



National Collaborating Centre  
for Determinants of Health

Centre de collaboration nationale  
des déterminants de la santé

## EXECUTIVE SUMMARY

**INTEGRATING SOCIAL DETERMINANTS  
OF HEALTH AND HEALTH EQUITY INTO  
CANADIAN PUBLIC HEALTH PRACTICE:  
*ENVIRONMENTAL SCAN 2010***

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The National Collaborating Centres (NCCs) for Public Health were created to promote and improve the use of the results of scientific research and other knowledge to strengthen public health practices and policies in Canada. The NCCs identify knowledge gaps, foster networks and translate existing knowledge to produce and exchange relevant, accessible, and evidence-informed products with researchers, practitioners, and policy-makers.

The National Collaborating Centre for Determinants of Health (NCCDH) is one of six NCCs funded by the Public Health Agency of Canada (PHAC). The focus of the NCCDH is on the social and economic factors that influence the health of Canadians. The NCCDH's recent work has concentrated on early child development, particularly public health home visiting programs.

The NCCDH has requested this environmental scan to inform its future direction, priorities and activities through an analysis of the key challenges, needs, gaps, and opportunities in the determinants of health for public health. A four-member expert reference group was established to provide strategic input into the conduct of the scan.

This environmental scan utilized four information gathering approaches: a focussed scan of the literature; 31 key informant interviews with practice and research experts; four focus group

teleconferences to validate early emerging themes; and, an online survey with over 600 respondents.

There was considerable convergence of the findings across the four information gathering approaches.

Public health interest and action on health determinants to reduce health inequities is reflected throughout public health's history including major public health concepts and reports of recent decades (e.g., Ottawa Charter, Reports on Health of Canadians, population health approach, etc.). Explicit expectations for action on health determinants are increasingly embedded within defining parameters of practice such as core public health program and accreditation standards.

Despite public health's more distant and recent history, public health action on broader health determinants is not widespread and may even be viewed as 'new'. Either the application of foundational concepts was never universally institutionalized throughout public health or enough time has passed and pressures exerted upon the public health sector that they have been lost. Even within early adopter organizations, action on determinants of health is still at a relatively early stage of implementation versus having been institutionalized throughout. A number of pervasive challenges are barriers to more widespread action. These include: the lack of clarity regarding what public health should or could

do; a limited evidence base; preoccupation with behaviour and lifestyle approaches; bureaucratic organizational characteristics; limitations in organizational capacity; the need for leadership; more effective communication; and supportive political environments.

There are also a number of opportunities for achieving success. First, there is the past experience of successively addressing major society-wide challenges (e.g., sanitarians, tobacco control). Increasing evidence to inform action will result from the Canadian Institutes for Health Research Institute for Population and Public Health's (CIHR-IPPH) strategic focus on health equity-related research. Several public health organizations are taking action on health determinants and will thereby add to existing knowledge (i.e., 'learn by doing'). As evidenced by the interest in this environmental scan, there is considerable and widespread interest in action on health determinants within the public health community. There is also evidence of interest from many sectors across society.

In its initial years of operation, the NCCDH has mainly been focussed on specific health determinants or on particular interventions. The challenge with this approach is that the NCCDH risks being relevant to only a particular program area of public health organizations. Determinants also tend not to function in isolation, but to cluster. Individual public health organizations will choose priorities based on the local context, which may not align with the NCCDH's chosen focus. An alternative option would be to take a broader perspective on

determinants as part of the population health approach. However, this would provide little guidance as to what the NCCDH should focus upon.

An alternative option is to focus the NCCDH's knowledge synthesis and translation efforts on supporting public health action on health determinants to reduce health inequities. Despite substantial improvements in the health of the public on average, there continue to be marked differences in health experiences among Canadians. Among public health staff, there appear to be misperceptions that a population health approach equates with targeting the 'general population'. Depending on the type of intervention, there are increasing concerns that some public health interventions may contribute to inequities.

Focusing on the reduction of inequities would provide a cross-cutting approach that could encompass multiple determinants and be relevant to public health organizations across the country. Such a focus would be consistent with the many international, national, provincial and local/regional reports that have highlighted the existence of inequities and recommended action. Several key informants stressed that what was required was for the NCCDH's focus to be less about specific determinants and more about critical thinking and reflective practice to incorporate consideration of inequities in all of the actions of the organization. Through a series of knowledge translation products and activities (e.g., evidence synthesis, frameworks, case studies, tools, training, etc.), the NCCDH can address a cross-section of determinants, issues, populations, and settings.

***The National Collaborating Centre for Determinants of Health (NCCDH) focuses on the social and economic factors that influence the health of Canadians. The Centre translates and shares information with public health organizations and practitioners to influence interrelated determinants and advance health equity.***

Overall, there appear to be four key roles for public health action on health determinants to reduce health inequities:

- **Assess and report** on the health of populations describing the existence and impact of health inequalities and inequities and, effective strategies to address those inequalities/inequities.
- **Modify/orient** public health interventions to reduce inequities including the consideration of the unique needs and capacities of priority populations (i.e., do planning and implementation of existing programs considering inequities).
- **Engage** in community and multi-sectoral collaboration in addressing the health needs of these populations through services and programs (i.e., when looking at the collectivity of our programming for 'x', where are the gaps?).
- **Lead/participate and support** other stakeholders in policy analysis, development and advocacy for improvements in health determinant/inequities.

There was widespread agreement regarding these roles for public health among key informants, focus group participants, and online respondents. Scan participants suggested a number of additional 'roles' that reflect approaches and areas for capacity building:

- Leadership
- Organizational and system development
- Development and application of information and evidence
- Education and awareness raising
- Skill development
- Partnership development.

A matrix of these two lists may assist public health organizations, as well as the NCCDH, to analyze gaps and identify opportunities for strengthening practice.

To achieve optimal impact on the field of public health, the NCCDH should become the 'go-to' hub for information and assistance on public health action on health determinants to reduce health inequities. It should be the lead source of current, quality, and relevant evidence and thinking in this area. It should synthesize what we know, may know and do not know regarding health gradients, inter-relationships and pathways among determinants. It should capture and build on existing promising practices and ensure their learning and experience are integrated with existing evidence. Since public health action addressing health determinants to reduce health inequities affects all aspects of programming, the work of the NCCDH needs to be informed by a strong understanding of the public health practice context at individual, organization and system levels. Leadership is essential for establishing organizational action on health determinants including its influence on priority setting, allocation of resources, modeling desired behaviours, establishing strategic partnerships, and overseeing implementation. As such, public health leaders will require particular attention and support in the work of the NCCDH.

The action of the NCCDH needs to be strategic in order to increase linkages between the practice and research communities, particularly considering the synergy with IPPH's research priorities. Reflecting the cross-cutting nature of the work, the NCCDH should collaborate and coordinate with the other NCCs and to support consideration of inequities in their work.

The main body of this report discusses in more detail the implications for NCCDH priorities and actions and the appendices provide additional supplementary materials.

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

La version française est également disponible au : [www.ccnds.ca](http://www.ccnds.ca)