of inconsistencies related to key public health terms and concepts. This finding is consistent with those of the 2010 scan and suggests a continued need for tools, resources, and support to define and apply a common understanding of health equity terminology. Unlike other areas of public health action (e.g. immunization, public health inspection, nutrition), activity in the area of health equity has not yet been influenced by common practice guidelines, protocols, or consensus conference proceedings. Those establishing their public health roles and actions to advance health equity have done so, for the most part, independently, without the foundation of common language, concepts, and principles. *Population health approach, targeted approach, priority population, and even health promotion* are among the concepts requiring additional clarification among practitioners. As the 2010 scan identified, these concepts are foundational to

conceptualizing and planning public health interventions.<sup>1</sup> Operationalizing these health equity concepts requires an understanding of definitions, distinctions and commonalities as well as the utility within the broad scope of public health practice. The NCCDH has begun to support this understanding through a variety of tools and resources. These efforts should continue, accompanied by deliberate and targeted knowledge brokering to public health audiences at all levels.

### **Link and coordinate public health action to advance health equity**

Scan participants were able to identify many positive examples of emerging evidence, structures, and activities to advance health equity. Given the broad range of initiatives taking hold across the country, participants also strongly suggested a need for collaboration and coordination. Opportunities exist to establish common priorities and align public health efforts – local to provincial/territorial, provincial/territorial to national, and national to international – in ways that maintain flexibility for appropriate and responsive local level action. The ability to locate organization level activities (i.e., local, regional, or provincial/territorial) within the context of broader health equity efforts could reinforce existing actions, motivate strategic planning and health equity priority setting, and facilitate networks and collaboration towards common objectives.

Building on a previous NCCDH collaboration and event, *Developing a health equity agenda: from shared vision to policy and practice*, continued efforts could include directed sharing and facilitated opportunities to advance and expand on the recommendations from that initiative. Further consultation with public health leaders and others in the field should clearly define needs within a common health equity agenda and establish steps or a “roadmap” towards its achievement. This can be furthered through an upcoming meeting being co-hosted by NCCDH with provincial/territorial public health leaders. Additional opportunities to align health equity priorities may exist through the Public Health Agency of Canada sponsored Canadian Council on the Social Determinants of Health, provincial public health associations, and a variety of regional and provincial/territorial level health equity working groups that exist across the country.

Although not an existing network, findings from this scan have highlighted many new staff positions dedicated to advancing health equity. As individuals in these roles begin to establish organizational priorities, it is likely that common challenges and opportunities will emerge. These positions represent an ideal opportunity for networking, knowledge exchange, and collaboration towards common objectives. Taking advantage of staff and organizational readiness, deliberate NCCDH efforts to engage and connect dedicated health equity staff have the potential to impact and influence a wide scope of action to advance health equity.

### **Facilitate difficult conversations**

Advancing health equity is often considered a “wicked problem” – characterized by multiple and interconnected influences, ways of understanding, and potential approaches for action. In such a context, it is not surprising that a number of common reflections, questions, and fundamental challenges emerge. In order to work optimally to advance health equity, several Environmental Scan

participants identified a need for more directed and explicit consideration of these questions. As a public health resource centre grounded in evidence and theory to guide practice, there is a potential role for the NCCDH to facilitate broader public health dialogue. The following questions and struggles posed by scan participants could inform these conversations.

- Have we become too focused on the inequities experienced by the most vulnerable members of our communities? Have we lost sight of the full gradient of differences in health outcomes?
- How does our language influence our practice – considering terms such as “priority populations,” “deprivation,” “advancing health equity vs. reducing health inequities,” “advancing health equity vs. achieving health equity”?
- Are we (the public health sector) ready to name racism and its impact on health? How can we facilitate reflection on inequities due to racism?
- How can we balance our commitment to health equity as an issue of social justice with the need to promote the economic argument for health equity action?
- We have a great willingness to act, but are challenged to understand and influence the societal structures, systems, and values that reinforce health inequities.

Participant feedback suggests a degree of readiness to consider these important questions. Existing forums (e.g. “Health Equity Clicks,” webinars, NCCDH events) and other emerging networks should be explored as opportunities for further dialogue, exploration, and reflection.

## CLOSING COMMENT

Key informant and focus group participants in this scan clearly centered equity at the heart of public health practice. Following reflection on recent changes, challenges, and opportunities influencing public health action to advance health equity, participants were asked, “Imagine a future in which public health is working optimally to advance health equity. What does that future look like to you?” A selection of their responses is provided below.

- *“Health equity is the core that drives everything that is done.”*
- *“We have a thorough understanding of the systems and structures that create health inequities.”*
- *“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.”*
- *“We get it on the agenda, keep it on the agenda, and get resources devoted to it.”*

These participant responses indicate a continued need for knowledge, networks, and competencies to support public health action. Their visions reflect a collective passion and commitment to public health action to advance health equity that will continue to guide NCCDH priorities, initiatives, and activities.

## APPENDIX A

### 2010 ENVIRONMENTAL SCAN EXECUTIVE SUMMARY

*From: Integrating social determinants of health and health equity into Canadian public health practice: environmental scan 2010<sup>1</sup>*

#### **EXECUTIVE SUMMARY**

The National Collaborating Centres (NCCs) for Public Health were created to promote and improve the use of the results of scientific research and other knowledge to strengthen public health practices and policies in Canada. The NCCs identify knowledge gaps, foster networks and translate existing knowledge to produce and exchange relevant, accessible, and evidence-informed products with researchers, practitioners, and policy-makers.

The National Collaborating Centre for Determinants of Health (NCCDH) is one of six NCCs funded by the Public Health Agency of Canada (PHAC). The focus of the NCCDH is on the social and economic factors that influence the health of Canadians. The NCCDH's recent work has concentrated on early child development, particularly public health home visiting programs.

The NCCDH has requested this environmental scan to inform its future direction, priorities and activities through an analysis of the key challenges, needs, gaps, and opportunities in the determinants of health for public health. A four-member expert reference group was established to provide strategic input into the conduct of the scan.

This environmental scan utilized four information gathering approaches: a focussed scan of the literature; 31 key informant interviews with practice and research experts; four focus group teleconferences to validate early emerging themes; and, an online survey with over 600 respondents. There was considerable convergence of the findings across the four information gathering approaches.

Public health interest and action on health determinants to reduce health inequities is reflected throughout public health's history including major public health concepts and reports of recent decades (e.g., Ottawa Charter, Reports on Health of Canadians, population health approach). Explicit expectations for action on health determinants are increasingly embedded within defining parameters of practice such as core public health program and accreditation standards.

Despite public health's more distant and recent history, public health action on broader health determinants is not widespread and may even be viewed as 'new'. Either the application of foundational concepts was never universally institutionalized throughout public health or enough time has passed and pressures exerted upon the public health sector that they have been lost. Even within early adopter organizations, action on determinants of health is still at a relatively early stage of implementation versus having been institutionalized throughout. A number of pervasive challenges are barriers to more widespread action. These include: the lack of clarity regarding what public health should or could do; a limited evidence base; preoccupation with behaviour and lifestyle approaches; bureaucratic organizational characteristics; limitations in organizational capacity; the need for leadership; more effective communication; and supportive political environments.

There are also a number of opportunities for achieving success. First, there is the past experience of successively addressing major society-wide challenges (e.g., sanitarians, tobacco control). Increasing evidence to inform action will result from the Institute for Population and Public Health's (IPPH-CIHR) strategic focus on health equity-related research. Several public health organizations are taking action on health determinants and will thereby add to existing knowledge (i.e., 'learn by doing'). As evidenced by the interest in this environmental scan, there is considerable and widespread interest in action on health determinants within the public health community. There is also evidence of interest from many sectors across society.

In its initial years of operation, the NCCDH has mainly been focused on specific health determinants or on particular interventions. The challenge with this approach is that the NCCDH risks being relevant to only a particular program area of public health organizations. Determinants also tend not to function in isolation, but to cluster. Individual public health organizations will choose priorities based on the local context, which may not align with the NCCDH's chosen focus. An alternative option would be to take a broader perspective on determinants as part of the population health approach. However, this would provide little guidance as to what the NCCDH should focus upon.

An alternative option is to focus the NCCDH's knowledge synthesis and translation efforts on supporting public health action on health determinants to reduce health inequities. Despite substantial improvements in the health of the public on average, there continue to be marked differences in health experiences among Canadians. Among public health staff, there appear to be misperceptions that a population health approach equates with targeting the 'general population'. Depending on the type of intervention, there are increasing concerns that some public health interventions may contribute to inequities.

Focusing on the reduction of inequities would provide a cross-cutting approach that could encompass multiple determinants and be relevant to public health organizations across the country. Such a focus would be consistent with the many international, national, provincial and local/regional reports that have highlighted the existence of inequities and recommended action. Several key informants stressed that what was required was for the NCCDH's focus to be less about specific determinants and more about critical thinking and reflective practice to incorporate consideration of inequities in all of the actions of the organization. Through a series of knowledge translation products and activities (e.g., evidence synthesis, frameworks, case studies, tools, training, etc.), the NCCDH can address a cross-section of determinants, issues, populations, and settings.

Overall, there appear to be four key roles for public health action on health determinants to reduce health inequities:

- Assess and report on the health of populations describing the existence and impact of health inequalities and inequities and, effective strategies to address those inequalities/inequities.
- Modify/orient public health interventions to reduce inequities including the consideration of the unique needs and capacities of priority populations (i.e., do planning and implementation of existing programs considering inequities).

- Engage in community and multi-sectoral collaboration in addressing the health needs of these populations through services and programs (i.e., when looking at the collectivity of our programming for 'x', where are the gaps?).
- Lead/participate and support other stakeholders in policy analysis, development and advocacy for improvements in health determinant/inequities.

There was widespread agreement regarding these roles for public health among key informants, focus group participants, and online respondents. Scan participants suggested a number of additional 'roles' that reflect approaches and areas for capacity building:

- Leadership
- Organizational and system development
- Development and application of information and evidence
- Education and awareness raising
- Skill development
- Partnership development

A matrix of these two lists may assist public health organizations, as well as the NCCDH, to analyze gaps and identify opportunities for strengthening practice.

To achieve optimal impact on the field of public health, the NCCDH should become the "go-to" hub for information and assistance on public health action on health determinants to reduce health inequities. It should be the lead source of current, quality, and relevant evidence and thinking in this area. It should synthesize what we know, may know and do not know regarding health gradients, inter-relationships and pathways among determinants. It should capture and build on existing promising practices and ensure that learning and experience are integrated with existing evidence. Since public health action addressing health determinants to reduce health inequities affects all aspects of programming, the work of the NCCDH needs to be informed by a strong understanding of the public health practice context at individual, organization and system levels. Leadership is essential for establishing organizational action on health determinants including its influence on priority setting, allocation of resources, modeling desired behaviours, establishing strategic partnerships, and overseeing implementation. As such, public health leaders will require particular attention and support in the work of the NCCDH.

The action of the NCCDH needs to be strategic in order to increase linkages between the practice and research communities, particularly considering the synergy with IPPH's research priorities. Reflecting the cross-cutting nature of the work, the NCCDH should collaborate and coordinate with the other NCCs and to support consideration of inequities in its work.

The main body of this report discusses in more detail the implications for NCCDH priorities and actions and the appendices provide additional supplementary materials.



## APPENDIX B

### METHODOLOGICAL APPENDIX

#### DOCUMENT REVIEW

As part of the Environmental Scan conducted in 2010, a focused review of grey and published literature was conducted in order to inform the following:

- What is the state of thinking, evidence, and action on health determinants in public health practice?
- What examples are there of health determinant frameworks, approaches, tools, and training that are available to, or being applied in, a public health context?

The 2013 document review intended to build off of the 2010 review process. It remained focused on resources that had been developed and/or published since 2010, and contributed to the project objectives identified above. The focused search strategy used to identify recently published resources is summarized below.

#### DOCUMENT REVIEW SEARCH STRATEGY

PROCESS	SOURCE	SEARCH CRITERIA
Field consultation	<ul style="list-style-type: none"> <li>• NCCDH staff</li> <li>• Project advisory panel</li> <li>• Monthly internal NCCDH summaries of recently released documents and resources</li> <li>• "Health Equity Clicks" online discussion boards</li> <li>• Key informants and focus group participants</li> </ul>	<ul style="list-style-type: none"> <li>• Canadian</li> <li>• Published between 2010 and 2013</li> <li>• Relevant to the Environmental Scan objectives</li> </ul>
Website review	<ul style="list-style-type: none"> <li>• NCCDH Resource Library (documents and associated reference lists)</li> <li>• Canadian Best Practices Portal: Public Health Agency of Canada</li> <li>• Websites of Canadian organizations known to be engaged in action to advance health equity, as identified by NCCDH staff members</li> </ul>	
Published literature review	<ul style="list-style-type: none"> <li>• Google Scholar "Top Thirty Hits"</li> </ul>	<ul style="list-style-type: none"> <li>• Dated between 2010 and 2013</li> <li>• Terms included: health equity; social determinants of health; health inequities</li> </ul>

Documents and resources identified during the search process were recorded in a database using Reference Manager 12 software (Thomson Reuters). Upon review of titles, abstracts, and/or executive summaries, those that were considered by the project lead to contribute to the environmental scan objectives were reviewed in detail and helped to establish the context for the key informant interviews and focus groups.

#### **KEY INFORMANT INTERVIEWS**

This scan sought to gather a diversity of perspectives from public health practitioners, leaders, academic partners, and other key public health sector influencers. The final list of invited key informants was generated in collaboration with NCCDH staff and the project advisory panel and included key informants who reflected the following: a mix of both new and 2010 scan participants; geographic diversity; both official languages; a variety of roles and locations of influence within the health sector; academic and other public health influencers.

In total, 34 key informants agreed to participate in this scan. This represents a positive response rate of 79% of the 43 individuals who were invited to participate. Due to unforeseen conflicts, five individuals were unable to participate in their scheduled interview resulting in 29 out of a targeted 25-30 key informant interviews being conducted. All key informants agreed to be identified in the listing of participants, included in Appendix C.

Participants received the *Key Informant Interview Guide* (Appendix D) in advance of their interviews. It was informed by questions from the 2010 Environmental Scan as well as consultation with the project advisory committee, the NCCDH National Advisory Committee, and NCCDH staff. Questions were open-ended with participants encouraged to consider the interview as a “conversation” with the project lead. This allowed for flexibility in participant responses, adding depth and context to the research questions. All English language interviews were conducted by the project lead with French language interviews led by an external consultant in collaboration with the project lead. Interviews were conducted via telephone, lasted approximately one hour, and were recorded upon permission of the participant.

#### **FOCUS GROUP TELECONFERENCES**

Midway through the key informant interview process, four focus groups (three English and one French), were conducted as a way to validate and contextualize emerging themes. They also provided an opportunity to include a broader diversity of input into the environmental scan. A total of 19 focus group participants were recruited in two ways: 1) purposeful recruitment based on suggestion from NCCDH staff, project advisory panel members, and Environmental Scan key informants; and 2) through the NCCDH Health Equity Clicks email distribution list (recruitment email attached in Appendix H). Each English language focus groups included a maximum of six participants representing different geographic regions and public health roles. The French language focus group included a mix of public health practitioners, leaders, and academics from Quebec. In two instances, participants were unable to attend scheduled focus group sessions. These participants provided written feedback which was included within the focus group notes.

Focus groups were conducted via teleconference and were guided by the *Focus Group Reflection Guide* (Appendix I). This guide included a summary of themes identified during key informant interviews. Participants were asked to comment on the relevance of the themes and share their own perspectives related to the research questions. Rich feedback was received during the focus groups and included several themes and ideas not previously heard during key informant interviews. For this reason, focus group notes were categorized and analyzed alongside the data collected during key informant interviews.

#### **ANALYSIS AND INTERPRETATION**

All key informant interviews and focus groups were recorded and extensive notes were taken by the project lead. Notes were reviewed following each interview and key themes and ideas related to each of the interview questions were noted in a Microsoft Word (2010) table. Consultations were held with the project advisory panel and NCCDH staff members to further inform and understand: the categories and themes identified, interpretation of data, and identification of implications and next steps.

#### **LIMITATIONS**

Key informants and focus group participants were primarily identified through previous connections with the NCCDH as event participants, project collaborators, or National Advisory Board members. This was necessary in order to ensure that participants were able to comment on the key research questions related to recent changes, current challenges, and opportunities influencing public health action to advance health equity. For this reason, the findings are limited to the perspectives of those likely to be already engaged in some level of health equity activity within their own spheres and contexts. Additional factors may be impacting those who are still “unknown” to the NCCDH. This has been considered throughout the overall interpretation of findings, as well as the establishment of relevant implications and next steps.

## APPENDIX C

### ENVIRONMENTAL SCAN PARTICIPANT LIST



National Collaborating Centre  
for Determinants of Health  
Centre de collaboration nationale  
des déterminants de la santé

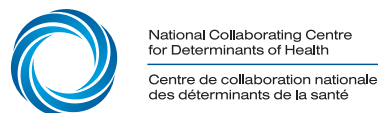
PARTICIPANT	ORGANIZATION	PROVINCE	FORMAT
Abelsohn, Kira	Population and Public Health, Alberta Health Services	AB	Key Informant Interview
Aubé-Maurice, Joanne	Agence de santé et de services sociaux du Bas-St-Laurent	QC	Key Informant Interview
Baas, Lex	Interior Health Authority	BC	Key Informant Interview
Backe, Horst	Winnipeg Regional Health Authority	MB	Focus Group
Blinco, Kimberley	New Brunswick Department of Health	NB	Key Informant Interview
Cohen, Benita	University of Manitoba	MB	Key Informant Interview
Cohen, Emma	Canadian Institutes for Health Research	National	Key Informant Interview
Dailaire, Luc	Agence de santé et de services sociaux de la Montérégie	QC	Key Informant Written Feedback
Di Ruggiero, Erica	Canadian Institutes for Health Research	National	Key Informant Interview
Dutt, Monika	Cape Breton District Health Authority	NS	Advisory Panel Member
Etowa, Josephine	University of Ottawa	ON	Key Informant Interview
Freer, Melinda	Algoma Public Health	ON	Focus Group
Gallagher, Gerry	Public Health Agency of Canada	National	Key Informant Interview
Gardner, Bob	Wellesley Institute	ON	Key Informant Interview
Goudie, Kelly	Labrador-Grenfell Regional Health Authority	NL	Key Informant Interview
Greenwood, Margo	National Collaborating Centre for Aboriginal Health	National	Focus Group
Guichard, Anne	Université Laval	QC	Focus Group
Haney, Erika	Simcoe Muskoka District Health Unit	ON	Key Informant Interview
Herel, Mana	Public Health Agency of Canada	National	Key Informant Interview
Hyppolite, Shelley Rose	Direction de la santé publique de la Capitale-Nationale et l'Université Laval	QC	Focus Group
Johnson, Delaine	Alberta Health Services, Population and Public Health	AB	Key Informant Interview
Kerr, Julie	Alberta Health Services, Calgary Zone	AB	Key Informant Interview

<b>PARTICIPANT</b>	<b>ORGANIZATION</b>	<b>PROVINCE</b>	<b>FORMAT</b>
Kettner, Joel	National Collaborating Centre for Infectious Disease	National	Focus Group
Koutsodimos, Rita	British Columbia Healthy Living Alliance	BC	Focus Group
Lacé, Sandra	Sudbury & District Health Unit	ON	Key Informant Interview
Lafontaine, Ginette	Agence de santé et de services sociaux de la Montérégie	QC	Key Informant Written Feedback
Lam, Ruby	Toronto Public Health	ON	Focus Group
Lambert, Mary Pat	Public Health Agency of Canada, Population Health Promotion and Innovation Division	National	Focus Group
Langille, Lynn	Nova Scotia Department of Health	NS	Key Informant Interview
LeBlanc, Roxanne	Alberta Health Services, Provincial Injury Prevention Project	AB	Focus Group
Lee, Victoria	Fraser Health Authority	BC	Key Informant Interview
Macdonald, Marjorie	University of Victoria	BC	Key Informant Interview
Mako, Marty	Niagara Region Public Health	ON	Advisory Panel Member
Mantoura, Pascale	National Collaborating Centre for Healthy Public Policy	National	Focus Group
Masson, Élisabeth	Agence de santé et de services sociaux de la Montérégie	QC	Key Informant Written Feedback
McIntyre, Lynn	University of Calgary	AB	Advisory Panel Member
Morrison, Val	National Collaborating Centre for Healthy Public Policy	National	Focus Group
Neudorf, Cory	Saskatoon Health Region	SK	Key Informant Interview
Quimet, Marie-Jo	Direction de santé publique de l'ASSS de Montréal et Institut national de santé publique du Québec	QC	Focus Group
Pellizzari, Rosana	Peterborough County-City Health Unit	ON	Key Informant Interview
Potvin, Louise	Université de Montréal	QC	Key Informant Interview
Raphael, Dennis	York University	ON	Key Informant Interview
Raynault, Marie-France	Université de Montréal	QC	Focus Group
Rideout, Karen	National Collaborating Centre for Environmental Health	National	Focus Group
Sauvé, Jocelyne	Agence de santé et de services sociaux de la Montérégie	QC	Key Informant Written Feedback

<b>PARTICIPANT</b>	<b>ORGANIZATION</b>	<b>PROVINCE</b>	<b>FORMAT</b>
Schiff, Rebecca	Memorial University	NL	Focus Group
Schultz, Peggy	Health Nexus	ON	Focus Group
St Onge, Renée	Sudbury & District Health Unit	ON	Key Informant Interview
Serwonka, Karen	Manitoba Health, Healthy Living and Seniors, Population Health and Health Equity Unit	MB	Key Informant Interview
Tapia, Marcela	Ottawa Public Health	ON	Focus Group
Tremblay, Émile	Agence de santé et de services sociaux de la Montérégie	QC	Key Informant Written Feedback
Tremblay, Marie-Josée	Agence de santé et de services sociaux du Bas-St-Laurent	QC	Key Informant Interview
Tyler, Ingrid	Public Health Ontario	ON	Key Informant Interview
Ugolini, Cristina	Saskatoon Health Region	SK	Focus Group
Viel, Debbie	Government of Nunavut, Community Public Health Nursing	NU	Key Informant Interview
Watson-Creed, Gaynor	Capital District Health Authority	NS	Key Informant Interview

## APPENDIX D

### KEY INFORMANT INTERVIEW GUIDE



#### ENVIRONMENTAL SCAN - 2013

#### KEY INFORMANT INTERVIEW GUIDE

##### Introduction

In 2010, the National Collaborating Centre for Determinants of Health (NCCDH) conducted an environmental scan to assess public health sector practices, barriers, and opportunities to advance health equity. Results from that scan informed the strategic direction, priorities, and activities of the NCCDH, and equally assisted the public health field in their ongoing efforts at the local/regional and provincial/territorial levels. The report from the 2010 scan can be found at <http://www.nccdh.ca/resources/entry/scan>.

In order to ensure that NCCDH priorities and knowledge translation activities remain relevant and informative to the field, a follow-up scan is now being undertaken. It is hoped that this scan will identify the current context of public health practice and, specifically, any key changes that have taken place since 2010.

##### Key Informant Questions

1. What does the phrase “public health action to advance health equity” mean to you?
2. Thinking back three years, would you say that public health action to advance health equity has changed? (focus on broader organizational or systems changes rather than individual level changes)
  - a. If it has changed, in what ways has it changed?
  - b. If it has not changed, in what ways is it the same?
3. What do you feel has most influenced the change, or lack of change, that you just described?
4. The environmental scan that was conducted in 2010 confirmed four key roles for public health organizations and staff to advance health equity:
  - e. Assess and report on: 1) the existence and impact of health inequities, and 2) effective strategies to reduce these inequities.
  - f. Modify and orient interventions and services to reduce inequities, with an understanding of the unique need of populations that experience marginalization.
  - g. Partner with other government and community organizations to identify ways to improve health outcomes for populations that experience marginalization.
  - h. Lead, support, and participate with other organizations in policy analysis and development, and in advocacy for improvement in health determinants and inequities.

To what extent do you feel that these are appropriate roles for public health organizations and staff?  
Are there other essential public health roles to advance health equity?

5. What would you identify as strong or promising examples of public health activities to advance health equity in your (or other) organizations/systems? (e.g. practice, policy, research)
6. What do you see as the key challenges/needs/gaps influencing public health action to advance health equity?
  - a. Have these changed over recent years? In what ways?
  - b. Do you anticipate any new challenges/needs/gaps in the future? Please describe.
7. What current or emerging opportunities or enablers exist for improving public health action to advance health equity?
  - a. Have these changed over recent years? In what ways?
  - b. Do you anticipate any new opportunities in the future? Please describe.
8. What is most needed to support/advance your work towards health equity?
9. To help me understand your answers to the next two questions, have you collaborated with or used the resources of the NCCDH in your work to advance health equity? Yes or no.
10. What could the NCCDH do more of or differently to best support your work to advance health equity?
  - a. What types of knowledge translation approaches would be most helpful? (e.g. summaries of evidence, case studies of public health actions, equity-based program planning framework, health impact assessment tool, knowledge brokering, key messages for internal and external stakeholders, support structure for sharing of information and issues, etc.)
11. Imagine a future in which public health is working optimally to advance health equity. What does that future look like to you? (i.e., what does success look like?)
  - a. What are two things that the NCCDH could do that would have immediate impact progress towards the future you just described?
12. We have concluded the main part of this interview. Is there anything else that you would like to say about public health action to advance health equity and/or the work of the NCCDH?
13. In addition to conducting Key Informant interviews, we will be conducting focus groups with other public health sector leaders, practitioners, and academics. Are there any individuals who you would recommend that we invite to participate in those focus groups?
14. Finally, are there any key resources, including tools and strategies, that you feel we should review as part of this environmental scan?



## APPENDIX E

### RESOURCES AND INITIATIVES IDENTIFIED AS EXAMPLES OF RECENT ACTION TO ADVANCE HEALTH EQUITY

This listing of recent documents, resources, and initiatives is not exhaustive. It captures only a selection of public health actions to advance health equity, as identified through the document review and conversations with key informants and focus group participants. For additional examples, initiated prior to 2010, refer to the 2010 NCCDH Environmental Scan, *Integrating social determinants of health and health equity into Canadian public health practice*.

#### FOUNDATIONAL RESOURCES

FOUNDATIONAL RESOURCES	SOURCE/DATE
<ul style="list-style-type: none"> <li>Closing the gap in a generation: health equity through action on the social determinants of health</li> <li>Report on the state of public health in Canada: addressing health inequalities, 2008</li> <li>Social determinants of health: The Canadian facts</li> <li>Rio political declaration on social determinants of health</li> <li>Reducing health inequalities: A challenge for our times</li> <li>Integrating social determinants of health and health equity into Canadian public health practice: environmental scan 2010</li> <li>Let's talk: public health roles for improving health equity</li> <li>La santé et ses déterminants: mieux comprendre pour mieux agir</li> </ul>	<p>World Health Organization Commission on Social Determinants of Health, 2008</p> <p>Public Health Agency of Canada, 2008</p> <p>Mikkonen J, Raphael D, 2010</p> <p>World Health Organization, 2011</p> <p>Public Health Agency of Canada, 2011</p> <p>NCCDH (NS), 2011</p> <p>NCCDH (NS), 2013</p> <p>Gouvernement du Québec, 2012</p>

#### GUIDANCE DOCUMENTS

GUIDANCE DOCUMENTS	SOURCE/DATE
<b>Strategic plans</b>	
<ul style="list-style-type: none"> <li>Institute of Population and Public Health: strategic plan (2009-2014) - health equity matters</li> <li>Agence de la santé et des services sociaux de la Capitale-Nationale: plan d'action stratégique 2011-2015</li> <li>Peterborough County-City Health Unit strategic plan, 2013-2017</li> <li>Health Canada 2013-2014 report on plans and priorities</li> <li>Make no little plans: Ontario's public health sector strategic plan</li> </ul>	<p>Institute of Population and Public Health (ON), 2009</p> <p>Agence de la santé et des services sociaux de la Capitale-Nationale (QC), 2011</p> <p>Peterborough County-City Health Unit (ON), 2013</p> <p>Health Canada, 2013</p> <p>Government of Ontario, 2013</p>
<b>Health equity frameworks</b>	
<ul style="list-style-type: none"> <li>10-year sequential action guide to achieve the Sudbury &amp; District Health Unit health equity vision</li> <li>Towards reducing health inequities: a health system approach to chronic disease prevention</li> <li>Simcoe Muskoka District Health Unit's approach to addressing the determinants of health: a health equity framework</li> <li>Health for all: building Winnipeg's health equity action plan</li> <li>Conceptual framework for organizational capacity for public health action</li> </ul>	<p>Sudbury &amp; District Health Unit (ON), 2010</p> <p>British Columbia Provincial Health Services Authority, 2011</p> <p>Simcoe Muskoka District Health Unit (ON), 2012</p> <p>Winnipeg Regional Health Authority (MB), 2013</p> <p>Cohen BE, Schultz A, McGibbon E, VanderPlaat M, Bassett R, GermAnn K, et al., 2013</p>

GUIDANCE DOCUMENTS	SOURCE/DATE
<i>Core competencies and functions</i>	
<ul style="list-style-type: none"> <li>• <a href="#">A framework for core functions in public health: resource document</a></li> <li>• <a href="#">Core competencies for public health in Canada: release 1.0</a></li> </ul>	<p>Government of British Columbia, Ministry of Health Services, Population Health and Wellness, 2005</p> <p>Public Health Agency of Canada, 2007</p>
<i>Comparative analyses of public health standards and interventions</i>	
<ul style="list-style-type: none"> <li>• <a href="#">Renewal of public health services program of research</a></li> <li>• <a href="#">Social determinants of health in Canada: are healthy living initiatives there yet? A policy analysis</a></li> <li>• <a href="#">Equity in public health standards: a qualitative document analysis of policies from two Canadian provinces</a></li> <li>• <a href="#">Core competencies for public health in Canada: an assessment and comparison of determinants of health content</a></li> </ul>	<p>MacDonald M, Hancock T, Pauly B, Valaitis R, 2009-2014</p> <p>Gore D, Kothari A, 2012</p> <p>Pinto AD, Manson H, Pauly B, Thanos J, Parks A, Cox A, 2012</p> <p>NCCDH (NS), 2012</p>
<i>Accreditation Canada standards</i>	
<ul style="list-style-type: none"> <li>• <a href="#">e.g. Accreditation report, Eastern Health</a></li> </ul>	<p>Eastern Health (NL), 2013</p>
<i>Leadership and capacity resources</i>	
<ul style="list-style-type: none"> <li>• <a href="#">Building leadership competency in public health - taking advantage of changes in health delivery in Québec</a></li> <li>• <a href="#">Organizational standards as a promising practice for health equity</a></li> <li>• <a href="#">What contributes to successful public health leadership for health equity? An appreciative inquiry: 14 interviews</a></li> </ul>	<p>NCCDH (NS), 2012</p> <p>NCCDH (NS), 2013</p> <p>NCCDH (NS), 2013</p>

## STAFF DEVELOPMENT AND CAPACITY BUILDING INITIATIVES

STAFF DEVELOPMENT AND CAPACITY BUILDING INITIATIVES	SOURCE/DATE
<i>Dedicated "health equity" staff positions</i>	
<ul style="list-style-type: none"> <li>• Alberta Health Services, Health Equity Team</li> <li>• Government of Manitoba, Health Equity Unit</li> <li>• Sudbury &amp; District Health Unit (ON), Health Equity Knowledge Exchange and Resource Team</li> <li>• Saskatoon Health Region (SK), Public Health Observatory</li> <li>• Winnipeg Regional Health Authority (MB), Population Health Equity Leader</li> <li>• Guysborough Antigonish Strait Health Authority (NS), Health Equity Lead</li> </ul>	
<i>Profiles and case-studies of current public health action</i>	
<ul style="list-style-type: none"> <li>• <a href="#">Frontline health: beyond health care</a></li> <li>• <a href="#">National Collaborating Centre for Determinants of Health case studies</a></li> </ul>	<p>Canadian Public Health Association</p> <p>NCCDH (NS)</p>

STAFF DEVELOPMENT AND CAPACITY BUILDING INITIATIVES	SOURCE/DATE
<i>Other tools, resources, and programs</i>	
<ul style="list-style-type: none"> <li>Let's start a conversation about health . . . and not talk about health care at all: video and user guide</li> <li>10 promising practices to reduce social inequities in health fact sheets</li> <li>Community Health Networking – Works! (CHNET-Works!) webinars</li> <li>A new way to talk about the social determinants of health</li> <li>Public Health 101 staff development module on health equity and the social determinants of health</li> <li>"Menu" of health equity resources for staff</li> <li>Roots of health inequity: a web-based course for the public health workforce</li> <li>Cultural competence e-learning modules series: social determinants of health (online course)</li> <li>"Let's talk" series, National Collaborating Centre for Determinants of Health</li> </ul>	<p>Sudbury &amp; District Health Unit (ON), 2011</p> <p>Sudbury &amp; District Health Unit (ON), 2012</p> <p>CHNET – Works! Archive (CA)</p> <p>Robert Wood Johnson Foundation (NJ), 2010</p> <p>British Columbia Provincial Health Services Authority</p> <p>Niagara Region Public Health (ON)</p> <p>National Association of County and City Health Officials (DC), 2011</p> <p>SickKids Hospital (ON), 2012</p> <p>NCCDH (NS), 2013-2014</p>

## RESEARCH, ASSESSMENT, AND SURVEILLANCE INITIATIVES

RESEARCH, ASSESSMENT, AND SURVEILLANCE INITIATIVES	SOURCE/DATE
<i>Health status reports and community profiles</i>	
<ul style="list-style-type: none"> <li>Health disparity in Saskatoon: analysis to intervention</li> <li>Social inequalities in health in Montréal: progress to date</li> <li>How healthy are we? Report of the Senior Medical Officer of Health, 2010</li> <li>Northwest Territories health status report</li> <li>Comprendre et agir autrement: pour viser l'équité en santé dans la région de la Capitale-Nationale</li> <li>Racialization and health inequities in Toronto</li> <li>An overview of the health of our population</li> <li>Opportunity for all: the path to health equity</li> </ul>	<p>Saskatoon Health Region (SK), 2008</p> <p>Agence de la santé et des services sociaux de Montréal (QC), 2011</p> <p>Alberta Health Services, 2011</p> <p>Northwest Territories Health and Social Services, 2011</p> <p>Agence de la santé et des services sociaux de la Capitale-Nationale (QC), 2012</p> <p>Toronto Public Health, 2013</p> <p>Capital District Health Authority (NS), 2013</p> <p>Sudbury &amp; District Health Unit (ON), 2013</p>
<i>Health equity indicator and measurement resources</i>	
<ul style="list-style-type: none"> <li>Dimensions of social inclusion and exclusion in Yukon</li> <li>Health equity indicator resource</li> <li>Suivre les inégalités sociales de santé au Québec: une stratégie et des indicateurs pour la surveillance des inégalités sociales de santé au Québec</li> <li>Summary measures of socioeconomic inequalities in health: technical report</li> <li>Promoting health equity - choosing appropriate indicators: literature scan</li> <li>Rapid Risk Factor Surveillance System social determinants of health module</li> <li>Organizational health equity indicators</li> </ul>	<p>Yukon Health and Social Services, 2010</p> <p>Winnipeg Regional Health Authority (MB), 2013</p> <p>Institut national de santé publique du Québec, 2013</p> <p>Public Health Ontario, 2013</p> <p>British Columbia Provincial Health Services Authority, 2013</p> <p>Rapid Risk Factor Surveillance System (ON)</p> <p>Association of Local Public Health Agencies/ Ontario Public Health Association Health Equity Workgroup, 2013</p>

RESEARCH, ASSESSMENT, AND SURVEILLANCE INITIATIVES	SOURCE/DATE
<i>Knowledge generation, translation, and exchange</i>	
<ul style="list-style-type: none"> <li>Pathways to health equity for Aboriginal Peoples and Population health intervention research initiatives</li> <li>Public Health Agency of Canada Innovation Strategy</li> <li>Canadian best practices portal: social determinants of health</li> <li>Scoping review of the population health equity and intervention literature in Ontario</li> <li>Thirteen public interventions in Canada that have contributed to reduction in health inequalities: summary report</li> <li>Equity Lens in Public Health (ELPH) program of research</li> <li>Epistemological barriers to addressing the social determinants of health among public health professionals in Ontario, Canada: a qualitative inquiry</li> <li>Montreal Health Equity Research Consortium</li> <li>PATHS equity for children program of research</li> <li>How do people attribute income-related inequalities in health? A cross-sectional study in Ontario, Canada</li> </ul>	<p>Canadian Institutes for Health Research-Institute of Population and Public Health</p> <p>Public Health Agency of Canada</p> <p>Public Health Agency of Canada</p> <p>Population Health Improvement Research Network (ON), 2011</p> <p>National Collaborating Centre for Healthy Public Policy (NCCCHPP) (QC), 2010</p> <p>Pauly B, University of Victoria (BC), 2011-2016</p> <p>Brassolotto J, Raphael D, Baldeo N, 2013</p> <p>McGill University; Université de Montréal (QC)</p> <p>Manitoba Centre for Health Policy, University of Manitoba</p> <p>Lofters A, Slater M, Kirst M, Shankardass K, Quinonez C, 2014</p>
<i>Health impact assessment tools and lenses</i>	
<ul style="list-style-type: none"> <li>Health equity impact assessment tool, Ministry of Health and Long-Term Care</li> <li>Health impact assessment (HIA): selected resources</li> <li>Nova Scotia health equity lens for public health practitioners</li> <li>Health equity assessment tool, Fraser Health Authority</li> <li>"Real cost" series of health impact assessments</li> <li>Healthy Child Manitoba equity-focused health impact assessment, Triple P Parenting program</li> <li>Outil d'évaluation et de promotion de l'équité en santé (ÉPÉS)</li> </ul>	<p>Government of Ontario, Ministry of Health and Long-Term Care, 2012</p> <p>NCCCHPP (QC), 2012</p> <p>Government of Nova Scotia (in development)</p> <p>Fraser Health Authority (BC)</p> <p>Wellesley Institute (ON), 2012-2013</p> <p>Healthy Child Manitoba, 2012</p> <p>Agence de la santé et des services sociaux de la Capitale-Nationale (QC), 2012</p>
<i>Other tools, resources, and programs</i>	
<ul style="list-style-type: none"> <li>Health equity recommendation synthesis</li> <li>Improving health equity in Saskatoon: from data to action</li> <li>Tools and approaches for assessing and supporting public health action on the social determinants of health and health equity</li> <li>Health equity tools, 2013</li> <li>Population health status reporting series</li> <li>Activities to address the social determinants of health in Ontario local public health units: summary report</li> </ul>	<p>Winnipeg Regional Health Authority (MB), 2012</p> <p>NCCDH (NS), 2012</p> <p>NCCDH (NS); NCCCHPP (QC), 2012</p> <p>University of Victoria (BC), Equity Lens in Public Health, 2013</p> <p>NCCDH (NS), 2012-2014</p> <p>Joint Ontario Public Health Association/Association of Local Public Health Agencies Working Group on Social Determinants of Health, 2010</p>

## HEALTH EQUITY ACTION: BEYOND PUBLIC HEALTH

HEALTH EQUITY ACTION: BEYOND PUBLIC HEALTH	SOURCE/DATE
<i>Health sector initiatives and resources</i>	
• <a href="#">Stepping it up: moving the focus from health care in Canada to a healthier Canada</a>	Health Council of Canada, 2010
• <a href="#">Health equity into action: planning and other resources for local health integration networks</a>	Wellesley Institute (ON), 2010
• <a href="#">Community Health Centres of Greater Toronto health equity plan: building on potential/driving action</a>	Community Health Centres of Greater Toronto, 2011
• <a href="#">Reducing health disparities: how can the structure of the health system contribute?</a>	Wellesley Institute (ON), 2012
• <a href="#">Health care in Canada, what makes us sick?</a>	Canadian Medical Association, 2013
• <a href="#">Physicians and health equity: opportunities in practice</a>	Canadian Medical Association, 2013
• <a href="#">Position statement: social determinants of health (revised)</a>	Canadian Nurses Association, 2013
• <a href="#">Towards Canadian health equity standards symposium</a>	Canadian Foundation for Healthcare Improvement, 2013
• <a href="#">Poverty interventions for family physicians (tools and resources)</a>	Ontario College of Family Physicians, 2013
• <a href="#">Health care equity audits within the Saskatoon Health Region (tools and pilots)</a>	Saskatoon Health Region (SK)
• <a href="#">Learning from others: health equity strategies and initiatives from Canadian regional health authorities</a>	Wellesley Institute (ON), 2013
<i>Child health collaboratives</i>	
• <a href="#">Our Kids Network</a>	Halton Region (ON)
• <a href="#">Communauté Ouverte et Solidaire pour un Monde Outillé, Scolarisé et en Santé</a>	Bas-St-Laurent (QC)
• <a href="#">Sudbury Best Start Network</a>	Sudbury (ON)
<i>Poverty reduction partnerships</i>	
• <a href="#">Nunavut Roundtable for Poverty Reduction</a>	Nunavut
• <a href="#">Empower the community: New Brunswick's approach to overcoming poverty</a>	NCCDH (NS), 2012
• <a href="#">Peterborough Poverty Reduction Network</a>	Peterborough (ON)
• <a href="#">Saskatoon Poverty Reduction Partnership, highlights 2012-2013</a>	Saskatoon Poverty Reduction Partnership (SK), 2013
<i>Other initiatives and resources</i>	
• <a href="#">Community planning with a health equity lens: promising directions and strategies</a>	National Collaborating Centre for Environmental Health (BC), 2011
• <a href="#">Reducing disparities and improving population health: the role of a vibrant community sector</a>	Wellesley Institute (ON), 2011
• <a href="#">Upstream movement</a>	
• <a href="#">Assessing the impact and effectiveness of intersectoral action on the social determinants of health and health equity: an expedited systematic review</a>	NCCDH (NS), 2012
• <a href="#">Healthy communities in Interior Health: a collaborative approach</a>	Interior Health (BC), 2012
• <a href="#">Driving local action: the potential of city and regional health equity strategies</a>	Wellesley Institute (ON), 2013

## HEALTH EQUITY NETWORKS

### HEALTH EQUITY NETWORKS

- [Association of Local Public Health Agencies/Ontario Public Health Association Health Equity Workgroup](#)
- [Canadian Reference Group on Social Determinants of Health](#)
- [Health equity clicks, National Collaborating Centre for Determinants of Health](#)
- [Ontario Social Determinants of Health Nurses network \(committee and “wiki” portal\)](#)
- [British Columbia Healthy Living Alliance](#)
- [Action: SDH, World Health Organization](#)
- [Social determinants of health listserv, York University \(ON\)](#)

## FIRST NATIONS, INUIT, AND METIS HEALTH AND WELL-BEING

COMMITMENTS TO FIRST NATIONS, INUIT, AND METIS HEALTH AND WELL-BEING	SOURCE/DATE
<ul style="list-style-type: none"><li>• <a href="#">First Nations Health Authority</a></li><li>• <a href="#">Renewed Aboriginal Healing and Wellness Strategy</a></li><li>• <a href="#">Pathways to health equity for Aboriginal Peoples</a></li><li>• <a href="#">Pathways to improving well-being for indigenous peoples: how living conditions decide health</a></li></ul>	<p>British Columbia</p> <p>Government of Ontario, 2010</p> <p>Canadian Institutes for Health Research-Institute of Population and Public Health</p> <p>National Collaborating Centre for Aboriginal Health (BC), 2013</p>

## APPENDIX F

### SUMMARY OF FINDINGS - CHANGES, CHALLENGES, AND OPPORTUNITIES

#### PUBLIC HEALTH ACTION TO ADVANCE HEALTH EQUITY: WHAT HAS CHANGED?

THEME	PUBLIC HEALTH ACTION TO ADVANCE HEALTH EQUITY: WHAT HAS CHANGED?
<i>The health equity “buzz”</i>	<ul style="list-style-type: none"> <li>There has been a noted increase in the attention, interest, and dialogue focused on public health action to advance health equity – often expressed as a “tipping point.”</li> </ul>
<i>Public health capacity for action</i>	<ul style="list-style-type: none"> <li>Key informant perceptions suggest that action is becoming more widespread across the public health sector.</li> <li>Overall, public health organizations are increasingly engaged in efforts to build internal capacity and develop enabling structures and processes supportive of health equity action.</li> </ul>
<i>Leadership and organizational commitment</i>	<ul style="list-style-type: none"> <li>Recent years have brought a marked increase in the voiced commitment to health equity action at all levels of the Canadian public health sector.</li> <li>Action was often attributed to “passionate and courageous leadership” champions. These champions were noted to be more visible and accessible than in past years.</li> <li>Participants identified increased political support for efforts to reduce inequities among First Nations, Inuit, and Metis communities.</li> </ul>
<i>The language and framing of health equity concepts</i>	<ul style="list-style-type: none"> <li>Scan participants demonstrated overall comfort with health equity terminology. Notably, was greater use of the term “health equity” as opposed to the previously dominant “social determinants of health.”</li> </ul>
<i>Contributions to the evidence-base</i>	<ul style="list-style-type: none"> <li>Many recent examples of health equity reporting confirm widespread support for the public health role to assess and report health inequities.</li> <li>Research initiatives are increasingly informing our knowledge of effective processes and interventions to advance health equity. Scan participants identified a corresponding need to share emerging research findings with decision-makers and public health practitioners.</li> </ul>
<i>Intersectoral action: health equity beyond the public health sector</i>	<ul style="list-style-type: none"> <li>Scan participants voiced strong and widespread support for the need to engage non-health sectors in health equity efforts.</li> <li>Many examples of external action were seen to have added momentum and legitimacy to broader equity efforts. These include support from professional associations such as the Canadian Medical Association and the social justice movements Occupy and Idle No More.</li> </ul>

## CHALLENGES AND OPPORTUNITIES TO ADVANCE HEALTH EQUITY

THEME	CHALLENGES AND OPPORTUNITIES TO ADVANCE HEALTH EQUITY
<i>Understanding the context for health equity action</i>	
Walking the health equity talk	<ul style="list-style-type: none"> <li>• Despite many positive examples of action at local and regional levels, participants expressed widespread caution that public health interest in health equity has not correspondingly translated into “action.”</li> <li>• Attention must remain focused, and momentum harnessed, in order to prevent the “de-energizing” of health equity objectives.</li> </ul>
“Leveling-up” public health capacity to advance health equity	<ul style="list-style-type: none"> <li>• The greatest advancement in health equity capacity may have occurred among “early adopter” organizations.</li> <li>• Future efforts to build public health capacity should consider the opportunity to “level-up” capacity across public health organizations.</li> </ul>
<i>Influencing public health capacity</i>	
Organizational leadership, standards, and structures	<ul style="list-style-type: none"> <li>• Many examples of supportive organizational structures and processes to advance health equity were provided. They include strategic priorities, steering committees, and dedicated health equity staff positions.</li> <li>• Despite voiced commitment, participants identified great variability in leadership support for “concrete” health equity action across their respective organizations and contexts.</li> <li>• Frequently cited challenges associated with organizational leadership for health equity action include high-level political support, and barriers presented by well-established organizational structures and hierarchies. The latter specifically relates to organizational “agility” to respond to community-based issues and concerns.</li> </ul>
Public health skills and competencies	<ul style="list-style-type: none"> <li>• Participants most often identified the need for additional skills in the areas of health equity assessment and surveillance; research and evaluation; policy analysis and advocacy; and community engagement.</li> </ul>
Leveraging partnerships across the health sector	<ul style="list-style-type: none"> <li>• Participants frequently voiced tension between “health care” and public health priorities.</li> <li>• Despite the identified challenges, opportunities, and in some contexts a readiness, exist to further engage health sector partners in health equity action.</li> </ul>
Health equity concepts – continued need for clarity	<ul style="list-style-type: none"> <li>• Greater clarity of key public health terms and concepts (e.g. health promotion, population health, health equity action) is necessary in order to establish a common understanding of health equity action within the broader scope of public health practice.</li> <li>• The framing of health equity concepts and messages was suggested to have a significant impact on the nature and focus of public health action. Most notably, the impact of social justice and economic arguments for action and terms such as “priority populations,” were suggested as areas for future exploration.</li> </ul>



THEME	CHALLENGES AND OPPORTUNITIES TO ADVANCE HEALTH EQUITY
Communicating health equity messages: beyond public health	<ul style="list-style-type: none"> <li>• Scan participants very commonly identified a need to understand health equity messages that would resonate with other partners and sectors.</li> </ul>
Measuring inequities and the impact of our actions	<ul style="list-style-type: none"> <li>• Participants consistently emphasized the need for more, and multiple types of, evidence to guide their action to reduce health inequities.</li> <li>• Multiple challenges impact the effective assessment of health inequities. These include access to data and required skills and competencies.</li> <li>• Opportunities to measure progress towards health equity objectives include partnering with other sectors to analyze, interpret, and use multiple forms and sources of community data.</li> </ul>
Looking outwards: engaging other sectors	<ul style="list-style-type: none"> <li>• Many positive and creative local and regional examples of intersectoral action were cited by scan participants.</li> <li>• Participant comments suggest that engaging across sectors and ministries becomes increasingly difficult at higher political levels of the public health sector (e.g. provincial/territorial and federal).</li> </ul>
Weaving the network	<ul style="list-style-type: none"> <li>• Scan participants valued and expressed ongoing need for diverse opportunities to learn and share from practitioners and partners across the country.</li> <li>• An increasing number of formal and informal “communities of practice” present as an opportunity for knowledge brokering, supporting, and normalizing practice to advance health equity practice.</li> <li>• Participants commonly expressed a desire for coordination of health equity efforts across the public health sector and the establishment of common health equity priorities.</li> </ul>
Reflections on the four key public health roles to advance health equity	<ul style="list-style-type: none"> <li>• There was widespread participant agreement regarding the continued relevance of the four key public health roles to advance health equity.</li> <li>• Examples of the four roles were frequently cited within participant definitions of “public health action to advance health equity” as well as “promising activities to advance health equity.”</li> </ul>

## APPENDIX G

### FOUR KEY ROLES FOR PUBLIC HEALTH ACTION TO ADVANCE HEALTH EQUITY - EXAMPLES FROM PRACTICE

PUBLIC HEALTH ROLE	WHAT DOES THE PHRASE “PUBLIC HEALTH ACTION TO ADVANCE HEALTH EQUITY” MEAN TO YOU?	PROMISING EXAMPLES OF PUBLIC HEALTH ACTION TO ADVANCE HEALTH EQUITY
<i>Assess and report on: 1) the existence and impact of health inequities, and 2) effective strategies to reduce these inequities.</i>	<ul style="list-style-type: none"> <li>• Raising awareness</li> <li>• Using data to unmask health inequities</li> <li>• Using data and stories to build understanding</li> <li>• “Raising the red flag” about inequities</li> <li>• Reframing what health means in communities</li> <li>• Surveillance and research</li> <li>• Bringing critical issues to light</li> </ul>	<ul style="list-style-type: none"> <li>• CIHR-IPPH Pathways to Health Equity programmatic research grants</li> <li>• Use of deprivation indices to identify health inequities</li> <li>• A variety of health status reports that apply a health equity lens</li> <li>• Public Health Agency of Canada’s Innovation Strategy</li> <li>• Academic-practice partnerships</li> <li>• Community health profiles that include social indicators</li> </ul>
<i>Modify and orient interventions and services to reduce inequities, with an understanding of the unique needs of populations that experience marginalization.</i>	<ul style="list-style-type: none"> <li>• Ensuring equal access to services</li> <li>• Population vs. individual level approaches</li> <li>• Targeting services so they address the social determinants of health</li> <li>• Services are accessible to all</li> </ul>	<ul style="list-style-type: none"> <li>• Mobile flu clinics</li> <li>• Transportation services for First Nations communities</li> <li>• Dental clinics</li> <li>• Targeted vaccination/immunization programs at the regional level</li> <li>• Targeted child and family health programs</li> <li>• Targeted student resilience programming</li> <li>• Provincial review of access to immunization services (ON)</li> <li>• Parenting programs</li> <li>• Enhanced home visiting programs</li> <li>• Challenging universality across the health system</li> </ul>
<i>Partner with other government and community organizations to identify ways to improve health outcomes for populations that experience marginalization.</i>	<ul style="list-style-type: none"> <li>• Dialogue across sectors</li> <li>• Bringing sectors and partners together</li> <li>• Building awareness with the “whole of government”</li> <li>• Intersectoral action</li> <li>• Participation and engagement with marginalized members of our communities</li> </ul>	<ul style="list-style-type: none"> <li>• “Let’s start a conversation about health . . . and not talk about health care at all” social marketing campaign</li> <li>• Collaborative interpretation of health equity data with community partners</li> <li>• Engagement with faith communities and private sector organizations</li> <li>• Collaborations with health sector partners</li> <li>• Healthy Families Initiative (BC)</li> <li>• Manitoba’s Healthy Child Committee of Cabinet</li> <li>• COSMOSS (Une Communauté Ouverte et Solidaire pour un Monde Outillé, Scolarisé et en Santé, Bas-Saint-Laurent, QC)</li> <li>• Our Kids Network, Halton, ON</li> </ul>
<i>Lead, support, and participate with other organizations in policy analysis and development, and in advocacy for improvement in health determinants and inequities.</i>	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Influencing policy</li> <li>• Influencing community and policy-makers</li> <li>• Engaging in effective advocacy</li> <li>• Policy interventions</li> <li>• Taking action on the broad determinants of health</li> <li>• Advocacy in “non-traditional” areas</li> <li>• Being advocates for social justice</li> <li>• Public health is experienced in the “upstream stuff”</li> <li>• Advancing an agenda – getting it on the table</li> </ul>	<ul style="list-style-type: none"> <li>• Development and application of Health Equity Impact Assessment tools</li> <li>• Ontario’s Social Determinants of Health Nursing Initiative</li> <li>• Housing initiatives</li> <li>• Food security programs</li> <li>• Poverty reduction partnerships</li> <li>• Position papers/advocacy statements (e.g. social assistance, minimum wage for healthy living, online gambling, shale gas, housing strategies)</li> <li>• Advocating with municipal councils</li> </ul>

## APPENDIX H

### HEALTH EQUITY CLICKS RECRUITMENT EMAIL

*Dear Health Equity Clicks community members,*

*In 2009, the NCCDH conducted focus groups, key informant interviews, and an online survey to gather information about public health practices, barriers, and opportunities to advance health equity. Results from that environmental scan informed the strategic direction, priorities, and activities of the NCCDH, and equally assisted the public health field in their ongoing efforts at the local, regional, provincial and territorial levels.*

*The factors influencing public health action to advance health equity have changed significantly since the scan was published in 2010. To learn more about this evolved social determinants of health, health equity, and public health landscape, we're conducting a follow-up scan. The 2013 scan will identify the current context of public health practice and deepen our collective knowledge of key changes that have taken place since 2010.*

*We'll be holding focus groups in mid-December with public health practitioners, leaders, and academics. Participants will be asked to share their perspectives on public health action to advance health equity – opportunities, barriers, and hopes for the future. This is a great opportunity to influence the future work of the National Collaborating Centre for Determinants of Health and contribute to public health action to advance health equity!*

*We know, based on the meaningful exchange that we have seen among Health Equity Clicks members, that you would make a valuable contribution to this process. If you are interested in participating in a focus group, please contact Stephanie Lefebvre at your earliest convenience. Stephanie can be reached at [slefebvr@stfx.ca](mailto:slefebvr@stfx.ca) or 705-918-3468. Focus groups will be offered in English and in French, however, please note that space is limited!*

*Thank you in advance, and we look forward to hearing from you.*

## APPENDIX I

### FOCUS GROUP REFLECTION GUIDE



National Collaborating Centre  
for Determinants of Health  
Centre de collaboration nationale  
des déterminants de la santé

#### NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH ADVANCING ACTION TO ACHIEVE HEALTH EQUITY: ENVIRONMENTAL SCAN 2013 FOCUS GROUP REFLECTION GUIDE

The following table contains key questions that have been asked of key informants as part of the National Collaborating Centre for Determinants of Health (NCCDH) Environmental Scan. Several preliminary themes have begun to emerge from the analysis of the interview data. Those themes and ideas are also provided below.

During the focus groups, you will be asked to reflect on the following questions:

1. From your own perspective (as a public health practitioner, leader, researcher, community partner, etc.), which of the emerging themes and ideas ring true for you? In what ways?
2. Are there some emerging themes and ideas that do not reflect your own experience?
3. Are there other key themes that you feel should be captured?
4. Do you have any general comments or thoughts that you would like to share about public health action to advance health equity or the work of the National Collaborating Centre for Determinants of Health?

#### KEY INFORMANT QUESTIONS AND EMERGING THEMES

##### WHAT DOES THE PHRASE “PUBLIC HEALTH ACTION TO ADVANCE HEALTH EQUITY” MEAN TO YOU?

###### The range of public health actions (externally focused)

- Raising awareness about health equity/SDOH
- Building supportive environments
- Ensuring equal access to public health services
- Advocacy/influencing policy
- Bringing sectors together

###### Internal/organizational focus

- Embedding/integrating health equity in all of our work
- Engaging in/supporting health equity research
- Making health equity an organizational priority

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#### HOW HAS PUBLIC HEALTH ACTION TO ADVANCE HEALTH EQUITY CHANGED OVER THE PAST THREE YEARS?

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- More research
- Greater public health and community awareness (mostly at local/regional levels)
- More commitment and leadership support to act (at local/regional levels) – seen in strategic plans, public health mandates, etc.
- Some regions have received additional resources to do the work (e.g. ON SDOH Nurses)
- More exposure and knowledge exchange re: health equity and SDOH – through social media, webinars, networking forums etc.
- More interest and action from other sectors
- More public health action at the local/regional level – “getting beyond talking and moving to action”
- More reporting of inequities
- Greater focus on population health, environments, and policy – movement beyond individual focus
- More champions for health equity

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#### WHAT HAS NOT CHANGED IN THE PAST THREE YEARS?

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- Capacity for health equity work at local level is still highly variable
- Mandatory programs and requirements still take priority and do not include explicit health equity lens
- Public health actors are not accountable for health equity actions and outcomes
- Public health accountability measures are still quantitative – don’t capture qualitative nature of health equity work
- Health equity not getting attention at federal level – need federal action to advance supportive policies/systems

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#### WHAT DO YOU FEEL HAS MOST INFLUENCED THE CHANGE THAT HAS OCCURRED?

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- Champions – change has occurred where there are strong leadership champions
- Economic conditions in communities – now impossible to ignore impact of SDOH on health
- Provincial level standards/guidelines that include health equity as a priority
- Community action/movements, (e.g. Idle No More, Occupy)
- Action from other community sectors/municipalities that are supportive of health equity
- Interest and action from professional associations, (e.g. Canadian Medical Association, Canadian Nurses Association)
- More evidence – evidence of inequities and evidence re: effective interventions
- More awareness from the broader community
- More opportunities to share health equity knowledge

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#### THE ENVIRONMENTAL SCAN THAT WAS CONDUCTED IN 2010 CONFIRMED FOUR KEY ROLES FOR PUBLIC HEALTH ORGANIZATIONS AND STAFF TO ADVANCE HEALTH EQUITY:

- Assess and report on: 1) the existence and impact of health inequities, and 2) effective strategies to reduce these inequities.
- Modify and orient interventions and services to reduce inequities, with an understanding of the unique need of populations that experience marginalization.
- Partner with other government and community organizations to identify ways to improve health outcomes for populations that experience marginalization.
- Lead, support and participate with other organizations in policy analysis and development, and in advocacy for improvement in health determinants and inequities.

*To what extent do you feel that these are appropriate roles for public health organizations and staff? Are there other essential public health roles to advance health equity?*

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#### Other potential roles include:

- Linking with media
  - Health equity impact assessment
  - Giving voice to/building capacity among those with lived experience
  - The roles should more explicitly include building internal public health system capacity
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**WHAT DO YOU SEE AS THE KEY CHALLENGES/NEEDS/GAPS INFLUENCING PUBLIC HEALTH ACTION TO ADVANCE HEALTH EQUITY?**

- Have these changed over recent years? In what ways?
- Do you anticipate any new challenges/needs/gaps in the future? Please describe.

- Lack of public health accountability for health equity outcomes
- More leadership commitment needed
- Education, skills, and capacity needed among public health staff
- Dedicated staff and resources are needed
- Competition with primary/acute care attention/priorities/budget
- Public health reluctant to change – stop doing some traditional activities
- Lack of intervention evidence – what works?
- Gap between evidence and action
- Lack of awareness of health equity and SDOH among general public
- Need to find the right way to communicate health equity messages
- Funding (for research, public health sector broadly, etc.)

**WHAT CURRENT OR EMERGING OPPORTUNITIES OR ENABLERS EXIST FOR IMPROVING PUBLIC HEALTH ACTION TO ADVANCE HEALTH EQUITY?**

- Have these changed over recent years? In what ways?
- Do you anticipate any new opportunities in the future? Please describe.

- Examples of provincial commitment of resources/staff (e.g. Ontario SDOH Nurses)
- Health sector restructuring – can be challenging but also brings opportunities, new relationships, ways to influence
- Growing understanding and leadership commitment at local levels
- Opportunity to “scale up” successful action at local level to provincial and federal levels
- Action from other sectors/partners
- Provincial mandates/guidelines that include health equity
- More exposure/attention for health equity and SDOH
- Public health actors are passionate – build off of the passion
- Opportunities to partner with municipalities and other sectors
- Growing evidence base
- Linking health equity with other “wicked problems” (e.g. chronic disease, climate change)

**WHAT IS MOST NEEDED TO SUPPORT/ADVANCE YOUR WORK TOWARDS HEALTH EQUITY?**

- Research/data/evidence – of inequities and effective interventions
- Health equity curriculum for public health students
- Leadership support (particularly at provincial and federal levels)
- Dedicated health equity staff/resources
- Accountability mechanisms
- Strong intersectoral partnerships
- Common priorities/collective action across public health sector

**WHAT COULD THE NCCDH DO MORE OF OR DO DIFFERENTLY TO BEST SUPPORT YOUR WORK TO ADVANCE HEALTH EQUITY?**

What types of knowledge translation approaches would be most helpful? (e.g., summaries of evidence; case studies of public health actions; equity-based program planning framework; health impact assessment tool; knowledge brokering; key messages for internal and external stakeholders, support structure for sharing of information and issues, connector/network development, etc.)

Imagine a future in which public health is working optimally to advance health equity. What does that future look like to you? (i.e., what does success look like?)

What are two things that the NCCDH could do that would have immediate impact progress towards the future you just described?

**IS THERE ANYTHING ELSE THAT YOU WOULD LIKE TO SAY ABOUT PUBLIC HEALTH ACTION TO ADVANCE HEALTH EQUITY AND/OR THE WORK OF THE NCCDH?**

## REFERENCE LIST

- [1] National Collaborating Centre for Determinants of Health. Integrating social determinants of health and health equity into Canadian public health practice: environmental scan 2010. Antigonish (NS): National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2010. 84 p.
- [2] World Health Organization. Rio political declaration on social determinants of health. Geneva: World Health Organization (CH); 2011. 7 p.
- [3] National Collaborating Centre for Determinants of Health. Let's talk: public health roles for improving health equity. Antigonish (NS): National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2013. 6 p.
- [4] Aguilar J. Scanning the business environment. New York: Macmillan; 1967.
- [5] Albright KS. Environmental scanning: radar for organizational success. *Inf Manag J*. 2004 May-June;38(3):38-45.
- [6] Choo CW, Auster E. Environmental scanning: acquisition and use of information by managers. *Annu Rev Inf Sci Technol*. 1993;28:279-314.
- [7] Public Health Agency of Canada. The Chief Public Health Officer's report on the state of public health in Canada: addressing health inequalities. Ottawa (ON): Public Health Agency of Canada; c2008. 102 p. Catalogue No.: HP2-10/2008.
- [8] Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva: World Health Organization (CH); c2008. 247 p.
- [9] Ostlin P, Schrecker T, Sadana R, Bonnefoy J, Gilson L, Hertzman C, et al. Priorities for research on equity and health: towards an equity-focused health research agenda. *PLoS Med*. 2011 Nov;8(11):e1001115.
- [10] Marmot M, Allen J, Bell R, Bloomer E, Goldblatt P. WHO European review of social determinants of health and the health divide. *Lancet*. 2012 Sep 15;380(9846):1011-29.
- [11] Marmot M, Allen J, Bell R, Goldblatt P. Building of the global movement for health equity: from Santiago to Rio and beyond. *Lancet*. 2012 Jan 14;379(9811):181-8.
- [12] Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Social determinants of health discussion paper 2 (policy and practice). Geneva: World Health Organization (CH); 2010. 75 p.
- [13] Blas E, Sommerfeld J, Sivasankara Kurup A, editors. Social determinants approaches to public health: from concept to practice. Geneva: World Health Organization (CH); c2011. 209 p.
- [14] Blas E, Sivasankara Kurup A. Equity, social determinants and public health programmes. Geneva: World Health Organization (CH); c2010. 291 p.
- [15] Rasanathan K. Closing the gap: policy into practice on social determinants of health. Discussion paper. Geneva: World Health Organization (CH); c2011. 47 p.
- [16] Government of British Columbia, Ministry of Health Services, Population Health Services. A framework for core functions in public health: resource document. Vancouver (BC): Government of British Columbia, Ministry of Health Services; 2005 Mar. 103 p.
- [17] Public Health Agency of Canada. Core competencies for public health in Canada. Release 1.0. Ottawa (ON): Public Health Agency of Canada; c2008. 25 p. Catalogue No.: HP5-51/2008.
- [18] Government of Ontario, Ministry of Health and Long-Term Care. Ontario public health standards 2008. Toronto (ON): Queen's Printer for Ontario; c2008. 49 p.
- [19] Accreditation Canada. Review our standards [Internet]. Ottawa (ON): Accreditation Canada; c2013 [cited 2014 Apr 25]. Available from: <http://accreditation.ca/review-our-standards>.
- [20] National Collaborating Centre for Determinants of Health. Core competencies for public health in Canada: an assessment and comparison of determinants of health content. Antigonish (NS): National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2012. 13 p.
- [21] National Collaborating Centre for Determinants of Health. Public health speaks: organizational standards as a promising practice for health equity. Antigonish (NS): National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2013. 28 p.
- [22] National Collaborating Centre for Determinants of Health. Bridging the gap between research and practice: making the case for health equity internally: Winnipeg's experience. Antigonish (NS): National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2012. 11 p.
- [23] National Collaborating Centre for Determinants of Health. Bridging the gap between research and practice: building leadership competency in public health - taking advantage of changes in health delivery in Québec. Antigonish (NS): National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2012. 11 p.
- [24] Mendell A, Dyck L, Ndumbe-Eyoh S, Morrison V. Tools and approaches for assessing and supporting public health action on the social determinants of health and health equity. Antigonish (NS): National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2012 Nov. A joint publication of the National Collaborating Centre for Healthy Public Policy, Montreal. 22 p.
- [25] Pauly B, MacDonald M, O'Briain W, Hancock T, Perkin K, Martin W, et al. Health equity tools 2013. Victoria (BC): University of Victoria; c2013. 51 p.
- [26] Gore D, Kothari A. Social determinants of health in Canada: are healthy living initiatives there yet? A policy analysis. *Int J Equity Health*. 2012;11(41):1-14.
- [27] Pinto AD, Manson H, Pauly B, Thanos J, Parks A, Cox A. Equity in public health standards: a qualitative document analysis of policies from two Canadian provinces. *Int J Equity Health* 2012;11(28).
- [28] Brassoletto J, Raphael D, Baldeo N. Epistemological barriers to addressing the social determinants of health among public health professionals in Ontario, Canada: a qualitative inquiry. *Crit Public Health*. 2013 Jul 23;[ahead of print]:1-16.
- [29] Population Health Improvement Research Network, Scoping Review Committee. Scoping review of the population health equity and intervention literature in Ontario. Ottawa (ON): Population Health Intervention Research Network; 2011. 77 p.

- [30] National Collaborating Centre for Healthy Public Policy. Thirteen public interventions in Canada that have contributed to a reduction in health inequalities: summary report. Montreal (QC): National Collaborating Centre for Healthy Public Policy; 2010 Feb. 14 p. Publication No.: 1340.
- [31] National Collaborating Centre for Determinants of Health. Assessing the impact and effectiveness of intersectoral action on the social determinants of health and health equity: an expedited systematic review. Antigonish (NS): National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2012. 58 p.
- [32] Bambra C, Gibson M, Sowden A, Wright K, Whitehead M, Petticrew M. Tackling the wider social determinants of health and health inequalities: evidence from systematic reviews. *J Epidemiol Community Health*. 2010 Apr;64(4):284-91.
- [33] Tugwell P, Petticrew M, Kristjansson E, Welch V, Ueffing E, Waters E, et al. Assessing equity in systematic reviews: realising the recommendations of the Commission on Social Determinants of Health. *BMJ*. 2010;341:c4739.
- [34] Beaudin P, Backe H. Health equity recommendation synthesis: final report. Winnipeg (MN): Winnipeg Regional Health Authority; 2012 Dec. 180 p.
- [35] Agence de la sante et des services sociaux de Montreal. 2011 report of the Director of Public Health: social inequalities in health in Montreal: progress to date. Montreal (QC): Direction de sante publique, Agence de la sante et des services sociaux de Montreal; c2011. 31 p.
- [36] Levy J, Ansara D, Stover A. Racialization and health inequities in Toronto. Toronto (ON): Toronto Public Health; 2013 Oct. 51 p.
- [37] D'Angelo-Scott H, on behalf of the Understanding Communities Unit, Capital District Health Authority. An overview of the health of the population. Halifax (NS): Capital District Health Authority; 2013 Dec 10. 160 p.
- [38] Sudbury & District Health Unit. Opportunity for all: the path to health equity. Sudbury (ON): Sudbury & District Health Unit; 2013 May. 53 p.
- [39] National Collaborating Centre for Determinants of Health. Learning together: collaborating to improve population health status reporting. Antigonish (NS): National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2012. 2 p.
- [40] Danaher A. Reducing disparities and improving population health: the role of a vibrant community sector. Toronto (ON): Wellesley Institute; 2011 Aug. 10 p.
- [41] Wong E, Gardner B. Driving local action: the potential of city and regional health equity strategies. Toronto (ON): Wellesley Institute; 2013 Jun. 18 p.
- [42] Edwards N, Cohen ER. Joining up action to address social determinants of health and health inequities in Canada. *Healthc Manag Forum*. 2012;25(3):151-4.
- [43] Kouri D. Reducing health disparities: how can the structure of the health system contribute? Toronto (ON): Wellesley Institute; 2012 Mar. 15 p.
- [44] Kouri D. Learning from others: health equity strategies and initiatives from Canadian regional health authorities. Toronto (ON): Wellesley Institute; 2013 May. 20 p.
- [45] Health Council of Canada. Stepping it up: moving the focus from health care in Canada to a healthier Canada. Toronto (ON): Health Council of Canada; 2010 Dec. 32 p.
- [46] Wellesley Institute. Community Health Centres of Greater Toronto health equity plan: building on potential/driving action. Toronto (ON): Wellesley Institute; 2011 Dec. 17 p.
- [47] Gardner B. Health equity into action: planning and other resources for LHINs. Toronto (ON): Wellesley Institute; 2010.
- [48] Canadian Medical Association. Physicians and health equity: opportunities in practice. Ottawa (ON): Canadian Medical Association; 2013. 22 p.
- [49] Canadian Medical Association. Health care in Canada: what makes us sick? Canadian Medical Association town hall report. Ottawa (ON): Canadian Medical Association; 2013 Jul. 14 p.
- [50] Bloch G. Poverty: a clinical tool for primary care in Ontario. Toronto (ON): Ontario College of Family Physicians; 2013 Feb. 5 p.
- [51] Gladwell M. The tipping point: how little things can make a big difference. New York: Little, Brown and Company; 2000.
- [52] Reading J, Halseth R. Pathways to improving well-being for Indigenous Peoples: how living conditions decide health. Prince George (BC): National Collaborating Centre for Aboriginal Health; c2013. 55 p.
- [53] Ontario Public Health Association; Association of Local Public Health Agencies. Health equity indicators. Toronto (ON): Ontario Public Health Association; 2013 Oct. A joint publication of the Association of Local Public Health Agencies, Toronto. 21 p.
- [54] Public Health Agency of Canada. Reducing health inequalities: a challenge for our times. Ottawa (ON): Public Health Agency of Canada; c2011. 8 p.
- [55] Province of Ontario, Ministry of Health and Long-Term Care. Make no little plans: Ontario's public health sector strategic plan. Toronto (ON): Queen's Printer for Ontario; c2013 Apr. 24 p.
- [56] Provincial Health Services Authority. Towards reducing health inequities: a health system approach to chronic disease prevention. A discussion paper. Vancouver (BC): Provincial Health Services Authority, Population & Public Health; 2011. 89 p.
- [57] Ontario Public Health Association; Association of Local Public Health Agencies, Working Group on Social Determinants of Health. Activities to address the social determinants of health in Ontario local public health units: summary report. Toronto (ON): Ontario Public Health Association; 2010 Dec. 52 p. A joint publication of the Association of Local Public Health Agencies, Working Group on Social Determinants of Health, Toronto.
- [58] Simcoe Muskoka District Health Unit. Simcoe Muskoka District Health Unit's approach to addressing the determinants of health - a health equity framework. Barrie (ON): Simcoe Muskoka District Health Unit; 2012 May. 107 p.
- [59] Cohen BE, Schultz A, McGibbon E, VanderPlaats M, Bassett R, Germann K, et al. A conceptual framework of organizational capacity for public health equity action (OC-PHEA). *Can J Public Health*. 2013 Mar 6;104(3):262-6.
- [60] St.Pierre L, Hamel G. What is health impact assessment (HIA) (Factsheet)? Montreal (QC): National Collaborating Centre for Healthy Public Policy; 2009 Jun. 3 p. Publication No.: 1189.
- [61] Lauziere J, Hamel G. Health impact assessment (HIA): selected resources. Montreal (QC): National Collaborating Centre for Healthy Public Policy; 2011 Nov. 17 p. Publication No.: 1426.





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