

Leveraging opportunities for public health action to advance health equity

Exploring findings from the 2013 National
Collaborating Centre for Determinants of Health
environmental scan

Canadian Public Health Association Conference
Pre-Conference May 26, 2014



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FOR ABORIGINAL HEALTH

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National Collaborating Centre for Determinants of Health

Our focus:

- Social determinants of health & health equity

Our audience:

- Practitioners, decision makers, and researchers working in public health
- Organizations in Canada's public health sector

Our work:

- Translate and share evidence to influence interrelated determinants and advance health equity



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Agenda

- Welcome
- Key findings – 2013 NCCDH Environmental Scan
 - Small & large group reflections
- Challenges & opportunities
 - Gallery walk activity
- Implications for action: NCCDH and beyond
- Wrap up & Closing



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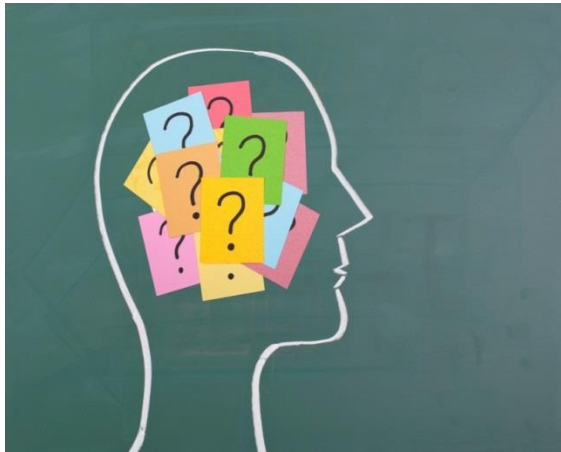
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Objectives

- Support the interpretation of the NCCDH 2013 environmental scan findings
- Apply the environmental scan finding to your public health practice
- Enhance networking while contributing to future NCCDH efforts



Speed Networking



Introduce yourself – who you are & where you are from

In what ways (if any) has public health action to advance health equity changed over the past 3 years?



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(Blink don't think!)

1 idea → 1 action

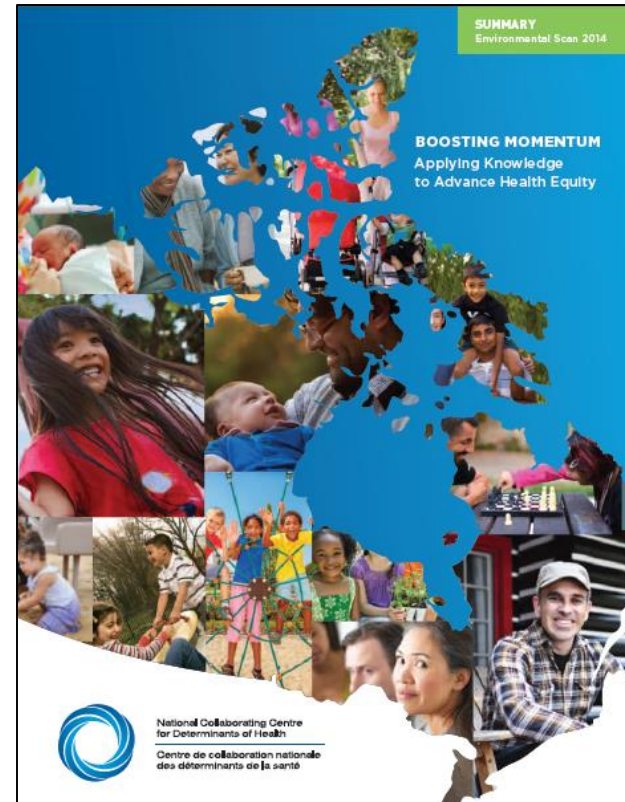
- Identify an actionable idea you can do in your workplace setting



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NCCDH Environmental Scans



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Scan objectives

To assess recent change, challenges and opportunities impacting public health action to advance health equity

Methods

Document review (Canadian, published 2010- present)

29 key informant interviews (practitioners, leaders, academics, public health influencers)

4 focus groups (3 English, 1 French)



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How has public health action to advance health equity changed?

There is more:

- Momentum - a “health equity buzz”
- Leadership commitment
- Organizational structures, staff, and strategic priorities
- Visible leadership champions
- Research and evidence
- Action from other sectors



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How has public health action to advance health equity changed?

Momentum - a “health equity buzz”

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



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How has public health action to advance health equity changed?

Leadership commitment

- World Health Organization Commission
Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health
- Rio Political Declaration on Social Determinants of Health

“The inclusion of health equity [in foundational and guidance documents] is moving from the exception to the rule”



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How has public health action to advance health equity changed?

Organizational structures

- Health equity strategic plans
- Dedicated health equity staff positions
- Public health standards



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How has public health action to advance health equity changed?

Visible leadership champions

- Passionate and courageous leadership identified in local, regional and P/T organizations
- Increased attention to the well-being of First Nations, Inuit, and Métis communities and individuals



“change has occurred where there are strong leadership champions”



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How has public health action to advance health equity changed?

Research and evidence

- CIHR-IPPH funding
- PHAC's Innovation Strategy
- Tools & Resources
 - Equity Lens for Public Health
 - Ontario's Locally Driven Collaborative Projects



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How has public health action to advance health equity changed?

Action from other sectors

- Municipalities, non-governmental organizations, community sector, cross-government partnerships, professional associations
 - Different perspectives on issues
 - Opportunities beyond public health programs
 - Access to levers for change in the broader social and economic conditions



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^aPopulations experiencing marginalization by virtue of social and economic disadvantage

Assess and Report

- *“Stakeholders only have so much tolerance for our enthusiasm. With data, the opportunities are endless.”*
- Increased number of equity-integrated population health status reports



*Populations experiencing marginalization by virtue of social and economic disadvantage



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Modify and orient interventions

- *“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.”*
- Targeted, universal, targeting within universal approaches to public health programs and services



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*Populations experiencing marginalization by virtue
of social and economic disadvantage

Partner with other sectors

- Ability to advocate “through others”
- Uncovering areas of shared interest
- Building awareness with the “whole of government”
- Engaging marginalized members of our communities
- Yet, silos, protected budgets



*Populations experiencing marginalization by virtue of social and economic disadvantage



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Participate in policy development

- Engaging in effective advocacy
- Working upstream and using policy interventions
- Using tools, e.g., Health Impact Assessment



*Populations experiencing marginalization by virtue of social and economic disadvantage



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Small group discussion

- How has this change been reflected in your work?



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Challenges: 2014 Scan

- Translating interest and commitment into action
- ‘Leveling up’ capacity
- Skills and competencies: (assessment & surveillance, research & evaluation, policy analysis & advocacy, community engagement)
- Building understanding of public health and health equity terms
- Communicating health equity ideas beyond the public health sector
- Measuring impact



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Translating interest and commitment into action

- Need to prevent the “de-energizing” of health equity objectives
- Barriers presented by organizational structured, limited organizational “agility”



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‘Leveling up’ capacity

- The greatest advancement in health equity capacity may have occurred among “early adopters”
- Learning from experience - successes and challenges
- Few partnerships across the health sector (e.g., acute, primary care)
- Competing priorities



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Skills and competencies

- Assessment & surveillance
- Research & evaluation
- Policy analysis & advocacy
- Community engagement



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Building understanding of public health and health equity terms

- Blurring of language & concepts
 - Health equity action; Health promotion; Population health; Public health
 - Vulnerable populations, priority populations
 - Targeted, tailored, universal, targeting with universalism



“We need to be better at communicating [the concept of] raising the bar and closing the gap.”



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Communicating health equity ideas beyond the public health sector

- Framing of messages suggested to have a significant impact on activities & focus
- Generating messages to resonate with other partners and sectors required



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Measuring impact

- More and multiple types of evidence required to guide action
- Data, skills required to effectively assess health inequities



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Opportunities: 2014 Scan

- Strengthen networks and sharing lessons learned
- Align common health equity priorities
- Engage other sectors and partners
- Further promote and apply the key roles for public health



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Strengthen networks and sharing lessons learned

- Opportunities to learn and share across the country
- Communities of practice

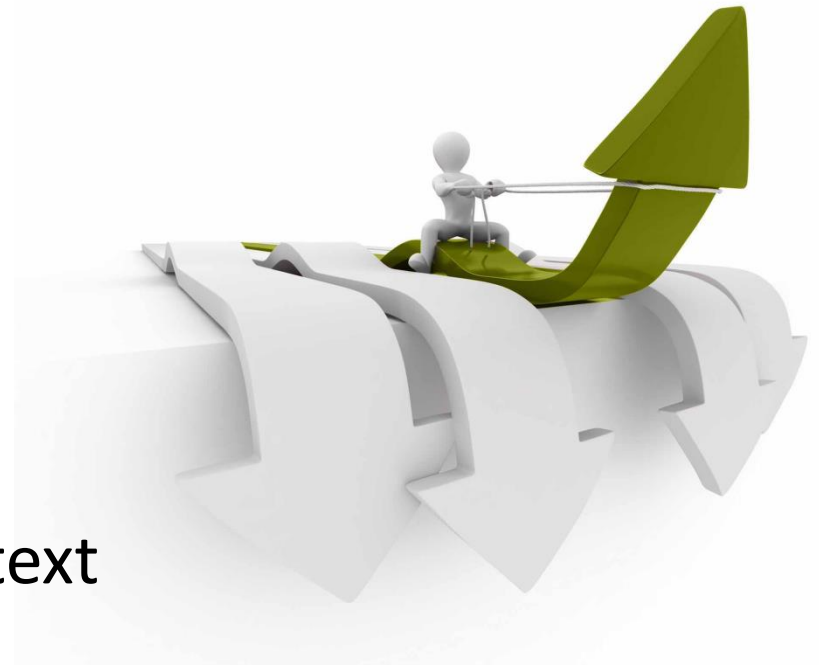


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Align common health equity priorities

- Desire for coordinated efforts, common priorities
- Maintain flexibility and responsive local action
- Reinforce actions within context of broader efforts

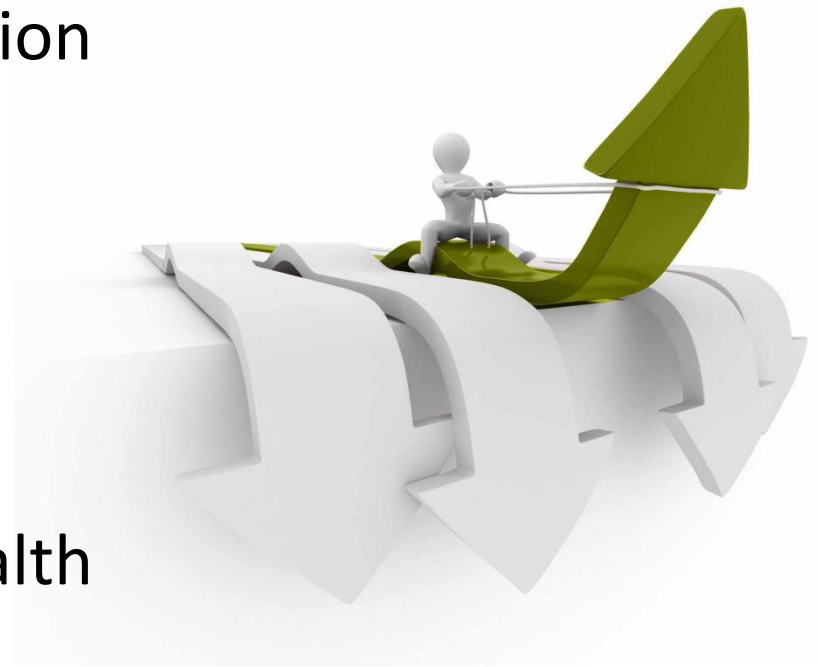


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Engage other sectors and partners

- Creative local and regional examples of intersectoral action
- Health lens to non-health priorities
- Engage others to achieve health priorities



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Further promote and apply the key roles for public health



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Activity - Gallery Walk

- 1) Limited public health skills and competencies (e.g., advocacy, health assessment, evaluation) for SDH & health equity
- 2) Shortage of SDH and health equity partnerships across the health sector (e.g., acute, primary care, competing priorities)
- 3) Communicating “health equity” that resonates w/ the public and other sectors
- 4) Working intersectorally w/ well established silos and protected budgets
- 5) Few examples of “glorious failures” – how can we share successes and challenges across jurisdictions?



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Implications for action: NCCDH and beyond

- Harness existing health equity momentum
- Profile and support leadership commitments
- Engage other sectors in health equity action



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Implications for action: NCCDH and beyond

- Target knowledge brokering to meet identified gaps in capacity, skills and competencies
- Clarify health equity terms and concepts



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Implications for action: NCCDH and beyond

- Link and coordinate public health action
- Facilitate difficult conversations



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Meeting the needs of different audiences

- Practitioners request tools to guide practice
- Leaders suggest need for evidence that includes economic case at all levels
- Researchers emphasize knowledge brokering



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Feedback to the NCCDH

- What do you think?



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Imagine a future in which public health is working optimally to advance health equity.

What does that future look like to you?

- *“Health equity is the core that drives everything that is done”*
- *“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.”*



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Identifying actionable ideas

- One card per person
- Write clearly:
“1 idea → 1 action”
- No name on index cards
- 5 rounds of scoring 1 to 5



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Thank you

- Thank you for completing the evaluation!



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