



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé



LET'S TALK
**MOVING
UPSTREAM**

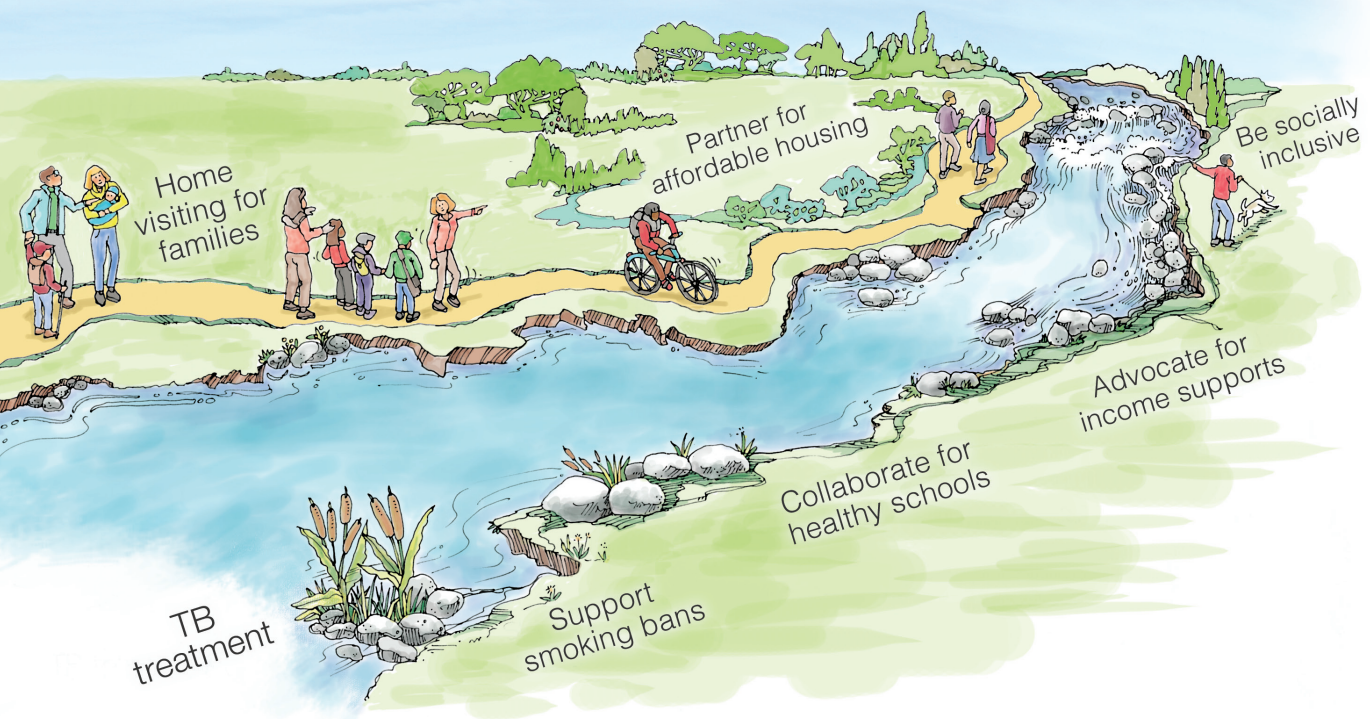
PART OF THE LET'S TALK SERIES

THE UPSTREAM-DOWNSTREAM STORY

In the classic public health parable credited to medical sociologist, Irving Zola,⁵ a witness sees a man caught in a river current. The witness saves the man, only to be drawn to the rescue of more drowning people. After many have been rescued, the witness walks upstream to investigate why so many people have fallen into the river. The story illustrates the tension between public health's protection mandates to respond to emergencies (help people caught in the current), and its prevention and promotion mandates (stop people from falling into the river).

Evidence is mounting that an upstream approach to health—one that addresses people's access to the determinants of health—will benefit everyone.⁶⁻⁸ In 1986, the Ottawa Charter for Health Promotion⁹ captured the shift in public health's focus from individual risk factors and behaviours to the societal conditions that keep people healthy: factors like adequate income, meaningful work, education, community connection, decent housing, and healthy food.¹⁰

Individuals, communities and organizations are calling for collective, upstream action across society to reduce health disparities.¹¹ New and established organizations are asking universities, governments, non-governmental organizations and citizens to work together— through community engagement, multisectoral actions, and advocacy for healthy public policies—to create the conditions for good health for everyone.^c Some call this work "the new public health," while others see it as returning to public health's roots (p. 99).¹²



WORKING AT ALL LEVELS

Public health, among other organizations and groups, can work to create greater fairness in the distribution of good health at three levels:

- the **downstream**, *immediate health* needs of populations that are marginalized,^{1 a}
- the **midstream**, *intermediary determinants*, or material circumstances such as housing conditions, employment and food security; and
- the **upstream**, *structural determinants* such as social status, income, racism, and exclusion.

The purpose of this publication is to encourage public health staff to talk about how we can move upstream in the ways we listen, decide what to speak up about, schedule our time and other resources, and set priorities for our local, regional and provincial organizations. An important question is, how can we develop a habit of looking upstream, to the causes-of-the-causes of poor health, whether we work in direct service, community engagement, administration, or advocacy for policy change?

DEFINITIONS^{b, 2-4}

UPSTREAM INTERVENTIONS	MIDSTREAM INTERVENTIONS	DOWNSTREAM INTERVENTIONS
Seek to reform the fundamental social and economic structures that distribute wealth, power, opportunities, and decision-making.	Seek to reduce exposure to hazards by improving material working and living conditions, or to reduce risk by promoting healthy behaviours.	Seek to increase equitable access, at an individual or family level, to health and social services.
These changes generally happen at the macro policy level: national and transnational.	These changes generally occur at the micro policy level: regional, local, community or organizational.	These changes generally occur at the service or access to service level.
They are about diminishing the causes-of-the-causes.	They are about changing the causes.	They are about changing the effects of the causes.

SUPPORTING EFFECTIVE COMMUNITY DEVELOPMENT PRACTICE

In Quebec’s Eastern Townships, public health is reducing health inequities by helping to improve the effectiveness and coherence of community development initiatives in the region. Dr. Alain Rochon, Community Medicine Specialist with public health, has moderated, for the past seven years, a study and exchange group called the Advancing Practice Committee. The committee brings different researchers and community developers together each month to share knowledge and skills related to a particular social or economic issue. The committee’s work is focused on improving the quality of people’s lives through more effective community development practices and greater collaboration—or co-creation—in projects designed to improve the wellbeing of everyone in the region.

a Solar and Irwin categorize access to health services as an *intermediary* determinant of health.²

b These definitions are adapted from several sources.

EXAMPLES OF UPSTREAM, DOWNSTREAM AND MIDSTREAM INTERVENTIONS

Public health interventions often have powerful impacts at the individual level, and when people act from an equity perspective the impacts can ripple out to create broader change. For example, a downstream program like an immunization clinic for recent immigrants can have broader consequences if participants are encouraged to use the space to create other supports, like a parent discussion group.

While recognizing that interventions and outcomes don't fit easily into categories, here are examples of public health work across the upstream, midstream and downstream spectrum.

DETERMINANT	UPSTREAM	MIDSTREAM	DOWNSTREAM
Income	advocate for living wage policies, wage capping, progressive taxation	link clients with welfare, social assistance, or back-to-work programs	ensure that chronic disease prevention programs are accessible to low income people
Education	create opportunities for educators, law enforcers and employers to work together to reduce barriers to education for youth	support adult high school completion programs	expand mental health promotion and early intervention programs
Housing	meet with elected officials and citizen groups to push for more affordable housing	bring stakeholders together to improve the enforcement of regulations to improve substandard housing	increase the availability of allergy and asthma treatment to vulnerable populations

PROTECTING CITIZENS FROM THE IMPACTS OF LARGE-SCALE EXTRACTIVE INDUSTRY

In 2011, New Brunswick's 10-year energy strategy called for aggressive development of the province's shale gas reserves.¹³ New Brunswick's Chief Medical Officer of Health, Dr. Eilish Cleary, worked with colleagues to produce a report that addresses the population health impacts of this plan, and that is "grounded in public health values" and "comes from an equity perspective."¹⁴ The research team found that in other jurisdictions, social and community impacts of shale gas development have the potential to compound existing health inequities.¹⁵

The report makes recommendations to protect health and community wellbeing in the face of "boomtown" changes in the province's social and physical environments, for today and for future generations.¹⁵ Dr. Cleary's work in this area is guided by her belief that public health's primary role is in leadership and advocacy for equitable population health: "we can be the catalysts and enzymes."¹⁴

HOW TO WORK MORE UPSTREAM FROM WHERE YOU ARE STANDING

Individuals at all levels of the public health system can encourage greater investment upstream: in housing and the built environment, in environmental protection laws, in the filling of food deserts. This work grows out of public health's health equity mandate. Here are some actions we can take to contribute to an upstream shift:

Challenge our assumptions about the causes of health and illness. Think in terms of settings, and conditions rather than behaviours. Ask about the economic and social circumstances and built environments of clients' neighbourhoods. Rather than asking "how can I get more of these women to breast feed?", look for community characteristics that influence women's ability to breast feed and work with the community to address those circumstances. Use language that includes rather than excludes.¹⁶

Watch for and address lifestyle drift,¹⁷ or the "tendency for policy to start off recognizing the need for action on the upstream social determinants... only to drift downstream to focus largely on individual lifestyle factors"(p. 50).⁸ As Whitehead and Popay state, "... there has been too great an emphasis on individual lifestyle factors and a neglect of the conditions that structure and constrain individual 'choices'"(p. 1235).¹⁸

Find people outside your own circle and work together. Engage with partners who want to take action to reduce income inequality and poverty, unsafe working and living conditions, and systematic discrimination and racism. With community partners you can advocate for policy change, meet with politicians, write letters of support, or participate on committees.¹⁹

Take or offer training in skills needed for working upstream. Participate in training in upstream skills like partnership building, political advocacy, public speaking, consensus building, organizational management, community organizing, team building and inter-professional collaboration.¹⁹ Request that this training be made available to others.

Share and promote your upstream efforts and learning. Partner with colleges and universities to record the methods and results of your upstream work. Submit articles to newsletters, newspapers and journals. Organize a lunch and learn to talk about the challenges and rewards of moving upstream.

DISCUSSION QUESTIONS

1. What are the organizational obstacles to working upstream? How can you shift those obstacles?
2. What are the individual-level obstacles to working upstream? What supports or skills do you need? How can you build those skills or supports?
3. What initiatives are happening in your community that are not necessarily focused on health but would benefit from a public health partner?
4. Identify where in the stream your work falls. Discuss with your colleagues how you could move your programs/work more upstream.

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