



National Collaborating Centre  
for Determinants of Health

Centre de collaboration nationale  
des déterminants de la santé

**PUBLIC  
HEALTH  
SPEAKS**

## **WHERE ARE THE RESOURCES TO “MOVE UPSTREAM” IN PUBLIC HEALTH WORK?**

In 2013, the National Collaborating Centre for Determinants of Health (NCCDH) published Let's Talk: Moving Upstream to encourage public health staff to talk about how we can move upstream in the ways we listen, decide what to speak up about, schedule our time and other resources, and set priorities for our local, regional and provincial organizations.

The NCCDH hosted an online conversation in the Health Equity Clicks online community ([www.nccdh.ca/community](http://www.nccdh.ca/community)) and a webinar to discuss questions related to finding the resources to move public health work “upstream”, specifically:

1. How can public health get better at focusing on the work that has broad, longer-term impact?
2. With whom is public health competing to get resources for upstream work?
3. Will public health have to leave some services to other health sectors to make it possible for it to do upstream work?
4. How do we make sure public health is sitting at the resource allocation tables?

The conversations took place in July 2014, and were moderated by Lesley Dyck and Karen Fish Knowledge Translation Specialists. Guest contributors Méliissa Génèreux and Ryan Meili kicked-off the conversation, and were soon followed by other members of the Health Equity Clicks community.

This summary includes the conversation highlights, practice examples shared by participants, as well as some questions, which emerged from the discussion. It concludes with key resources shared during the discussion.



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## Conversation highlights

Participants shared their experiences finding resources to “move upstream,” as noted below.

### Reframing and political advocacy

- Used public health surveillance of social inequalities in health, and their determinants – and their impact on populations – to frame issues such as housing, and educate and influence decision makers
- Reframed issues around the social determinants of health
- Engaged in political action and advocacy as an inherent part of public health work
- Recognized a continuum of downstream, midstream, and upstream activities
- Had public health leaders with the ideology and organizational structures in place to support upstream work
- Measured upstream items, e.g., affordable healthy food vs. child nutrition
- Used business terms such as “value added” and “cost benefit”
- Engaged in philosophical and moral reasoning alongside a traditional focus on evidence
- Approached equity issues from the perspective of global inequities, e.g., the UN Sustainable Development Goal to reduce inequality within and among countries

### Collaboration and Community Engagement

- Partnered with citizens and advocacy groups/networks on political action
- Collaborated within and between sectors to address resource and duplication challenges
- Adapted successful programs, practices, and/or interventions from other jurisdictions

- Gave voice to those who would benefit in the future, e.g., through engagement in policy and program evaluations; and micro-simulation modeling
- Helped shape the public discourse around health to include the social determinants, e.g., through systematic public education
- Identified early adopters and champions who could help lay the foundation

### Reallocation of services and resources

- Determined a set of shared values to help reduce competition and conflict around resources
- Redirected time and resources from existing programs to address broader health equity factors
- Changed the role of public health, where feasible, for example moving immunization, clinical management of blood-borne exposures, chronic disease follow up to other parts of the health systems, or septic systems to the Department of the Environment; and healthy built environment work to local government
- Used downstream/midstream programs to push for changes, e.g., enhancing physical activity promotion work by supporting changes in the built environment to reduce social and economic exclusion
- Developed integrated, community-based delivery institutions like community health co-ops
- Supported successful upstream approaches such as comprehensive school health and guaranteed income policies
- Focused on the early years, e.g., by providing prenatal support, nutrition, a living wage for parents, and universal quality child care to break the cycle of poverty

## Practice examples from public health and intersectoral partners

- In Quebec, Eastern Townships Public Health Services conducted a survey examining social position and residential environment (e.g., thermal stress, second-hand smoke, community noise) to advocate for adequate residential environment for all
- [TeamWerks Co-operative](#) in Thunder Bay provides employment opportunities and services to clients living with mental illness
- The Association of Ontario Health Centres moved the conversation upstream through the launch of the [Shift the Conversation: Community Health and Wellbeing initiative](#)
- In Ontario and the Northwest Territories, public health engaged in debates about the purpose of schooling, and advocated for inclusive schools and health in school system goals with the [Pan-Canadian Joint Consortium for School Health](#)
- [Basic Income Canada Network](#) launched the [BIG Push campaign](#) to speak on and advocate for basic income in Canada
- Examples of public health partnering to engage politically: In 2011, the Canadian Nurses Association

(CNA) and YMCA Canada teamed up to learn about what Canadians needed from health care; [Voices for Food Security](#) in Nova Scotia to improve knowledge, understanding, and action on food insecurity; and [Generation Squeeze](#) to strategically promote the interests of seniors, who hold political and economic power, as well as the impact on young families.

## Questions to follow this conversation

- How can public health get out of the “trinity trap” to more upstream thinking about what keeps people healthy?
- How can public health engage with their partners to ensure that the service needs of vulnerable groups are provided for to allow an increased focus on the broader factors?
- If we had the resources, what public health upstream activities would we fund?
- Do public health staff have the appropriate knowledge, skills, and attitudes to engage in advocacy campaigns?
- How can we be more accountable while working upstream/midstream given that the impacts are long-term, and often difficult to measure and attribute to public health efforts?

## PUBLIC HEALTH SPEAKS: WHERE ARE THE RESOURCES TO “MOVE UPSTREAM” IN PUBLIC HEALTH WORK?

### Resources: Reframing and political advocacy

1. Carey G, Crammond B. Taking action on the social determinants of health: insights from politicians, policymakers and lobbyists. 2014. <http://determinantsofhealthalliance-org.webs.com/140714TakingAction.pdf>
2. Frieden TR. A Framework for Public Health Action: The Health Impact Pyramid. *American Journal for Public Health* 2010 Apr 100(4):590-595. [www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340)
3. Kingdon, J.W. 1984. *Agendas, Alternatives and Public Policies*. University of Michigan: Boston.
4. Lowe JI. 2010. *A new way to talk about the social determinants of health*. Princeton, NJ: Robert Wood Johnson Foundation. [www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023](http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023)
5. National Collaborating Centre for Determinants of Health. *Let's talk: Moving upstream*. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2013. <http://nccdh.ca/resources/entry/lets-talk-moving-upstream>
6. Raphael D, Brassolotto J, Baldeo N. Ideological and organizational components of differing public health strategies for addressing the social determinants of health. *Health Promotion International* [Internet]. 2014 Apr 16 Available from: <http://heapro.oxfordjournals.org/content/early/2014/04/15/heapro.dau022.full.pdf+html>
7. Shaw M. The accidental epidemiologist: losing the way or following social-epidemiological leads? *International Journal of Epidemiology* [Internet]. 2002; 31(3): 523-526. Available from: <http://ije.oxfordjournals.org/content/31/3/523.full.pdf>
8. Carey G, Crammond B. Taking action on the social determinants of health: insights from politicians, policymakers and lobbyists. 2014. <http://determinantsofhealthalliance-org.webs.com/140714TakingAction.pdf>
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10. Kingdon, J.W. 1984. *Agendas, Alternatives and Public Policies*. University of Michigan: Boston.
11. Lowe JI. 2010. *A new way to talk about the social determinants of health*. Princeton, NJ: Robert Wood Johnson Foundation. [www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023](http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023)
12. National Collaborating Centre for Determinants of Health. *Let's talk: Moving upstream*. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2013. <http://nccdh.ca/resources/entry/lets-talk-moving-upstream>
13. Raphael D, Brassolotto J, Baldeo N. Ideological and organizational components of differing public health strategies for addressing the social determinants of health. *Health Promotion International* [Internet]. 2014 Apr 16 Available from: <http://heapro.oxfordjournals.org/content/early/2014/04/15/heapro.dau022.full.pdf+html>
14. Shaw M. The accidental epidemiologist: losing the way or following social-epidemiological leads? *International Journal of Epidemiology* [Internet]. 2002; 31(3): 523-526. Available from: <http://ije.oxfordjournals.org/content/31/3/523.full.pdf>

### Resources: Reframing and political advocacy

8. Carey G, Crammond B. Taking action on the social determinants of health: insights from politicians, policymakers and lobbyists. 2014. <http://determinantsofhealthalliance-org.webs.com/140714TakingAction.pdf>
9. Frieden TR. A Framework for Public Health Action: The Health Impact Pyramid. *American Journal for Public Health* 2010 Apr 100(4):590-595. [www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340)
15. Positioning public and population health: an optimistic view for the future. *DrPHealth* [blog on the Internet]. 2014 August 5. <http://drphealth.blogspot.ca/2014/08/positioning-public-and-population.html?m=1>
16. 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*. 2013 Jul 22; 24(3):321-336. [www.tandfonline.com/doi/abs/10.1080/09581596.2013.820256#.VL2MdMY4dH0](http://www.tandfonline.com/doi/abs/10.1080/09581596.2013.820256#.VL2MdMY4dH0)
17. Meili R. *Upstream. Avoiding the 'trinity trap'*. Upstream: Institute for A Healthy Society. 2014 April 30. [www.thinkupstream.net/avoiding\\_the\\_trinity\\_trap](http://www.thinkupstream.net/avoiding_the_trinity_trap)

### Resources Reallocation of services and resources

15. Positioning public and population health: an optimistic view for the future. *DrPHealth* [blog on the Internet]. 2014 August 5. <http://drphealth.blogspot.ca/2014/08/positioning-public-and-population.html?m=1>
16. 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*. 2013 Jul 22; 24(3):321-336. [www.tandfonline.com/doi/abs/10.1080/09581596.2013.820256#.VL2MdMY4dH0](http://www.tandfonline.com/doi/abs/10.1080/09581596.2013.820256#.VL2MdMY4dH0)
17. Meili R. *Upstream. Avoiding the 'trinity trap'*. Upstream: Institute for A Healthy Society. 2014 April 30. [www.thinkupstream.net/avoiding\\_the\\_trinity\\_trap](http://www.thinkupstream.net/avoiding_the_trinity_trap)

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The National Collaborating Centre for Determinants of Health is hosted by St. Francis Xavier University.

Please cite information contained in the document as follows:

National Collaborating Centre for Determinants of Health. (2015). *Public Health Speaks: Where are the resources to “move upstream” in public health work?* Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

ISBN: 978-1-987901-16-0

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Determinants of Health (NCCDH).

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada. 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)

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