

BOOSTING MOMENTUM

Applying Knowledge
to Advance Health Equity



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

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.¹ 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.

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?*

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*,² 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).

REFERENCES

- 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.

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.

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