



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



National Collaborating Centre
for Infectious Diseases
Centre de collaboration nationale
des maladies infectieuses

PUBLIC HEALTH SPEAKS: TUBERCULOSIS AND THE SOCIAL DETERMINANTS OF HEALTH

Tuberculosis is often described as a classic example of how determinants of health can strongly influence infectious diseases.

In January 2014, the National Collaborating Centre for Determinants of Health (NCCDH) and the National Collaborating Centre for Infectious Diseases (NCCID) brought together a group of public health practitioners to discuss their perspectives on the roles, actions and strategies that public health can take to address the determinants of health to reduce inequities, using tuberculosis as an example. This resource is a summary of the conversation.



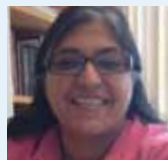
CLAIRE BETKER

Senior Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health (NCCDH)



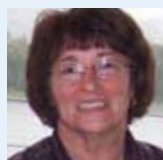
ELIZABETH REA

Associate Medical Officer of Health, Tuberculosis Prevention and Control, Toronto Public Health & Adjunct Professor University of Toronto



NASH DHALLA

Tuberculosis Services for Aboriginal Communities, British Columbia Centre for Disease Control



GAIL TURNER

Retired, Public Health Consultant, Happy Valley-Goose Bay, Labrador

“Living in a low income household, living in crowded inadequately ventilated housing or being homeless, being malnourished or affected by other socio-economic conditions are some, but not all, of the known risk factors for developing a tuberculosis (TB) infection.” (p. 4).¹

PUBLIC HEALTH SPEAKS: TUBERCULOSIS AND THE SOCIAL DETERMINANTS OF HEALTH

Claire Betker: Welcome and thank you for contributing to this conversation. I'd like to start us off with a definition: health equity means that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance.²

The NCCDH published *Let's Talk... Health Equity* in 2013 to explore the concept of health equity and how it applies to public health practice. This resource is part of a NCCDH series designed to promote discussion and understanding of key concepts in public health practice.

Q **Claire Betker:** Our first question is, what do you think are the drivers of inequities of TB in Canada?

A **Gail Turner:** When I think of inequity, I think of access to service. As an Inuit myself, living in Labrador, I have been working for many years in a region where TB is endemic. I'd like to add the word "geography" to your definition.

Elizabeth Rea: I work in Toronto, a very different setting than Gail's, but I'd also like to talk about geography. Almost all the TB cases in Toronto were originally infected outside of Canada in places where TB is far more common – so the determinants of health in those countries of origin are at least as important as people's determinants of health living here in Toronto. Across the Greater Toronto Area, geographical access to specialized TB services can be difficult because of distance and poverty – though access issues in the far North sure put this into perspective.

Nash Dhalla: I think of the unequal balance of those who have and those who have not. Not only determinants such as employment and income but also of basic human rights. I am saddened when I know there are those who do not have access to health services in their own communities. There are those that live well below the poverty line and those who live in inadequate housing that does not meet Canadian standards. These are the drivers of TB in Canada.

Q **Claire Betker:** Which determinants of health are most directly relevant for the communities you work with?

A **Gail Turner:** The Inuit population experiences the highest rate of overcrowding in Canada. Inadequate housing in the region does not result in street homelessness, but instead, results in couch surfing and overcrowding in family homes. Community food insecurity, the high cost of food in the region, is also a significant factor. Access to services, for example people flying from their communities to have chest x-rays, contributes further to disadvantage in TB care and control.

The **Inuit-Specific Tuberculosis (TB) Strategy** published by the Inuit Tapirit Kanatami in 2013 describes a disproportionate burden of TB disease in Canada among Inuit. The report proposes tailoring approaches and focusing on community education and mobilization, intersectoral partnerships towards addressing the social determinants of Inuit health, evidence-based and Inuit-appropriate TB prevention, control and care programs, surveillance and research, and evaluation and reporting.

Elizabeth Rea: Some new immigrant families in Toronto struggle to access health services because of poverty and all the ramifications of poverty on the other determinants of health. For example, it can be difficult to seek care when you're sick because of costs associated with transit and getting time off work. Access to primary care to diagnose your TB is difficult if you don't have medical coverage; barriers to service exist if you do not speak English. We also see new immigrant individuals and families experience overcrowding and sometimes very precarious housing in Toronto. Crowding is definitely an issue in the homeless shelters, too.

Nash Dhalla: For First Nations on reserve populations in BC access to housing and access to health care services are major determinants of TB. Late diagnosis of TB is an issue because of geographical access to services.

PUBLIC HEALTH SPEAKS: TUBERCULOSIS AND THE SOCIAL DETERMINANTS OF HEALTH

Q **Claire Betker:** How do TB programs and services address the social determinants of health?

A **Elizabeth Rea:** In Toronto, the TB program provides supports for individuals in need to overcome practical barriers to receiving TB treatment. Things like providing public transit tokens so clients can travel to appointments, providing cell-phone minutes to keep in touch with directly observed therapy for TB cases who are couch surfing. If a person diagnosed with TB is homeless than it's a priority to get that person housed, and if they're in isolation, ensure they have groceries. Toronto Public Health has a full time social worker for the TB program – it's pretty unusual, and may only be justifiable because of the large number of TB cases in Toronto – but it highlights how many “social work” issues are barriers in TB. The majority of this person's time is focused on housing, income, and immigration issues. We funded the position by converting an empty public health nurse position to a social worker.

Gail Turner: I really congratulate you on your approach. Including a social worker really illustrates the importance of adapting to the needs of clients. In Labrador, there are a number of historical and jurisdictional challenges in the region. The history of TB is a history of colonization and as a result there is a high degree of suspicion and distrust. A number of community members grew up in households where TB was prevalent, so symptoms too often go ignored. We have made progress by holding regular TB clinics. These clinics focus on addressing latent TB cases that have previously been unmonitored.

Elizabeth Rea: The cultural connotations are important in the context of TB for immigrant populations as well. In many international contexts people associate diagnosis with death and may avoid seeking treatment. I think it's really important for TB programs to be practical and pragmatic. I think TB programs need a specific budget line for enablers and incentives (for clients in TB treatment). Treatment of TB requires more than offering medications if everyone is going to get safely through six months or more of treatment. If someone is breaking isolation, or not adhering to appointments or treatment, we need to ask and respond to those specific needs.

Gail Turner: We need to develop trusting relationships with the community through outreach. Otherwise we don't see the causes of the causes. We have visited TB clients in home isolation and found them to be extremely food insecure, in

situations where overcrowding, poor ventilation and poverty were obvious. We have admitted patients into the hospital so that they could be fed. If we do not go into homes we don't see the full picture. We have far greater success if we reach the individual where they are.

Nash Dhalla: In BC there is a unique and innovative partnership between First Nations communities and health authorities. The British Columbia Centre for Disease Control (BCCDC) is working in partnership to address issues that are facing healthcare professionals by tailoring resources and delivering workshops in BC communities. The program facilitates the training of new staff and addresses capacity issues by training lay workers. It is a true collaboration with the local First Nations communities, the First Nation Health Authority and the BCCDC through the TB services for Aboriginal communities.

Elizabeth Rea: I cannot agree more about the importance of home visiting and developing relationships with clients. I'd like to pick-up on a previous comment. When trying to tackle the determinants of health we've most often focused on individuals and families, yet we also have to think about determinants at a more systemic level. In Toronto, we have little control over the incidence of TB because it is driven by immigration into Canada. There is a very real need to tackle TB in international settings. International programming and resources for prevention and treatment have a direct impact on Canadian rates of TB. We need to recognize our place in a global society. Among other things, it would help to make sure our political representatives are aware of how Canadian funding for international TB projects has local benefits.

NCCID's support for community and outreach work has taken many forms. It began with a guide to outreach planning for sexually transmitted and blood-borne infections programs: a conceptual framework for program design and development, from initial research and design, to delivery and evaluation. Now a companion checklist – a more compact and action-oriented version of the guide that program planners can use to stay on track – has been recently revitalized as an online/mobile app. NCCID's **Outreach Planning and Exchange Network** (OPEN) is an online suite of tools enabling practitioners to both share and compare indicators they use for outreach program evaluation. Originally created for sexually transmitted and blood-borne infections, the concepts can be applied to TB programming.

PUBLIC HEALTH SPEAKS: TUBERCULOSIS AND THE SOCIAL DETERMINANTS OF HEALTH

Q **Claire Betker:** When working to influence TB incidence and severity in relation to the determinants of health, who have been your most successful partners?

A **Elizabeth Rea:** Many of our partnerships are with social services to improve individual level determinants of health. For example, we've worked closely with shelters during TB outbreaks, to diagnose cases early through screening protocols, and to assess and revamp ventilation and environmental conditions. There are also many unsung heroes in the social sector intervening to alleviate hunger and social isolation. As well, a number of organizations, for example new immigrant societies, have helped to increase awareness of TB and disseminate information about available care.

Gail Turner: A number of our successful initiatives have been the result of community level partnerships. Initiatives like funding for community hunting programs and community freezers to address community food insecurity. However, difficulty remains for issues like housing where jurisdictional issues create challenges.

Nash Dhalla: Our initiatives have focused on directly going to communities. We work with members of the Band Council and public health staff to understand and respond to issues. It's through working together that we can navigate contextual as well as jurisdictional issues.

Q **Claire Betker:** In 2013, the Chief Public Health Officer of Canada released a health status report describing how a long-term strategy to reduce infectious diseases must address the determinants of health. The report describes a few examples but does not detail specific actions, roles or responsibilities for public health practitioners and organizations. What opportunity do you see for public health to reduce inequities in TB outcomes?

The Chief Public Health Officer's Report on the State of Public Health in Canada 2013 describes how infectious diseases influence the health status of Canadians. The fourth section of the report **Infectious Disease- The Never-ending Threat** focuses on TB.

A **Gail Turner:** Public health has a strong responsibility for surveillance and advocacy. We need to constantly illustrate the relationship between TB and the determinants of health. We need to illustrate the successes of interventions while also highlighting the barriers to health that continue to exist in our communities.

Elizabeth Rea: I'd agree, public health needs to speak up. We need to identify allies and offer support. For example, the best solution to TB outbreaks in shelters is to end homelessness. Public health TB staff don't have to be experts in homelessness, or full-time lobbyists on this issue – but we can support them by speaking up as credible experts on specific aspects of their larger determinant of health. At Toronto Public Health we've worked with those lobbying for change in the housing and shelter system. We've also been involved in advocating for access to health care for refugee claimants. Health is political. I think it would be great if more people working on TB would reach out into the broader policy arena. Of course, speaking in public policy arenas can be very challenging. If we're going to forge into this arena, let's be up front and include support and media training in our program plans and budgets.

One thing that I think is essential to this conversation is to remember that TB is not the only disease of interest when considering health and the determinants of health. And the health of our communities is impacted by many different intersecting determinants, not just the ones relevant to TB. But TB is a "poster child" disease that illustrates the relationship between determinants of health and illness in a very concrete way.



PUBLIC HEALTH SPEAKS: TUBERCULOSIS AND THE SOCIAL DETERMINANTS OF HEALTH

Q **Claire Betker:** The NCCDH leadership project, using an appreciative inquiry method, identified that the public health community often bring credibility, information and data to issues. The role of public health to “report and assess” is also described in our NCCDH *Let’s Talk... roles for improving health equity*. In your experience, how do public health practitioners use their role and influence?

Using an appreciative inquiry method, the NCCDH conducted semi-structured interviews with 14 Canadian public health leaders about their experience in addressing the social determinants of health and health equity. The report, *What contributes to successful public health leadership for health equity? An appreciative inquiry*, identified that effective public health leadership requires organizational supports, professional competencies and the bridging of organizational activities with community action.

NCCDH’s *Let’s Talk... Public health roles for improving health equity*, part of the Let’s talk series, offers a framework for reflection and action. The roles speak to four categories of public health action that can guide an organization’s efforts to reduce disparities in health.

A **Elizabeth Rea:** On the topic of health assessment, Toronto Public Health published a report, *The Unequal City*, illustrating inequalities between population groups. This type of resource can be really helpful for advocacy groups – it’s one of the supports that public health is often in a unique position to provide because we have a lot of great health status information.

In 2008, Toronto Public Health published *The Unequal City: Income and Health Inequalities in Toronto*. This report illustrates that people with low income experience greater risk of illness, higher rates of disease and death at an earlier age than people with higher income in Canada’s largest city.

Gail Turner: We need to ensure that in the training of new public health practitioners we are looking at all work through a cultural and determinants of health lens.

Elizabeth Rea: It is important to give programs and staff the permission to look and act more broadly than direct intervention on their specific disease. We have to create space to have a public health nurse spend some work time, for example taking part in a housing coalition. Actually, an earlier version of *The Ontario Public Health Standards* supported this practice explicitly describing the need for this type of work in TB programs. The current version lays out determinants of health work as a key public health activity but doesn’t make the link with TB explicit.

Gail Turner: Public health messaging is critical. Who speaks can be just as important as the message. When the voice is from within the community, or from someone known and respected by the community, it is better received.

Elizabeth Rea: One idea is to focus on one determinant of health relevant to TB work. This narrows the scope and makes action more manageable.

Nash Dhalla: In BC, we’ve decided to focus on housing issues. We’ve used data to compare regional housing to national standards. The focus on the issue of housing has allowed us to start small and at the community level. We are attempting to equip staff working with communities with the appropriate knowledge and statistics.



Q **Claire Betker:** Do you have one final thought you'd like to share with public health practitioners and decision makers?

A **Gail Turner:** I am passionate about the importance of access to services in northern communities. Over my career in public health I have had the opportunity to speak to very high levels of government yet inequities persist. This frustration fuels my passion and belief that we have to continue to work at all levels – in our communities, in our provinces and territories, and at both the national and international level.

Elizabeth Rea: I'd like to reiterate the importance of creating opportunities and space to move beyond the technical health issues to the political arena. We have to remain practical and pragmatic in offering TB treatment. We also need to recognize that global health impacts local incidence of disease.

Nash Dhalla: This conversation has, for me, emphasized the importance of continuing to practice out loud and lead the charge in public health. Thank you for hosting the discussion.

Claire Betker: Thank you very much for contributing your time and offering your insight. We hope to continue this conversation with practitioners and decision makers in the field.



Reference List

1. Butler-Jones, D. The Chief Public Health Officer's report on the state of public health in Canada, 2013: Infectious disease—The never-ending threat. Ottawa, ON: Public Health Agency of Canada; 2013.
2. Whitehead, M., Dahlfren, G. Levelling up (part 1): a discussion paper on concepts and principles for tackling social inequities in health. Copenhagen Ø, Denmark: WHO Regional Office for Europe; 2006.

Contact Information

National Collaborating Centre for
Determinants of Health (NCCDH)
St. Francis Xavier University
Antigonish, NS B2G 2W5
nccdhd@stfx.ca
tel: (902) 867-5406 fax: (902) 867-6130
www.nccdhd.ca
Twitter: @NCCDH_CCNDS

This interview was coordinated by Hannah Moffatt (NCCDH) with support and guidance from Margaret Haworth-Brockman (NCCID) and Sume Ndumbe-Eyoh (NCCDH).

The National Collaborating Centre for Determinants of Health is hosted by St. Francis Xavier University.

This is National Collaborating Centre for Infectious Disease project No. 161.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health and National Collaborating Centre for Infectious Disease. (2014). Public Health Speaks: Tuberculosis and the Determinants of Health. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

ISBN: 978-1-926823-68-3

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Determinants of Health.

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available in its entirety in electronic format (PDF) on the National Collaborating Centre for Determinants of Health website at: www.nccdhd.ca

La version française est également disponible au : www.ccnds.ca sous le titre Parlons *La santé publique à la parole : la tuberculose et les déterminants sociaux de la santé*