National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

PUBLIC
HEALTH
SPEAKS

ROLES FOR IMPROVING HEALTH EQUITY

In 2013, the National Collaborating Centre for Determinants of Health (NCCDH) published *Let's talk: Public health roles for improving health equity*. This resource offers a framework to help public health practitioners and organizations identify opportunities to act on the social determinants of health (SDOH).

The framework outlines four roles for public health to address the social determinants of health and improve health equity:

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

The NCCDH hosted an online conversation in the Health Equity Clicks online community (www.nccdh.ca/community) to discuss which roles were being used by participants, which roles they would like to do more work in and what was getting in the way of doing more work in the identified areas.

The conversation took place in September 2013, and was moderated by Karen Fish, Knowledge Translation Specialist. Guest contributors Brent Moloughney and Heather Lokko kicked-off the conversation, and were soon followed by other members of the Health Equity Clicks community.

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Conversation highlights

Participants indicated that the roles have been a useful framework to 1) describe potential areas for action, 2) assess the current extent of activity, and 3) identify priorities for future action. The roles have been used to generate discussion, build capacity, and provide guidance for strategy and program planning within public health organizations. For example, in one health unit, employee capacity was enhanced through engagement, knowledge exchange and skill building; and organizational capacity by revising/refocusing their policies, practices, and resources.

Participants provided examples of work in all four roles

Assess & Report

- Used assessment and reporting that effectively integrates health equity (http://nccdh.ca/learn/reporting/) to inform where services were placed geographically

- Implemented programs and interventions to prevent and/or reduce inequities vs. mitigating their impacts on health e.g., upstream policy and awareness

Modify & Orient

- Systematically identified and focused initiatives on population groups that are socially and economically disadvantaged

Partner with others

- Influenced areas over which public health didn't have authority, for example:
  - Used community-based equity-oriented health impact assessments
  - Participated in anti-poverty coalitions
  - Lent its voice to argue for policies and interventions that reduce marginalization, provide adequate income and shelter, and promote sociocultural integration

- Were creative and innovative, when engaging across sectors, about their role in responding to issues related to the SDOH and their impact on health (http://hpp.sagepub.com/content/early/2013/03/19/1524839913480179#!)

- Partnered with organizations outside of health on the SDOH (e.g., with schools and their communities to create policies, programs and services to reduce poverty or improve access to schooling - www.schools-for-all.org/page/Call+re+Equity,+Disparities+&+Disadvantage)

- Evaluated their partnerships by looking at which tables they were sitting at, possible unintended impacts, and their ability to improve health outcomes for populations that experience marginalization and address health equity

Participate in policy development:

- In the early 1990s, the Toronto Board of Health worked with a municipal councilor to address issues related to sex work. This resulted in a recommendation to create a municipal by-law in Toronto allowing adult sex workers to work indoors, in small numbers, in proximity of each other. While this by-law was not developed, the recommendation contributed to awareness about a socially and economically disadvantaged population. Twenty years later, cross-sectoral collaborative action remains critical to legislative change that addresses the social determinants of health and improves health equity.

- Local jurisdictions are the first to see the impacts of food policies legislated at the federal and provincial/territorial level. Across the country, public health organizations as part of local food policy initiatives are very engaged in proposing policy to influence local economy and food related jobs, agricultural

land loss, climate change, food poverty, food affordability, and inadequate quality diets (http://tfpc.to/canadian-food-policy-initiatives). For example, since 1991, the Toronto Food Policy Council, supported by Toronto Public Health addresses increasing levels of hunger and poverty, diminishing food quality, and environmental concerns. They have developed a city food strategy, charter and hunger action plan. The Council focuses attention on hunger and food insecurity, and promotes local, provincial and national policies on land use, and environmental and economic planning.

Participants indicated that, a number of conditions/factors supported public health staff in the implementation of the roles for improving health equity:

- Leadership created an environment where staff feel safe and supported to engage in health equity work, e.g., Middlesex-London Health Unit established a *Health Equity Strategic Action Group*
- Kept an awareness of their own privilege and used it to inform and change their work
- Engaged in critical analysis of their organization's structures and procedures, and were prepared to advocate for and make necessary practice and systems changes
- Deepened their understanding of change drivers, barriers, and enablers, and used what they learned to influence policy and systems
- Questioned the assumption that people's social and economic positions are a consequence of their lack of 'personal responsibility' rather than a consequence of a background set of conditions in which "the inequality machine is reshaping the whole planet" (Halimi, 2013)

- Developed communication strategies to challenge the depoliticized/individualized frameworks embedded in the broader political culture (Schrecker & Taler, 2013)

The readiness of organizations to address health equity and addressed desire changes in attitudes and practices influenced how organizations are able to adopt and use the roles. Organizational readiness requires investing in people and organizational systems. Some examples shared include:

- Establish expectations by setting standards and reporting systems (e.g., a Chief Medical Officer of Health report)
- Summarize and disseminate evidence and promising practices
- Use leaders and change agents from other organizations as peer role models to influence and support change, and normalize practice
- Use leaders at different levels, i.e., people who had worked within organizations, to pilot desired approaches

Questions to follow this conversation

- What are creative and innovative ways of engaging people across sectors in SDOH work?
- How can provinces/territories embed the roles into their public health strategies and action plans?

Related Resources

1. Brassolotto J, Raphael D, Baldeo N. Epistemological barriers to addressing the social determinants of health among public health professionals in Ontario, Canada: a qualitative inquiry. Critical Public Health [Internet]. 2013 Jul 22 [cited 2014 May 15]; [about 18 p.]. Available from: http://www.tandfonline.com/doi/full/10.1080/09581596.2013.820256#.U2xKWl5Xufs

2. Halimi S. Tyranny of the one per cent. Le Monde diplomatique [Internet]. 2013 May [cited 2014 May 15]; [about 13p.]. Available from: http://mondediplo.com/2013/05/01tyranny

3. National Collaborating Centre for Determinants of Health. Integrating social determinants of health and health equity into Canadian public health practice: Environmental scan 2010 [Internet]. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier; 2011 [cited 2014 May 15]. Available from: http://nccdh.ca/resources/entry/scan

4. National Collaborating Centre for Determinants of Health. Let's talk: Public health roles for improving health equity [Internet]. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier; 2011 Mar [cited 2014 May 15]. Available from: http://nccdh.ca/resources/entry/lets-talk-public-health-roles

5. National Collaborating Centre for Determinants of Health. What contributes to successful public health leadership for health equity? An appreciative inquiry: 14 interviews [Internet]. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2013 [cited 2014 May 15]. Available from: http://nccdh.ca/resources/entry/leadership-app-inquiry

6. Schrecker T, Taler V. How to think about the social determinants of health: Revitalizing the agenda in Canada. É/Exchange : The Population Health Improvement Research Network (PHIRN) [Internet]. Ottawa, ON: University of Ottawa; 2013 Jul [cited 2014 May 15];4(6): [about 30p.]. Available from: www.rrasp-phirn.ca/images/stories/SDOH_T_Schrecker_Jul_2013_TS_FINAL_FOR_UPLOADING.pdf]