



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé



HIGHLIGHTS

RESEARCHER-PRACTITIONER HEALTH EQUITY WORKSHOP: BRIDGING THE GAP



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La version française est également disponible au www.ccnds.ca sous le titre *Atelier sur l'équité en santé : Combler l'écart entre la recherche et la pratique - faits saillants*.

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The workshop brought together public health researchers, policy-makers, and practitioners working on the social determinants of health and health equity across Canada and globally. We would like to thank all those who attended for their active participation and contributions to the workshop that was intended to strengthen the links between evidence and action for health equity. A special word of thanks to all of the speakers and discussants for their contributions to the design with examples from the local and regional levels of how evidence and action can be brought together to make a difference in health equity.

Thanks to the planning team for their efforts to design a program intended to bridge the gap between research and practice in this critical field. Members of the program planning team were Claire Betker and Sume Ndumbe-Eyoh from the National Collaborating Centre for Determinants of Health and Emma Cohen and Sarah Viehbeck from Canadian Institutes of Health Research Institute of Population and Public Health.

Diana Daghofer, Wellspring Strategies researched and wrote the case studies and also wrote the workshop report. Raymonde D'Amour, Groupe Intersol Group, served as facilitator during the workshop.

Individual opportunity
to act on
Explore possibilities for
collaboration → PPI.
met at meeting.

2) Opportunity we hope others
will act on
NCCDH/CIHR-IPPH/
CPHI etc. → bring forward
discussion → develop
related discussion areas
host to CREG a proposal

ABOUT THE WORKSHOP HOSTS

National Collaborating Centre for Determinants of Health

The National Collaborating Centre for Determinants of Health is one of six National Collaborating Centres (NCCs) for Public Health in Canada. Established in 2005 and funded by the Public Health Agency of Canada, the NCCs produce information to help public health professionals improve their response to public health threats, chronic disease and injury, infectious diseases, and health inequities.

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

Canadian Institutes of Health Research Institute of Population and Public Health

The Canadian Institutes of Health Research (CIHR) is the Government of Canada's health research investment agency. CIHR's mission is to create new scientific knowledge and to enable its translation into improved health, more effective health services and products, and a strengthened Canadian health care system. Composed of 13 Institutes, CIHR provides leadership and support to more than 14,100 health researchers and trainees across Canada. The CIHR Institute of Population and Public Health (CIHR-IPP) aims to improve the health of populations and promote health equity in Canada and globally through research and its application to policies, programs, and practice in public health and other sectors.

Canadian Institutes of Health Research Institute of Aboriginal Peoples' Health

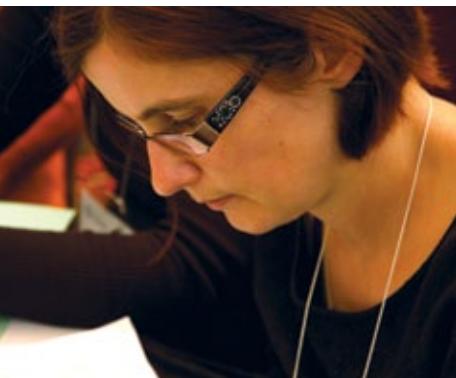
Institute of Aboriginal Peoples' Health (IAPH) fosters the advancement of a national health research agenda to improve and promote the health of First Nations, Inuit and Métis peoples in Canada, through research, knowledge translation and capacity building. The Institute's pursuit of research excellence is enhanced by respect for community research priorities and Indigenous knowledge, values and cultures.

National Collaborating Centre for Healthy Public Policy

The National Collaborating Centre for Healthy Public Policy (NCCHPP) has a mandate to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge related to public policy that is likely to have a positive impact on the social, economic, and environmental determinants of health.

Canadian Institute for Health Information- Canadian Population Health Initiative

The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit corporation that provides information on Canada's health system and the health of Canadians. As part of CIHI, the Canadian Population Health Initiative (CPHI) explores patterns of health within and between population groups to foster a better understanding of factors that affect the health of individuals and communities. We also seek out and summarize evidence about "what works" at a policy and program level to contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians.



Health Equity: Lay of the Land and Future Directions

Public health professionals have a strong commitment to helping all people reach their full health potential. They share the conviction that public health practice is improved when it is informed by evidence. This means acting on the social determinants of health with proven approaches to improve health equity across Canada and globally.

A workshop of public health practitioners, policy-makers and researchers working on the social determinants of health and health

equity was convened jointly by the Canadian Institutes of Health Research-Institute of Population and Public Health (CIHR-IPPH), the National Collaborating Centre for Determinants of Health (NCCDH), and its partners, in Toronto on February 14-15, 2012. The workshop aimed to strengthen relationships between researchers and practitioners to address health inequities. Three themes were threaded through the event: advancing health equity, integrating research and practice, and translating knowledge into action.

Moving from Research...to Action

Nancy Edwards opened the workshop by noting that health inequities cannot be understood in isolation of their policy and political contexts. There is a clearly established link between the economic gradient and health equity, but efforts must address more complex 'distal' factors in health inequity, including macro, historical and dynamic influences.

Research remains focused on understanding inequalities, with far fewer resources going to measuring change and supporting action on health equity. There needs to be a shift in research to integrate theories that are consistent with systems approaches; to incorporate mixed methods designs that examine contextual influences; and to include comparative policy research and natural experiments.

Connie Clement recognized the many promising practices applied in public health work, but noted that, too often, these remain isolated cases. Knowledge translation and more applied intervention research are required to provide practitioners with the means to evaluate and share their experiences and emerging knowledge to support more rapid uptake of successful practice methods.

Public health, with its inter- and multi-disciplinary approaches to addressing complex issues, is well suited to champion health equity. Practitioners generally agree on the following roles for public health: to assess and report on the health of populations; modify/orient public health interventions to reduce inequities; engage in community and multi-sectoral collaboration

to address the health needs of populations; and lead/participate and support other stakeholders in policy analysis, development and advocacy for improvements in the health determinants/inequities (NCCDH, 2011).

These roles and ten promising and evidence-informed practices for local public health action (Sutcliffe, Snelling & Laclé, 2009; SDHU, 2011)

are reflected in much of the work currently undertaken by public health practitioners. The challenge remains to build and spread the uptake of intervention evidence, while maintaining strong rigour. A paradigm shift is required in the way problems, needs and assets are understood; in how viable solutions are conceptualized; and in the partnerships forged between researchers and practitioners.

Bridging Practice and Research

At a number of points in the workshop, participants had the opportunity to discuss challenges or barriers or health equity work, as well as successes or facilitators.

CHALLENGES – Participants noted the broad challenges they face, including a general resistance to change, regulatory or policy barriers, a lack of time and resources, and a dearth of opportunities to share knowledge. Most challenges identified related to implementation and research issues, including a lack of training in health determinants; concerns about the role of practitioners as advocates; difficulties in applying local context to 'scale up' successes elsewhere; and challenges in finding and applying evidence. Barriers to collaboration between various sectors, disciplines and jurisdictions were also raised.

The complex nature of health equity and sector-specific language were cited as contributing to a lack of understanding about how to address the determinants of health. Competing priorities and an unsupportive political climate were noted as posing significant challenges. A culture of individualism or a conservative mindset were seen as barriers to action at all levels, particularly the national one.

...AND SUCCESSES – A number of participants recognized the commitment to health equity as a strategic or policy priority within their organizations, and the passion and growing momentum shown through action on the determinants of health. An often-named success was the collaboration occurring between researchers, practitioners, the community and other stakeholders, including individuals living in vulnerable circumstances. Better sources of information and tools to address health determinants were lauded, along with an increased understanding of, and dedicated funding for, health equity initiatives.

Three issues emerged as themes that support linking evidence to action at all levels – local, provincial and national: health equity as a concept that is well-understood and embraced by Canadians, particularly when it is framed as "fairness"; convincing evidence, particularly when it is local, which is seen as more meaningful and applicable; and multi-sectoral action/collaboration, particularly at the local level, where potential partners are better known to each other.

Participants worked through case studies to address the challenges they identified, and build on successes. Details of these case studies and examples are included in the full proceedings report (NCCDH & CIHR, 2012):

- a. *Building leadership competency in public health*, Dr. Jocelyne Sauvé, Medical Officer of Health, La Montérégie Regional Health Authority
- b. *Making the case for health equity internally: Winnipeg's experience*, Dr. Sande Harlos, Medical Officer of Health, Winnipeg Regional Health Authority
- c. *Improving health equity in Saskatoon: From data to action*, Dr. Cory Neudorf, Medical Officer of Health Saskatoon Regional Health Authority
- d. *Empower the community: New Brunswick's approach to overcoming poverty*, Stéphane Leclair, Executive Director, New Brunswick Social and Economic Inclusion Corporation
- e. *Evidence and Action in Health Equity: The Insite supervised injection facility*, Dr. Kora DeBeck, Postdoctoral Fellow and Research Associate, BC Centre for Excellence in HIV/AIDS

A panel of CIHR–funded researchers described their work in health equity in the following areas:

- f. *Reducing Health Inequities: Integrating an Equity Lens in Public Health*, Dr. Marjorie MacDonald, CIHR/PHAC Applied Public Health Chair, Professor, School of Nursing, University of Victoria
- g. *Using geographic mapping tools to understand health equity and support local action: The Ottawa Neighbourhood Study*, Dr. Elizabeth Kristjansson, Associate Professor, School of Psychology, University of Ottawa
- h. *Community-based participatory research with Aboriginal peoples: Linking evidence and action for health equity*, Dr. Colleen Dell, Associate Professor, University of Saskatchewan



Workshop Themes

Presentations and discussions among participants created a wealth of ideas to build on the workshop objectives and themes.

To **advance health equity**, trans-local action was identified as a possible model to extend local successes to other locations, without the need for national or provincial structures. Multi-sectoral collaboration was noted as an effective route to action, particularly at the local level, cited as being the most conducive arena to work towards change. Participants were urged to watch for policy windows, and were given a demonstration of that in action in Winnipeg. A way to develop public health leaders was modeled in La Montérégie.

The need for **funding** was identified, to fill gaps in research, including a compelling economic case for health equity. New research methodologies were called for that provide a systems view to take into account the complex interaction of the many factors that affect health equity over time.

Framing health equity as “fairness” was seen as a way to advance the issue, as it is a concept that is understood and embraced by many. Sticky messages – using non-health language – and creative methods of communication were suggested, including evidence-based story-telling, videos, music and viral communication. Public surveys, elevator-talking points and community discussions were named as opportunities to influence mainstream and political perspectives. Public health professionals were urged to continue with their advocacy work, using a considered approach.

It was suggested that **research and practice can be better integrated** by involving practitioners in research through steering committees and community-based participatory research, and by engaging students. Examples were given of the value of integrating lived experience into health equity work.

A wide range of **health equity tools** was listed at the workshop, including community mapping and health equity impact assessment tools. However, an integrated health equity lens is still required. Data at the local level was cited as particularly meaningful and applicable, as it tends to be more relevant to politicians and local decision-makers, and supports the work of advocacy groups ready to take full advantage of health equity evidence. Strong evidence and local public opinion are important to make the case for action on health equity, as was shown in Saskatoon.

The workshop demonstrated a number of successes in **translating knowledge into action**. KT is an effective approach to building support for initiatives, clearly shown in the Insite and Saskatoon experiences. While knowledge is far more accessible, effective tools more available and innovative action on health equity more common than several years ago, participants made a strong call for a “go-to hub” to allow them to access and act upon the latest research and effective practices.

Next Steps

Nancy Edwards closed the workshop by noting that, despite the many health equity tools, approaches and models of interaction between researchers and decision-makers, health inequities remain tenacious. Since much of the innovation in public health has arisen at the local level, she suggested that these “golden nuggets” be documented quickly, and made easily available so people can build on successes and avoid duplication of effort. Dr. Edwards commented on the strong capacity for trans-local action – moving things to a national scale without it being nationally-driven.

Discussions highlighted the fact that the right research needs to be available when windows of opportunity open in the policy environment. Mechanisms linking social and structural determinants, interventions and context need to be made explicit and better understood. Costs and benefits to society must also be elucidated, across sectors and system levels.

Dr. Edwards noted that advances can be made by examining complex population health interventions within complex adaptive systems, supported by knowledge synthesis strategies and models to fund population health interventions. However, methods and implementation systems to scale-up efforts are still required, along with stronger interfaces between evidence and practice. Also, there remains a clear gap in research evidence to help us understand what action to take. Dr. Edwards strongly encouraged everyone to apply for funding, and possibly, to engage social scientists to apply for the type of research needed to support action on health equity.

Connie Clement confirmed that the NCCDH aspires to be a critical source for health equity information, knowledge and evidence, and to provide a key support structure. NCCDH can act as a hub, an accelerator of ideas and promising and proven practices. The essence of NCCDH’s knowledge translation work includes the roles of conduit, broker, relationship-builder, and bridge between people and information.

In relation to this workshop, NCCDH committed to:

- Promote dialogue and exchange between researchers and practitioners, across provinces and territories, and between Francophones and Anglophones within the NCCDH virtual community;
- Ensure that the new NCCDH website, combined with the virtual community, serves as the hub participants asked for;
- Address identified barriers and facilitating factors, and promote effective interventions and joint research-practice models through publications (reviews, cases, evidence summaries) and educational and exchange events;
- Identify and encourage research and policy responses to evidence gaps;
- Bring evidence to bear in public health leadership development to advance health equity;
- Specifically, develop and disseminate proceedings, release the case studies, post the presentation slides, generate video products highlighting the workshop’s central ideas, and use the cases as the basis for webinars to be delivered with CHNetworks.

Workshop presentations and case studies available at nccdh.ca

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