

# Addressing Health Disparities in Canada Through Intersectoral Action on the Social Determinants of Health

Global Partner Country Consultation  
Workshop

May 18/19, 2006

Geneva, Switzerland

# Outline

- Health Disparities in Canada
- Policy context
- Building Blocks of Health Disparities Policy
  - Intersectoral action
- Recent public health developments
- Towards a Health Disparities Policy Agenda
- Canada's response to the WHO Commission
- Areas for CSDH involvement

# Health Disparities in Canada

Four key areas of health disparities in Canada; two most significant are income & Aboriginal status:

## **Income**

- Lower SES associated with reduced life expectancy, higher infant mortality, low birth weight, increased incidence of infectious, cvd, injury & suicide

## **Aboriginal**

- Aboriginal peoples have shorter life span, higher rates of death from accident & injury, chronic disease, infectious disease, etc.

## **Geographic Location**

- Key are: north/south, urban/rural disparities

## **Gender**

- Women live longer but suffer more from chronic disease. Income-related health gaps are larger for men

# Aboriginal Health: A continuing challenge

- Federal government has fiduciary responsibility for First Nations populations
- Working towards transfer of control to Aboriginal communities

## **Federal Commitments:**

- To reduce the gaps in key areas i.e. infant mortality, youth suicide, childhood obesity, diabetes

## **Federal Investment:**

- Recently made significant investments in prevention, health promotion and other upstream initiatives

## **Learnings:**

- Self determination and control in Aboriginal communities is associated with better health outcomes

# Policy Context

- History of social welfare orientation
  - Progressive tax system
  - Income supports for families with children
  - Support for senior citizens
  - Protection for workers
  - Supports for education
- Universal Health Service
  - Canada Health Act

# Building Blocks to Health Disparities Policy

- Conceptual development
- Building the knowledge base
- Building capacity to act – especially at the community level
- Engaging citizens and stakeholders – role of NGOs
- Interjurisdictional mechanisms
- Intersectoral action

# Conceptual development: population health approach

## 1994 FPT Adoption of Population Health Approach

**Catalyst:** Advocacy & compelling evidence

i.e. **1994 CIAR** : *Why are Some People Healthy and Others Not?*

### **Critical success factors:**

- Approved by all jurisdictions
- Mainstreamed in federal government health sector
- Integrated into funding programs
- Awareness raising with NGOs & communities

### **Challenges:**

- Implementation concurrent with economic downturn & cuts to programs
- Support for role in influencing other sectors

# Knowledge Base

## Contributions/Successes:

- **Establishing determinants of health**
  - CIAR & FPT Advisory Committee
- **Demonstrating status of health disparities in Canada**
  - *Reports on the Health of Canadians*, CPHI reports, National Aboriginal Health Survey
- **Illuminating causal pathways**
  - Child health research – *NLSCY (longitudinal)*
- **Understanding Horizontal issues**
  - Policy Research Initiative (intersectoral)

## Lessons Learned:

- More dialogue needed between researchers and policy makers

# Capacity for Action

## Key Investments

- Population Health Fund & Programs: projects largely at local level
- Voluntary Sector Initiative

## Contributions

- Adoption of approach by advocates, frontline, NGOs
- Establishment of cross sector networks
- Development and transfer of promising practices
- Engagement of stakeholders in policy making

# Engaging Citizens & Stakeholders

**Strong health NGO sector in Canada; aim to expand involvement of civil society generally**

## **Initiatives:**

- National Forum on Health
- Commission on the Future of Health Care in Canada
- National Health Goals for Canada
- Voluntary Sector (NGO) Initiative

## **Tool:**

- *Policy Toolkit for Public Involvement in Decision Making*

## **Learnings:**

- Select level of involvement appropriate to task
- Integrate results into policy process (outcomes should not be predetermined)
- Feed back and communicate results of engagement

# Interjurisdictional Mechanisms

## Advisory Committee on Population Health

- *Strategies for Population health: Investing in the Health of Canadians*
- *Intersectoral action ...towards population health*
- *National strategy for healthy child development*
- *Reducing Health Disparities: Roles of the health sector*

## Contributions

- Critical policy documents with multi-player buy-in

## Learnings

- Provision of agreed-upon policy advice does not guarantee commitment to implementation
- Differing values, capacity, readiness across jurisdictions leads to difficult decision-making, inconsistent implementation

# Intersectoral Action

## Examples

- Child Development Policy
- Pan-Canadian Healthy Living Strategy
- Act Now! BC- ADM Committee across government
- Vancouver Agreement

## Scope

- Intersectoral action in Canada happens at all levels of government and across sectors
- Initiatives are largely issue or population specific
- At the Federal level, equity is more commonly an implicit than explicit goal

# Learnings from Federal Horizontal initiatives

## Success Factors:

- Share leadership, accountability & rewards
- Establish common language & trust
- Engage partners early, invest in the process
- Appropriate structure for stage, resource levels
- Stay connected to vertical structures
- Build series of wins into work plan for credibility & momentum

## Learnings:

- Horizontal management can be effective; not always efficient
- Consensus-based decision making risk: 'lowest common denominator' approaches

# Recent Developments: National

## Leadership and Infrastructure

- Establishment of Public Health Agency of Canada
- Public Health Network - Expert Group on Health Promotion

## Knowledge development

- National Collaborating Centres
- Conference Board Forum on SDOH
- CPHI Reports

## Policy Initiatives

- **National Health Goals**- federal commitment to implementing across sectors
- CPHO Annual Report 2007– 1<sup>st</sup> Theme: Health Disparities

# Towards a Health Disparities Policy Agenda

2004 Health Disparities papers: *Reducing Health Disparities – The Role of the Health Sector* released

- Developed by FPT task group

## **Recommended roles and activities for health sector:**

1. National Leadership
2. Integrate disparities into health services and programs
3. Engage other sectors in disparity reduction
4. Strengthen knowledge base

## **Critical success factors**

- Strength of evidence
- Persistence of Champions

# Moving Forward: Challenges

- Move beyond issue-specific to systemic change across government
- Institutionalize health sector role in addressing SDOH
- Mobilize pan-Canadian (interjurisdictional) approach
- Strategically engage public & politicians
- Measure and monitor progress
- Fill knowledge gaps, especially of effective interventions
- Learn more about supporting traditional holistic approaches to Aboriginal health

# Canadian Reference Group on Social Determinants of Health

- **Mandate:**
  - Provide information to & advice for Canada's efforts related to the WHO Commission
  - Integrate lessons learned from the Commission into policy processes
  - Connect with & mobilize action in Canada
- **Composition:**
  - Commissioners & KN Hub leads
  - Federal government departments
  - Provincial representatives
  - Academics
  - NGOs

# Initial Activities Being Considered by Canadian Reference Group

## *Building knowledge base:*

- Canadian experiences with intersectoral action
- Aboriginal self determination and health

## *Making the case – politicians & public:*

- Awareness and engagement plan
- Citizens' Forum

## *Mechanisms for change:*

- Senate Committee or other mechanism
- Review state of indicator development, identify gaps & forward plan

# Areas for CSDH Involvement

- Mechanisms for whole-of-government approaches & intersectoral collaboration
- Strategies for engaging the public and politicians regarding SDOH
- Economic arguments for upstream approaches & health disparities reduction
- Effective use of health impact assessment