EVENT SUMMARY

National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

CIHR IRSC

Canadian Institutes of Health Research

Instituts de recherche en santé du Canada

Opportunities and Challenges for Moving Upstream:

Summary of a researcher dialogue to explore how research can contribute to understanding and acting on the structural and social determinants of health

Hosted by
Canadian Institutes of Health Research – Institute of Population and Public Health and National Collaborating Centre for Determinants of Health
Monday, December 4, 2023

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The National Collaborating Centre for Determinants of Health is hosted by St. Francis Xavier University. We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people.

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PURPOSE OF THE RESEARCHER DIALOGUE

The National Collaborating Centre for Determinants of Health (NCCDH) and the Canadian Institutes of Health Research's Institute of Population and Public Health (CIHR-IPPH) partnered to host a strategic conversation with researchers to explore the shared question of how research can contribute to understanding and taking action on the structural and social determinants of health. This dialogue was also intended to inform the NCCDH's 2024 environmental scan.

EVENT PARTICIPATION AND PROCESS

The leadership and staff of both organizations came together to plan a 2-hour virtual dialogue focused on addressing what we now know as the structural determinants of health.

There was significant interest in the session from researchers across the country and beyond. A total of 46 researchers registered, and 31 researchers attended the event (not including NCCDH and CIHR-IPPH staff). They represented a diversity of experienced and early career researchers, including some Indigenous, Black and Francophone researchers. Researchers came from population and public health and/or social science disciplines. Those unable to attend expressed interest in reviewing the summary report for the session.

The main agenda was based on a World Café process where small groups rotate through key questions as a "table" (1 hour), followed by a plenary discussion (30 minutes). Feedback was collected through a virtual whiteboard platform (Jamboard), plenary session recording and facilitation notes.

The guiding questions for the discussion included:

- Where are we now? What is the current Canadian research landscape for addressing the structural determinants of health?
- Where do we want to go? What research and researcher capacity gaps exist to address the structural determinants of health? What questions are not yet being asked and answered?
- How can our organizations support getting there? What are the roles for the NCCDH and CIHR-IPPH to support a research agenda focused on addressing the structural determinants of health? Who else is supporting work in this area? What are the opportunities to collaborate?

SMALL GROUP DISCUSSION THEMES

The dominant themes from the discussions focused on six overlapping areas associated with the structural and social determinants of health:

1. Silos between funders and research topics, and other barriers to funding
2. The challenge of developing shared understanding and values
3. The need for understanding power and applying critical thinking
4. Overcoming the knowledge-to-action gap
5. The importance of convening and collaborating
6. The need for training and capacity building

Out of these themes, **10 strategic actions** emerged for both CIHR-IPPH and the NCCDH to consider:

1. Strengthen grants and the granting process.
2. Develop a "signature initiative" focused on structural determinants of health across funding and knowledge translation organizations.
3. Use an integrative approach to framing structural and social determinants of health.
4. Strengthen change communication to promote action on the causes.
5. Train practitioners and researchers to intentionally use theories and methods that are relational and address power.
6. Target early career and Indigenous researcher development.
7. Provide research and knowledge translation resources to support community initiatives.
8. Create a CIHR institute to enhance implementation and sustainability.
9. Undertake more political engagement activities.
10. Host an annual forum to engage across sectors.

PLENARY DISCUSSION THEMES

Several key challenges and opportunities for improvement were identified in relation to the current research environment and the focus on structural determinants of health:

- Knowledge and concepts related to ecological determinants of health and planetary health need to be deeply incorporated across all research disciplines and topics.
- Indigenous knowledge systems and scholars are desperately needed in research and policy, and they need to be meaningfully engaged.
- The research landscape is fragmented and negatively impacts new researchers who are not positioned or supported to work on structural and social determinants of health.
- The long-term view of researchers and their related institutions is misaligned with the short-term view of political decision-making and policy.

Recommendations that emerged include:

- Focus on short-term gains (e.g., "What can be done in the next 2 years and get you elected?") as a way to get things done — also known as radical incrementalism.
- Build research on solution-focused areas, such as economic benefit, return on investment and political will.

When asked where else we should look for solutions, participants provided a number of suggestions:

- We need to move from engaging policy-makers to engaging civil society and radical thinkers from a systems perspective (ecological, economic, social, political) to cultivate the necessary "both/and" thinking. The next generation of researchers cannot be allowed to perpetuate a false dichotomy between the economy and the environment.
- Funding for this work needs to come from wider sources beyond government, including other sectors such as business, non-profits and foundations, to allow us to go to the root of the problem.
- CIHR funding needs to go to both big and small ideas. Currently, it tends to go to "big funding and big challenges" and not to small projects working incrementally on addressing structural and social determinants of health.
- We cannot solve the problem from the same space that created it; therefore, we need to look elsewhere. We need to foster integrative research and Indigenous research perspectives, and connect to the community.
- We should continue with a strong focus on the Canadian context and Canadian priorities as they are valuable at home and for the rest of the world.

OVERARCHING THEME: TRANSFORMATIVE CHANGE

The overarching message from this dialogue was the need for transformative change related to the way research is undertaken if we want to address the structural determinants of health in a meaningful way.

Participants emphasized that we need to (a) take an integrative approach to understanding the issues and (b) focus on orienting research to how we can take meaningful action to support the health of the planet and the dignity of people.

Purpose of the researcher dialogue

Environmental scan

The National Collaborating Centre for Determinants of Health (NCCDH) has conducted regular environmental scanning since 2010, with work on its fourth scan underway in 2024. The NCCDH is engaging the Canadian public health community in the current scan through multiple tailored approaches, including a scoping review of the literature, an online survey and a range of strategic conversations like this researcher dialogue.

The purpose of the NCCDH's 2024 environmental scan is to identify opportunities for the NCCDH to support, lead and influence transformative public health action on the structural drivers of health inequities. The results will be used by the NCCDH to guide strategic planning and evaluation of its programs and services. The scan will also be shared with practitioners, decision-makers and researchers in the public health sector, as well as potential partners and those who will be impacted in the wider public health system, to help inform their work in this area.

Contribution of the researcher dialogue

One of the key user audiences of, and therefore contributors to, the environmental scan are researchers and educators working in academic and research organizations and institutes in Canada. The NCCDH and the Canadian Institutes of Health Research's Institute of Population and Public Health (CIHR-IPPH) partnered to host a strategic conversation with researchers to explore the shared question of how research can contribute to understanding and taking action on the structural and social determinants of health.

The leadership and staff of both organizations came together to plan a 2-hour virtual dialogue focused on addressing what we now know as the structural determinants of health. The event aimed to bring together those who think critically about intersecting systems of power and oppression, population health and the policies that drive health equity.

The original plan had been to share the preliminary results of the NCCDH's environmental scan survey at this event, but the timing did not allow this. Instead, the themes from this dialogue will be added to the survey data as part of the environmental scan report.

For a brief description of related collaborations between the NCCDH and CIHR-IPPH, please see Appendix A – Previous collaborative projects.

Event planning and implementation

Invitation and participants

The event was held via Zoom on Monday, December 4, 2023. The original invitation (see Appendix B – Invitation) went out to 74 people. It was also forwarded by others, resulting in additional people registering for the event. A total of 46 people registered in advance, with 31 attending the event (not including NCCDH and CIHR-IPPH staff). The largest group of participants, almost half, came from Ontario (participation by province is shown in the accompanying box).

LOCATION OF PARTICIPANTS (N = 31)

Ontario = 14	Alberta = 1
British Columbia = 6	Saskatchewan = 1
Quebec = 4	New Brunswick = 1
Nova Scotia = 3	Outside Canada = 1

Setting the stage

The event was opened by Dr. Claire Betker, NCCDH, and Dr. Kate Frolich, CIHR-IPPH, welcoming participants, acknowledging Indigenous Peoples and lands, and emphasizing the importance of the research agenda for the work of addressing the structural and social determinants of health and improving health equity.

Building on the key concepts in the optional reading that was recommended to participants in advance of the meeting, Kate did a quick overview of the structural and social determinants of health, referring to the conceptual framework from Solar and Irwin (2010) (see Appendix C –Suggested reading and key presentation slides). Claire noted that the NCCDH has already conducted a scoping review of the literature, which confirmed that there is limited data available on interventions that address the structural drivers of inequity.

Agenda and World Café process

The main agenda was based on a World Café process where small groups rotate through key questions as a "table." In this format, the discussion is self-directed by participants and notes are left by each group for the next group to consider as they wish. The process ends with a reflection process to make sense of emerging themes.

Three questions guided the discussion:

- **Where are we now?** What is the current Canadian research landscape for addressing the structural determinants of health?
- **Where do we want to go?** What research and researcher capacity gaps exist to address the structural determinants of health? What questions are not yet being asked and answered?
- **How can our organizations support getting there?** What are the roles for the NCCDH and CIHR-IPPH to support a research agenda focused on addressing the structural determinants of health? Who else is supporting work in this area? What are the opportunities to collaborate?

For this event, participants were put into six small groups that were assigned one of the three questions to start their discussion. Each group had a "facilitator" to support the discussion as necessary, which included taking high-level notes, sharing a screen view of the correct virtual Jamboard for their group (A or B), and providing a link for participants to access the Jamboard.

Participants talked about their primary discussion question and posted their comments on sticky notes on the Jamboard (20 minutes). Each group then moved to the next question to discuss and post notes in addition to the ones already on the Jamboard from the previous group (15 minutes). Each group then moved to its third and last question (15 minutes). The final step for the small groups was to return to the Jamboard for their first question, review all the posted comments and sort them into emerging themes (10 minutes). See Appendix D – Jamboards for images of the sticky notes arranged thematically by two groups for each question.

The small groups returned to the plenary, and each group took a turn sharing observations on its primary question (18 minutes, 3 minutes per group).

After the small groups finished reporting back, Kate facilitated a large group discussion to make sense of the emerging themes (20 minutes). Participants were asked to reflect on:

- What are the biggest strengths and weaknesses in Canada? (from World Café Question 1)
- What are the most important research gaps? (from World Café Question 2)
- Where else should we look?
- What are the key roles for public health in addressing structural drivers and moving upstream? (from World Café Question 3)
- What are the key emerging themes?

Summary of dialogue themes

Small group discussions

Table 1 consolidates the feedback collected through the small group discussions into six cross-cutting themes. For each theme, there is a description of the issue/theme and its impacts, and a list of proposed solutions. The language used in the table is drawn from the sticky note comments participants posted on the Jamboards for the three discussion questions (see Appendix D). For each question, two of the small groups sorted comments on their respective Jamboards into emerging themes. The themes across these groups did not differ significantly, and the themes were also consistent across all three questions.

CROSS-CUTTING THEMES

From Table 1, the dominant themes from the small group discussions focus on six overlapping areas:

1. **Silos and funding –** There are visible and invisible barriers between funders and research topics.
2. **Shared understanding and values –** The relationship between structural and social factors/determinants is complex and therefore difficult to ensure clear language to describe and understand.
3. **Power and critical thinking –** There is a resistance to redistributing power and wealth as a structural determinant of health. The liberal welfare state will not fundamentally shift the distribution of resources.
4. **Knowledge to action –** Evidence is not being taken up and used to foster health and prevent harm, including evidence from critical social theory. There is an avoidance of embracing agency accountability, and there are few opportunities for community engagement.
5. **Convening and collaborating –** Although recognized as an important role for doing the work of addressing structural and social determinants of health, it is not clear who should lead tapping into existing social science research and build collaborations, what the rules are for "being political," and how to ensure researchers are diverse and intersectional in their approach.
6. **Training and capacity building –** Knowledge and skills need to be developed within both research and public health practice, across sectors and among policy-makers. Organizations tend to focus on their own structures, not structural determinants. There is also a need for Indigenous-specific capacity building.

STRATEGIC ACTIONS

The small group discussions also generated many proposed solutions to address the key themes and related impacts. Participants' suggested solutions in Table 1 have been summarized into 10 strategic actions below.

These recommended actions have not been assessed for alignment with organizational mandates or scope of the NCCDH and CIHR-IPPH.

1. **Strengthen grants and the granting process.**

- Support research that is larger scale, for longer periods, high risk and reward, and further upstream.
- Provide exploratory grants like catalyst or planning grants.
- Undertake more interdisciplinary and intersectoral research.
- Target structural and social determinants of health, and require that all grant applications include a statement on how they will do this.
- Ensure a review process that is inclusive of structural and social determinants of health and research involving Indigenous Peoples.

2. **Develop a "signature initiative" focused on structural determinants of health across funding and knowledge translation organizations.**

- Identify a cross-cutting theme for Social Sciences and Humanities Research Council (SSHRC), CIHR and National Collaborating Centres for Public Health.
- Harmonize grant applications.
- Prioritize planetary health and equity, moving beyond a human-centric focus, and include action-oriented research.

3. **Use an integrative approach to frame structural and social determinants of health.**

- Integrate concepts within structural and social determinants of health frameworks, including ecological determinants; power, influence and control; commercial determinants; climate change; technology; racism; and colonization.
- Consider the global context.

4. **Strengthen change communication.**

- Move beyond describing the problem to promoting action on the causes, avoiding the limitations of language used in much intervention research.
- Develop audience-specific language.

5. **Train practitioners and researchers to intentionally use theories and methods that are relational and address power.**

- Train practitioners and researchers to integrate social theory, political science, ecology, Indigenous studies and public health.
- Undertake intersectional analysis in a systemic way.
- Engage with the community as co-researchers, and use collaborative and asset-based tools.

6. **Target early career and Indigenous researcher development.**

- Provide early career stipends or grants to support research on structural and social determinants of health.
- Undertake a survey of early career researchers, and provide mentorship focused on structural and social determinants of health.
- Support capacity building to increase the number of Indigenous scholars and researchers.
- Develop more inclusive collaborations; build on consultations led by the National Collaborating Centre for Indigenous Health; and work with national Indigenous organizations (e.g., Native Women's Association of Canada, National Association of Friendship Centres).

7. **Provide research and knowledge translation resources to support community initiatives.**

- Strengthen linkages between politics, governance and public health in research and in government agencies (parallel processes), including partnering with municipalities to host researchers in their structure and participating in well-being budgets and policy development.
- Match researchers with policy-makers as part of grants.
- Provide training for organizations that receive research on structural and social determinants of health.
- Use the Urban Public Health Network project to create a research database on multilevel analysis of drivers of health inequities.
- Assess progress on the robust response by national Indigenous organizations to the World Health Organization (WHO) Commission on Social Determinants of Health's final report.
- Develop tools to assess and evaluate existing policies to ensure an Indigenous lens is used.

8. **Create a CIHR institute to enhance implementation and sustainability.**

- Integrate environments and health, linking research on food production and sustainability and food insecurity, and focusing on Indigenous ways of being, knowing and doing.
- Develop case studies and case books.
- Expand implementation science into the social policy realm.
- Evaluate progress toward addressing structural and social determinants of health and reducing inequities when research is being adopted or co-opted.

9. **Undertake more political engagement activities.**

- For the NCCDH and CIHR-IPPH: meet with/talk to cabinet members.
- Host policy roundtables and release action-oriented statements.
- Collaborate with WHO and organizers of future COPs [Conferences of the Parties, United Nations Framework Convention on Climate Change] to bring researchers together with policy levers.
- Sponsor sessions, panels and/or keynotes at national meetings with Canadian leaders.

10. **Host an annual forum to engage across sectors.**

- Learn from how intervention research used this approach to move forward.
- Prioritize community-engaged approaches.
- Revise the CIHR summer institute, contribute to the Healthy Cities annual conference and/or add a research stream at the Canadian Public Health Association conference.

Table 1: Themes, impacts and solutions from small group discussions

THEME AND IMPACT	PROPOSED SOLUTIONS
Silos and funding – There are visible and invisible barriers between funders and research topics. **Impact:** » serious limitations for learning about, and taking action on, the structural and social determinants of health » lack of intersectoral and co-created research » unclear how to navigate between CIHR and SSHRC funding on topics that cross between » lack of support from CIHR reviewers on this topic, and this has set Canadian research back	» Call for larger-scale funding over longer time periods. » Fund evaluation so that we can learn from implementation projects. » Increase CIHR funding for this work. » Require every grant application to have a statement about how their grant applies a structural determinants of health lens and is evaluated at peer review. » Use structural and social determinants of health as a cross-cutting theme with other CIHR institutes (beyond IPPH) and National Collaborating Centres (beyond the NCCDH), like the Environments and Health Signature Initiative. » Fund the summer school and/or support the Healthy Cities training program to take up this theme. » Fund high-risk, high-reward research that moves further upstream. » Set this as a funding priority area for CIHR-IPPH catalyst grants or planning grants. » Link CIHR with SSHRC when possible, and harmonize applications. » Create a specialized CIHR-IPPH Peer Review Committee that concentrates on research involving Indigenous Peoples. » Prioritize planetary health perspectives and equity in CIHR-IPPH funding (e.g., climate change; biodiversity loss; pollution; racism; violence against Indigenous Peoples, racialized people, queer/trans people and others), moving beyond a human-centric focus and including action-oriented research.
Shared understanding and values – The relationship between structural and social factors/determinants is complex and therefore difficult to ensure clear language to describe and understand. **Impact:** » an incomplete understanding of key structural factors, associated mechanisms and actions to address; ungrounded and unembodied knowledge » investments in research do not align, with very few senior researchers investigating structural determinants of health; funding focused on proximal determinants; and a lack of clarity at the national level about priorities » unclear if we are concerned with structural determinants that lead to widespread adverse population health even if they do not necessarily produce inequities » potentially risky for researchers, especially early career, to do this work » lack of shared vision on an equitable future, and a lack of questions about solutions and actions to be taken » need for more boldness around naming structural determinants of health and gaps in funding	» Form a partnership between the NCCDH and CIHR-IPPH to champion these issues and support Canadian researchers to work globally. » Take advantage of the rapidly evolving knowledge on commercial determinants of health and climate change and technology. » Move on from describing the problem and move to focusing on clear actions to address the causes, particularly racism and colonization. » Research power, influence and control of the public policy agenda (e.g., see work by Baum, Friel and others). » Examine how to ensure we are fostering research that is addressing upstream drivers (social, political, ecological) and not lost in downstream "equity washing." » Adjust knowledge translation and language depending on the audience (researchers, policy-makers, general public). » Problematize [talk about the problems of] the idea and vocabulary of interventions, and use this to set appropriate language for action on structural determinants of health and encourage uptake. » Incorporate ecological determinants in existing structural and social determinants of health frameworks.

THEME AND IMPACT	PROPOSED SOLUTIONS
Power and critical thinking – There is a resistance to redistributing power and wealth as a structural determinant of health. The liberal welfare state will not fundamentally shift the distribution of resources. **Impact:** » public health practitioners and researchers not being representative of the populations they work with » lack of substantive critical training in public health education and therefore limited understanding of how to address structural determinants » continuing unwillingness to engage with medicalization as a detrimental structure of power » limited capacity in critical policy analysis » limited expertise and use of political science research » decline of the "left" and our core capacities » gaps in understanding the Canadian context » political economy of health falling between research institutions (CIHR and SSHRC) » need for greater capacity for understanding relationally » need for capacity to identify and interrupt harmful actions that reinforce harm/inequity or status quo but are framed as promoting equity » need for greater awareness of the ways, practices, norms, assumptions and methodologies distracting from action on causes of inequities » need for exploring how to change core values that are driving us past planetary boundaries	» Follow Lee Harvey's critical social research approach. » Grow research on different concepts of well-being. » Imagine alternative futures. » Provide training specifically linking political science and public health. » Study distribution of power and resources, including things like electoral cycles in research. » Use a critical lens to create clearer contours around who/what population and public health is in the context of action on structural and social determinants of health. » Create spaces for eco-social work and learn as researchers and practitioners. » Undertake intersectional analysis in a systemic way. » Use asset-based methodologies that will shift the balance of power. » Use methodologies that move beyond randomized controlled trials. » Use more collaborative tools, like Jamboard. » Engage with the community as co-researchers. » Prioritize decolonizing processes and priorities that are relational and connected to ecosystems, equity and power.

THEME AND IMPACT	PROPOSED SOLUTIONS
Knowledge to action – Evidence is not being taken up and used to foster health and prevent harm, including evidence from critical social theory. Policy-makers are looking for one-size-fits-all solutions and seem unwilling to use evidence (e.g., research by Julia Lynch). There is an avoidance of embracing agency accountability. There are few opportunities for community engagement. **Impact:** » increasingly risky and violent space to take action in » lack of focus on environment, ecology and health in the current research landscape » evidence not being taken up and used » unclear public health role in addressing structural determinants of health » focus on "Does it work?" rather than "How and why and under what circumstances does it work?"	» Encourage municipalities to host researchers within their structure (e.g., Fonds de recherche du Québec). » Bring policy-makers together with advocates and people with grounded expertise. » Use the Urban Public Health Network project to create a research database on multilevel analysis of drivers of health inequities. » Do a barrier analysis and apply critical social science approach. » Use well-being budgets and policy. » Invest long term and undertake more interdisciplinary and intersectoral research. » Deepen a culture of support and continue to do courageous work. » Create a CIHR institute on environments and health. » Match researchers with policy-makers as part of grants. » Provide training for those who receive structural determinants of health research. » Use case studies or create a case book (e.g., Fafard et al., 2022). » Provide CIHR supports for implementation. » Evaluate progress toward addressing structural and social determinants of health and reducing inequities when research is being adopted or co-opted. » Link politics, governance and public health in research and in government agencies (parallel processes). » Have the Healthy Cities Training Platform and annual conference take this up, and make it a focus of the summer school. » Research the health impacts of the ongoing housing crisis. » Link research on food production and sustainability to rising food insecurity. » Focus on Indigenous ways of being, knowing and doing in Round 2 of the Environments and Health Signature Initiative. » For the NCCDH and CIHR-IPPH: meet with cabinet members and talk to them. » Expand implementation science into the social policy realm.

THEME AND IMPACT	PROPOSED SOLUTIONS
Convening and collaborating – Although recognized as an important role for doing this work, it is not clear who should lead tapping into existing social science research and build collaborations, what the rules are for "being political," and how to ensure researchers are diverse and intersectional.	» Foster solidarity, deepen culture of support and community, prioritize Indigenous leadership and perspectives, and foreground ecological orientation to do courageous work. » For the NCCDH: become more political, with policy roundtables, action-oriented statements on the website, prioritized funding for planetary health. » For the NCCDH: convene structural and social determinants of health researchers on a regular basis to help build labs and support collaboration (the NCCDH has a key role in connecting sectors). » Engage WHO and organizers of future COPs to bring researchers together with policy levers. » Call out those who regurgitate traditional downstream views. » For researchers: collaborate with government, agencies and public health entities that may not be able to work in politically sensitive areas. » Sponsor sessions, panels and/or keynotes at national meetings with Canadian leaders and speak on case studies. » Maintain the current work connected to the NCCDH/other National Collaborating Centres; move to permanent Public Health Agency of Canada funding for the National Collaborating Centres. » Encourage connection and collaboration across CIHR institutes on issues that span them, like structural determinants of health. » Provide more cross-agency funding (CIHR, SSHRC, NSERC). » Provide more CIHR-IPPH and SSHRC funding for health equity and structural determinants. » Connect research groups and organize a forum (similar to how intervention research moved forward). » Ensure community-engaged approaches are prioritized.

THEME AND IMPACT	PROPOSED SOLUTIONS
Training and capacity building – Knowledge and skills need to be developed within both research and public health practice, across sectors and among policy-makers. Organizations tend to focus on their own structures, not structural determinants. There is also a need for Indigenous-specific capacity building. **Impact:** » few training opportunities on how to study structural determinants » limited expertise of peer reviewers » no link between policy-makers and researchers or advocates » poor administrative and longitudinal data » southern-based universities driving research on structural determinants of health, resulting in a capacity gap among Indigenous-led research » negative trends in post-secondary public health education and university hiring » limited pipeline for collaboration between CIHR-IPPH and the NCCDH and university public health education programs	» Add a research stream at CPHA conferences. » Run a summer institute on structural determinants. » Provide early career stipends or grants to support structural and social determinants of health research. » Survey early career researchers. » Develop mentorship focused on structural and social determinants of health. » For IPPH: strengthen the internal review capacity to prevent research on structural and social determinants of health from slipping through the cracks. » Address internal structural barriers within CIHR and National Collaborating Centres as organizations. » Increase expectations for scholars (leadership and research) related to structural and social determinants of health to meet standards of excellence in other fields. » Connect researchers and trainees with children to teach about equity and values very early in life. **Indigenous focus:** » Support capacity building to increase the number of Indigenous scholars and researchers. » Develop collaborations that are more inclusive; build on consultations led by the National Collaborating Centre for Indigenous Health; work with national Indigenous organizations (e.g., Native Women's Association of Canada, National Association of Friendship Centres). » Assess progress on the robust response by national Indigenous organizations to the WHO Commission on Social Determinants of Health's final report. » Develop tools to assess and evaluate existing policies to ensure an Indigenous lens is used.

Note: CIHR = Canadian Institutes of Health Research; SSHRC = Social Sciences and Humanities Research Council; IPPH = Institute of Population and Public Health; CIHR-IPPH = Canadian Institutes of Health Research's Institute of Population and Public Health; WHO = World Health Organization; COPs = Conferences of the Parties [United Nations Framework Convention on Climate Change]; NSERC = Natural Sciences and Engineering Research Council; CPHA = Canadian Public Health Association.

Links for specific resources referenced by participants can be found in Appendix E – Resources and quotes shared by participants.

Plenary discussion

Small group reports

Before moving into the plenary discussion, the small groups were asked to briefly summarize key themes from the World Café question they started their discussion with, drawing on the notes posted on their respective Jamboards. The summary below combines responses from both groups that reported back on each question.

Question 1: Where are we now?

- The research context needs more funding that cuts across a fragmented system.
- More conceptual clarity is needed about structural and social determinants of health so that we can engage across disciplines.
- Research is not being taken up by users.
- There is collaboration with policy-makers, but we need to improve our ability to be critical.

Question 2: Where do we want to go?

- We need to keep the focus of our equity work on dignity.
- It is important to recognize that power is core to the problem, but work related to addressing power does not get funded.
- Moving upstream needs to be concrete, not abstract.
- Early career researchers need more support and mentorship, and need to include underrepresented groups, including Indigenous Peoples
- We need to address the lack of capacity to do truly interdisciplinary work, especially as it is difficult to get funding for this.

Question 3: How can our organizations (CIHR-IPPH and the NCCDH) support getting there?

- Strengthen the incorporation of Indigenous issues into our work, collaborate with WHO and think in a more holistic way.
- Strengthen consultation and support for researchers by creating focused supports for the topic of structural and social determinants of health, improve the capacity of funding reviewers to assess applications, and create a summer school/institute targeted on the topic of structural and social determinants of health.
- Become more politically engaged, especially around the issue of planetary health.
- Move from a human-centric focus to look at "all our relations" and issues of racism and colonialism as priority structural issues.
- Recognize that the modern university is not fit for purpose; it needs to incorporate experience and practice.
- Reorient the relationship of CIHR-IPPH with universities, become more global and focus on building better relationships.
- Create a new institute focused on environment and health, cutting across all the funding silos. For example, see the position statement by Buse et al., 2023 (listed in Appendix E).

Large group discussion

Kate facilitated the large group discussion using the following questions to stimulate thinking and reflection:

- What are the biggest strengths and weaknesses in Canada? (from World Café Question 1)
- What are the most important research gaps? (from World Café Question 2)
- Where else should we look?
- What are the key roles for public health in addressing structural drivers and moving upstream? (from World Café Question 3)
- What are the key emerging themes?

The initial question regarding strengths and weaknesses brought out key weaknesses:

- continuing disregard of the need for planetary health to be deeply incorporated across all research disciplines and topics
- lack of engagement and respect for Indigenous knowledge systems, which is desperately needed in research and policy
- fragmented landscape and how this is negatively impacting new researchers who are not positioned or supported to work on structural and social determinants of health
- lack of compatibility between the broad and long view of research with the short-term view of political decision-making and policy

Some solutions emerged from this discussion as well:

- Focus on short-term gains (e.g., "What can be done in the next 2 years and get you elected?") as a way to get things done — also known as radical incrementalism.
- Build research on solution-focused areas, such as economic benefit, return on investment and political will.

When asked where else we should look for solutions, participants provided a number of suggestions:

- We need to keep in mind that governance is not government, and we need to move from engaging policy-makers to engaging civil society and radical thinkers on the economy, return on investment, etc. This could mean following some progressive thinking from the United Nations and thinking about how to undermine the capitalist system.
- Funding for this work needs to come from wider sources to allow us to go to the root of the problem, which we need to recognize government-funded institutions may not be allowed to do.
- The context of work and health is not getting funded, but it is central to structural and social determinants of health and could be supported through partnership with the Institute for Work and Health.
- CIHR funding tends to go to "big funding and big challenges" and not to small projects working incrementally on addressing structural and social determinants of health. Both big and small ideas need to get funded.
- We cannot solve the problem from the same space that created it; therefore, we need to look elsewhere. We need to foster integrative research and Indigenous research perspectives, and connect to the community.
- Systems thinking is essential to cultivate the necessary "both/and" thinking. Topics could include work and health, ecosystems and equity. The next generation of researchers cannot be allowed to perpetuate the false dichotomy between the economy and the environment.
- We should continue with a strong focus on the Canadian context and Canadian priorities as they are valuable at home and for the rest of the world.

Overarching theme: transformative change

The overarching message from this dialogue was the need for transformative change related to the way research is undertaken if we want to address the structural determinants of health in a meaningful way.

Participants emphasized that we need to (a) take an integrative approach to understanding the issues and (b) focus on orienting research to how we can take meaningful action to support the health of the planet and the dignity of people.

Closing word cloud

Claire closed the conversation by asking people to share one word about how they were feeling as they left the event.

Hope x 3
Inspired x 2

Appendices

APPENDIX A

Previous collaborative projects

Researcher-Practitioner Health Equity Workshop: Bridging the Gap

This event (February 2012) was designed to strengthen connections between researchers and practitioners to address health inequities. CIHR-IPPH was then under the leadership of Dr. Nancy Edwards, and the NCCDH was then led by Connie Clement.
https://nccdh.ca/resources/entry/researcher-practitioner-health-equity-workshop-proceedings

Future Search: Action for Disrupting White Supremacy and Racism in Public Health Systems

This virtual workshop (May 2022) was the result of over a year of organizational collaborations and a joint desire to envision actively anti-racist public health systems and identify concrete actions for disrupting White supremacy. Workshop activities culminated in eight common ground statements that serve as guidance for others seeking to disrupt White supremacy and racism in public health systems. The statement committing to a research system without racism is particularly relevant to the researcher dialogue co-hosted in December 2023.
https://nccdh.ca/resources/entry/future-search-action-for-disrupting-white-supremacy-and-racism-in-public-health-systems-workshop-report

APPENDIX B

Invitation

Dear colleague,

It has been 15 years since the World Health Organization Commission on Social Determinants of Health tabled their final report, and social injustice continues to kill on a grand scale. Concurrent and converging environmental, economic and health crises — each driven and exacerbated by the inequitable distribution of power and resources — continue, with little action on the root causes of health inequities.

The National Collaborating Centre for Determinants of Health (NCCDH) and the CIHR Institute of Population and Public Health (IPPH) have a shared interest in "moving the needle" on these root causes and improving population health equity. That's why we are pleased to be hosting a highly interactive conversation with a select group of researchers and thought leaders on December 4th from 1–3pm, Eastern Standard Time.

This strategic dialogue will focus on addressing what we now know as the structural determinants of health, bringing together those who think critically about intersecting systems of power and oppression, population health, and the policies that drive health equity.

This conversation is part of the fourth NCCDH environmental scan and feeds into current efforts to deepen CIHR-IPPH strategic planning.

Together, we'll explore the following questions:

- ***Where are we now?*** *What is the current Canadian research landscape for addressing the structural determinants of health?*
- ***Where do we want to go?*** *What research and researcher capacity gaps exist to address the structural determinants of health? (What questions are not yet being asked and answered?)*
- ***How can our organizations support getting there?*** *What are the roles for the NCCDH and CIHR-IPPH to support a research agenda focused on addressing the structural determinants of health? Who else is supporting work in this area? What are the opportunities to collaborate?*

We hope you will be able to join us for this important conversation, and we look forward to staying connected.

Please register to confirm your attendance. Once you have registered, you will receive a personalized Zoom link.

Warm regards,
Claire Betker, Scientific Director, NCCDH, & Katherine (Kate) Frohlich, Scientific Director, CIHR-IPPH

APPENDIX C

Suggested readings and key presentation slides

Optional readings shared with participants before the event

Kelly-Irving, M., Ball, W. P., Bambra, C., Delpierre, C., Dundas, R., Lynch, J., McCartney, G., & Smith, K. (2023). Falling down the rabbit hole? Methodological, conceptual and policy issues in current health inequalities research. *Critical Public He*alth, 33(1), 37–47. https://doi.org/10.1080/09581596.2022.2036701

Schrecker, T. (2023). Downing the master's tools? New research strategies to address social determinants of health inequalities. *International Journal of Social Determinants of Health and Health Services, 53*(3), 253–265. https://doi.org/10.1177/27551938231161932

Scott-Samuel, A., & Smith, K. E. (2015). Fantasy paradigms of health inequalities: Utopian thinking? *Social Theory and Health,* 13(3-4), 418–436. https://doi.org/10.1057/sth.2015.12

Solar, O., & Irwin, A. (2010). A conceptual framework for action on the social determinants of health. *World Health Organization*. https://nccdh.ca/resources/entry/a-conceptual-framework

See the executive summary (pp. 4–8) with figure depicting the conceptual framework (p. 6). This figure is also reproduced in the fourth presentation slide below.

Key slides from the opening presentation

CIHR IRSC Institute of Population and Public Health / Institut de la santé publique et des populations

National Collaborating Centre for Determinants of Health / Centre de collaboration nationale des déterminants de la santé

Land Acknowledgement

The NCCDH is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This territory is covered by the "Treaties of Peace and Friendship" which Mi'kmaq and Wolastoqiyik (Maliseet) peoples first signed with the British Crown in 1725. The treaties do not deal with surrender of lands and resources but in fact recognize Mi'kmaq and Wolastoqiyik (Maliseet) title and establish the rules for what is to be an ongoing relationship between nations.

CIHR IRSC Institute of Population and Public Health / Institut de la santé publique et des populations

National Collaborating Centre for Determinants of Health / Centre de collaboration nationale des déterminants de la santé

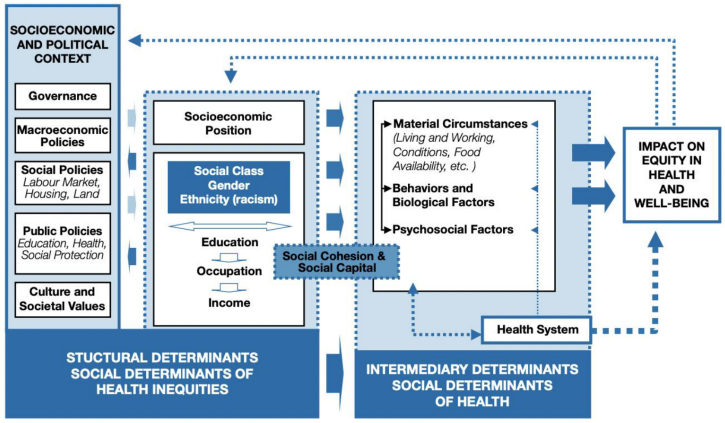
Focus of today's conversation is to address the structural determinants of health

Agenda Item	Lead	Time
Welcome & opening	Dr. Claire Betker, NCCDH & Dr. Kate Frohlich, CIHR-IPPH	1-1.05pm
Structural and social determinants of health	Dr. Kate Frohlich, CIHR-IPPH	1.05 - 1.10pm
World Café	Pemma Muzumdar, NCCDH/ Everyone • Where are we now? • Where do we want to go? • How can our organizations support getting there?	1.10 - 2.35pm
Large group plenary	Dr. Kate Frohlich, CIHR-IPPH/ Everyone	2.35-2.55pm
Closing and thank you	Dr. Claire Betker, NCCDH	2.55-3pm

CIHR IRSC Institute of Population and Public Health / Institut de la santé publique et des populations

National Collaborating Centre for Determinants of Health / Centre de collaboration nationale des déterminants de la santé

Figure A. Final form of the CSDH conceptual framework



Solar, O, and A Irwin. "A Conceptual Framework for Action on the Social Determinants of Health." Geneva: World Health Organization Commission on the Social Determinants of Health, 2010. https://www.who.int/publications-detail-redirect/9789241500852.

CIHR IRSC Institute of Population and Public Health / Institut de la santé publique et des populations

National Collaborating Centre for Determinants of Health / Centre de collaboration nationale des déterminants de la santé

World Café: Three areas of focus

1. Where are we now? What is the current Canadian research landscape for addressing the structural determinants of health?

2. Where do we want to go? What research and researcher capacity gaps exist to address the structural determinants of health? What questions are not yet being asked and answered?

3. How can our organizations support getting there? What are the roles for the NCCDH and CIHR-IPPH to support a research agenda focused on addressing the structural determinants of health? Who else is supporting work in this area? What are the opportunities to collaborate?

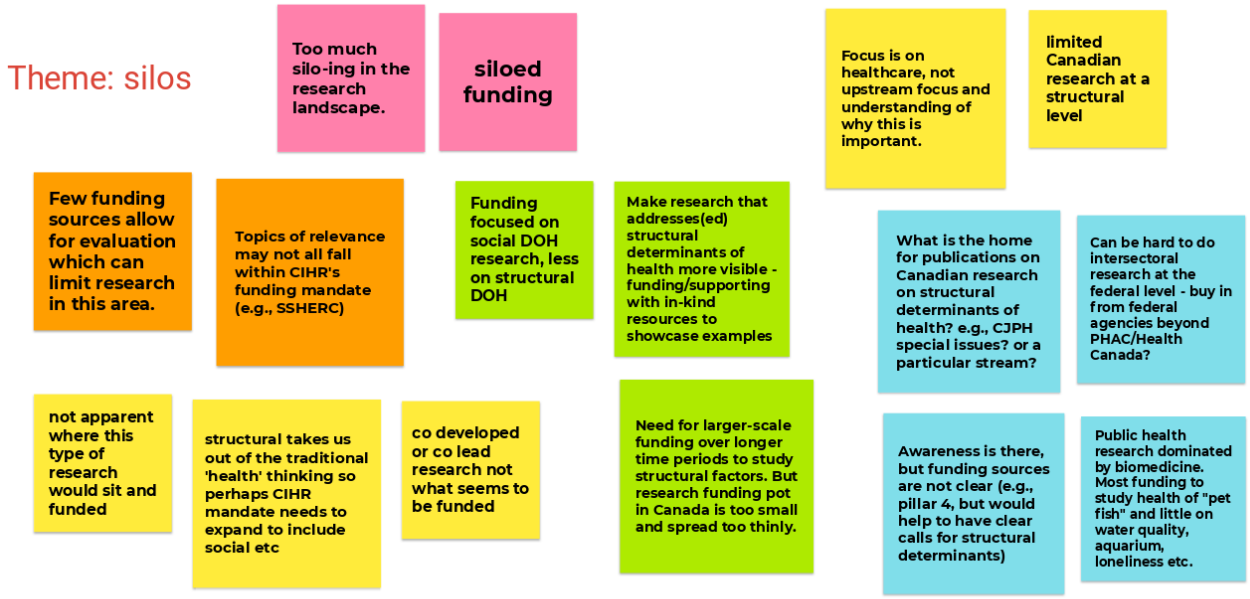
APPENDIX D

Jamboards

For the small group activity, participants were divided into six groups to consider the three guiding questions. Two groups were assigned the same question to begin, and groups moved through each question and added to the previous groups' comments. When this round of discussion was done, groups returned to the question they started with and sorted the accumulated comments (sticky notes) on the Jamboards into emerging themes. These Jamboards appear below, arranged by question number and, within each question, by group (A and B).

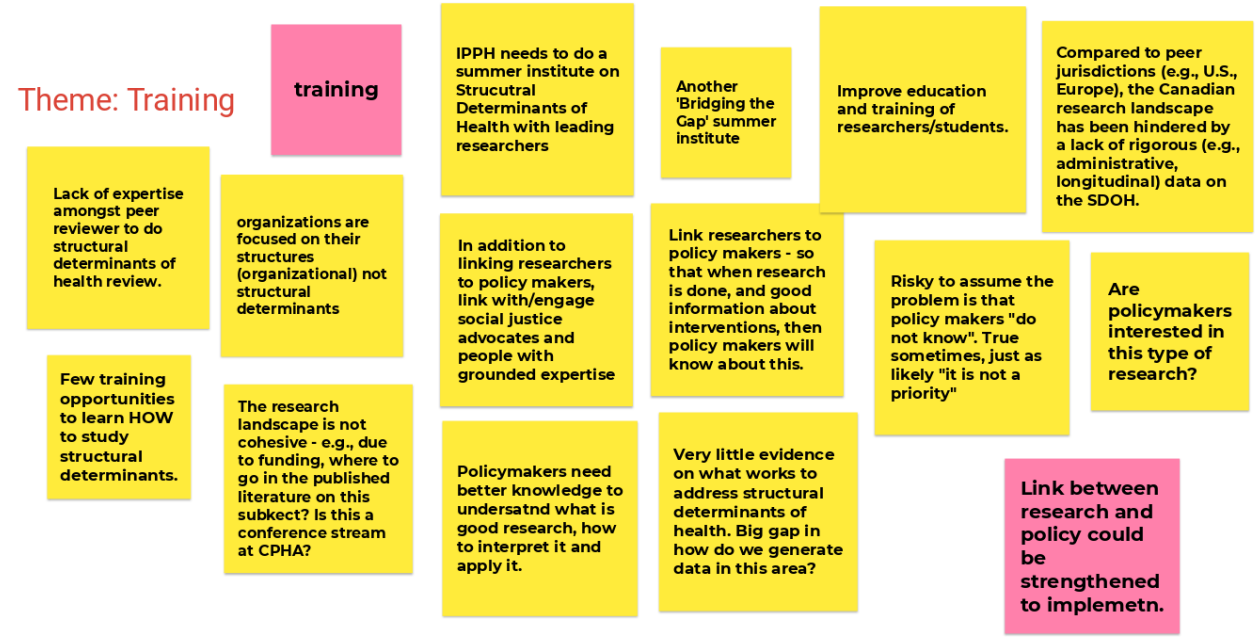
Question 1 – Where are we now? What is the current Canadian research landscape for addressing the structural determinants of health?

GROUP A



GROUP A

GROUP A



GROUP B

Theme: determinants

commercial determinants of health, certainly as they relate to climate change and technology, are quickly evolving. this represents a challenge and an opp.

Where are we now? With structural determinants of health: un-grounded and un-embodied: Need to go beyond finger-pointing to who needs to do what differently.

Resistance to redistributing power (resources, power and wealth) as a structural determinant of health - plenty of research to describe the problem, develop frameworks, etc.

(1) CDSH named unfair distribution of power, resources, wealth as causes of inequities; offered 3 clear actions--and instead of building capacity, methods, etc. for redistributing power

(2) we just skipped over that bit, did a lot of describing (what was already well-described) and endorsed a lot of distracting, harmful, inequity-reinforcing work-

some conflation of terms between social and structural determinants

(3) while celebrating our contributions to equity

growing area of research on different concepts of well-being

better focus on racism and colonization as structural determinants

Theme: evidence

Lots of evidence not being taken up by policy makers - need more solutions documented

Val's comment re: Validity of science

Last 20 years we have learned more +++ about the lay of land, factors shaping it, situation is getting worse +++

UPHN project grant on multilevel analysis on drivers of health inequities will leave a legacy database in place for researchers to use

Lots of evidence that is not yet being taken up, ways to get over that is to create positions where for ex. municipalities host scientists within their walls

Theme: critical thinking and power

We are not representative of the populations we serve.

Lee Harvey's Critical Social Research Approach is crucial.

missing substantive critical training in public health education

Unwillingness to engage with medicalization as a very detrimental structure of power

Soo many programs graduate people without ANY understanding of power, power dynamics or HOW TO MITIGATE/REDISTRIBUTE power

importance of critical thinking in training & research capacity-especially around power dynamics, distribution & barriers to power sharing+links to equity/ecologicalcrisis

GROUP B

Theme: knowledge to action

There is also a knowledge-to-action challenges of moving from critical social theory to actions and practices that are foster health and prevent harm.

need to do a 'barriers analysis' (researching why nothing is happening) - need a critical social science approach.

SDOH and health inequalities are NOT on the public policy agenda of ANY government in Canada. NDP, liberal or conservative. WHY???

In QC the FRQS (provincial funding agency) has newly created scientific officers who work within municipal gvts which might be a step forward

These are risky times where we see violence in backlash as this becomes an increasingly risky space to operate in

Julia Lynch says the key issues are REDISTRIBUTION, SOCIAL SPENDING, and MANAGING THE WORKPLACE. Canadian authorities are not willing to go there. WHY?

Well-being budgets and policy

Problem: Policymakers looking for one-size-fits-all solutions although we know those don't exist/work

The Liberal welfare state is not going to do anything that will fundamentally shift the distribution of resources.

Increasing opportunities for inter-disciplinary and inter-sectoral research, but maybe not enough. These types of collaborations take time to put in place.

Theme: impact/other

imagining alternative futures (health futurism)

current landscape is SSHRC!

Need more international connections for Canadian researchers to compare with jurisdictions who are doing more in this area (diversity beyond provinces or USA)

current landscape is gas-light-y, with lots of passive finger-pointing critique of a vague group of 'others' and little embracing our own agency-accoutability

how to deepen the culture of support, and community to continue to courageous work: overcoming tyranny of small differences, fostering solidarity in risky times

I tell myself and my students that our research has some impact, unfortunately its taken up in Europe and elsewhere. The mainstream media is also useless, Hayes found years

research gaps: (i) capturing increasing precarity and rapidly-widening social inequalities and (ii) their impact on health inequalities

Theme: environment

In its 25 years of existence the CIHR has never had an Institute for Environments and Health - yet we are 80% urbanised, spend 90% of our time indoors 1/2

... and live 100% of the time within natural environments - hello! 2/2

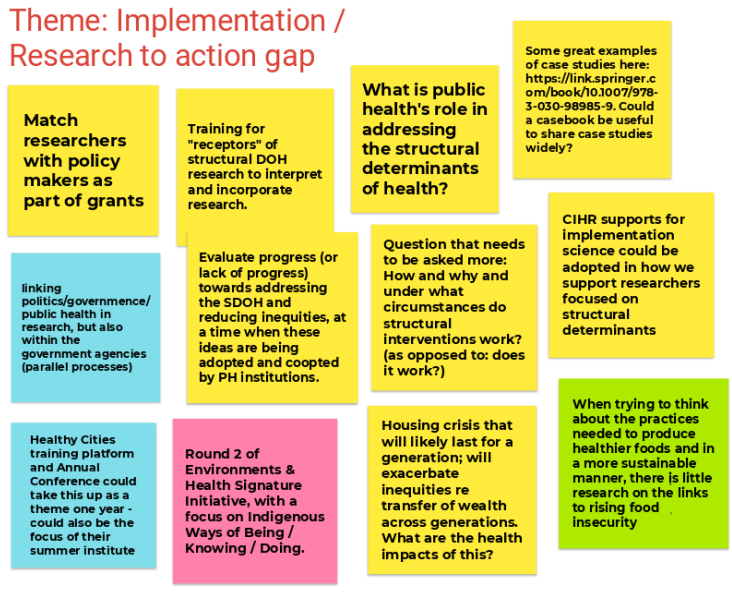
CIHR needs an institute on environments and health

ecological blindness of current model and current research landscape

Question 2 – Where do we want to go? What research and researcher capacity gaps exist to address the structural determinants of health? What questions are not yet being asked and answered?

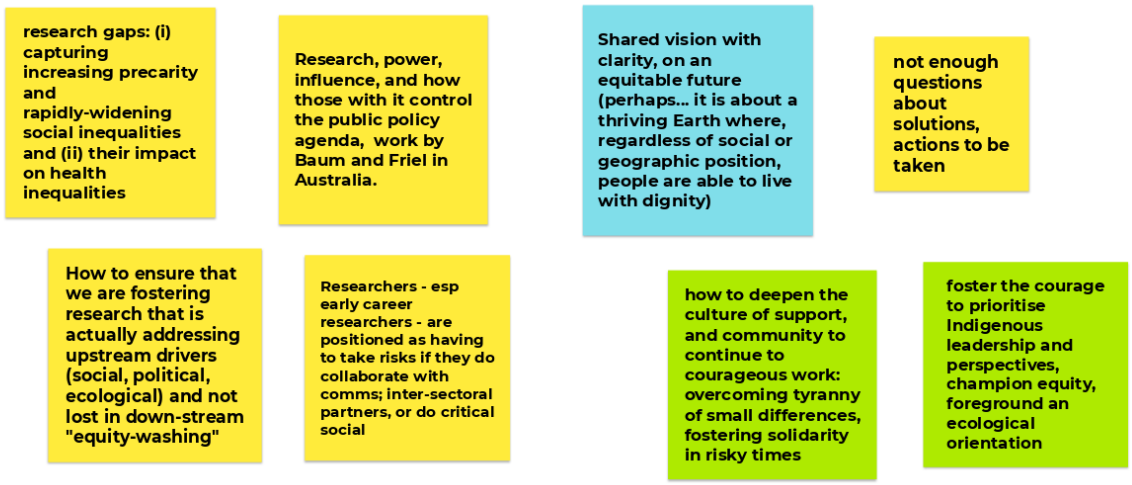
GROUP A

GROUP A



GROUP B

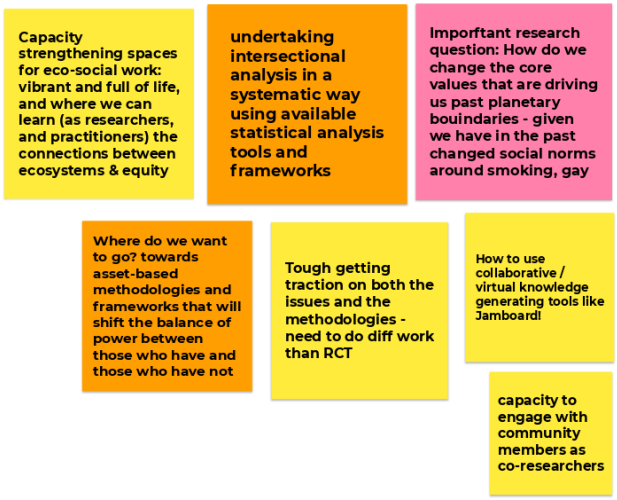
Theme: Ways of thinking and dreaming



GROUP B

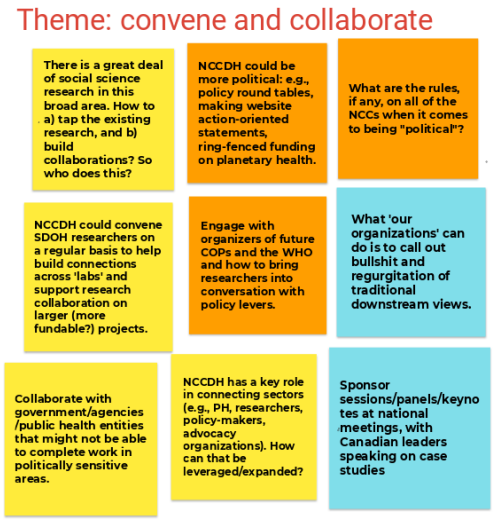
Theme: Ways of being

Theme: Ways of doing

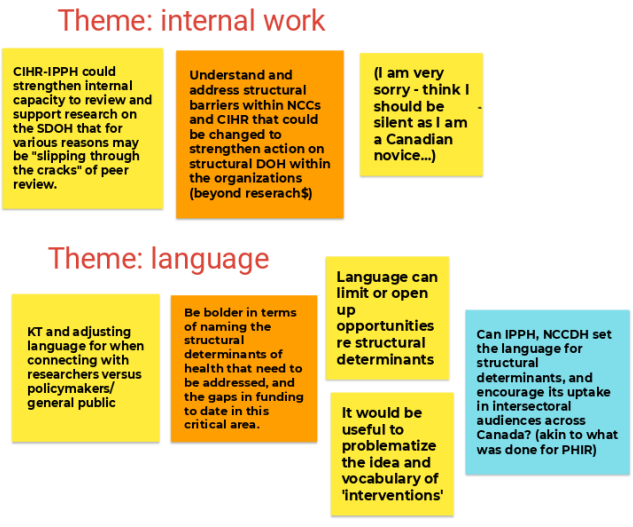


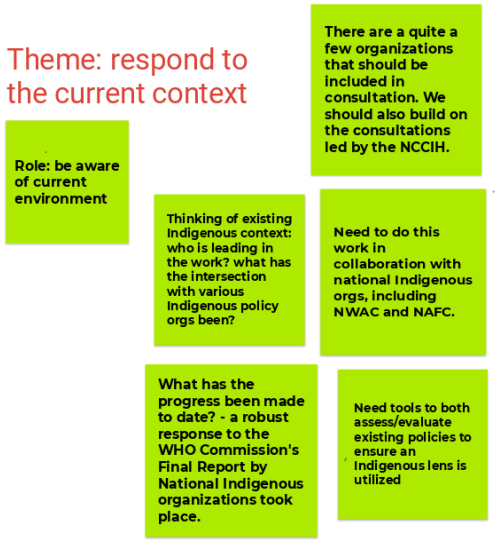
Question 3 – How can our organizations support getting there? What are the roles for the NCCDH and CIHR-IPPH to support a research agenda focused on addressing the structural determinants of health? Who else is supporting work in this area? What are the opportunities to collaborate?

GROUP A



GROUP A





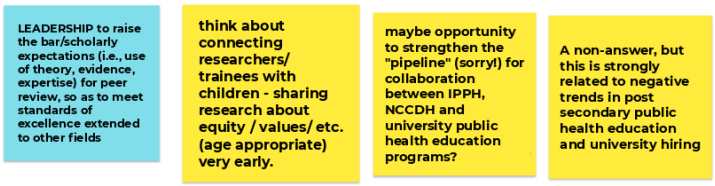
GROUP B

Theme: funding and collaboration/diversity

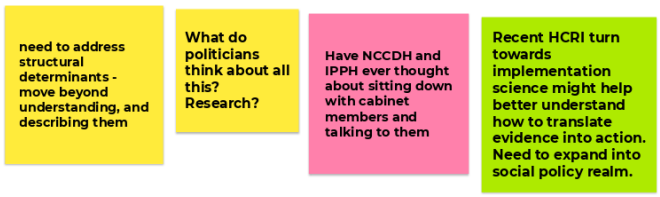
GROUP B

Theme: ecosystem

Theme: training



Theme: knowledge to action



APPENDIX E

Resources and quotes shared by participants

Resources

- Friel, S., Townsend, B., Fisher, M., Harris, P., Freeman, T., Baum, F. (2021). Power and the people's health. *Social Science & Medicine,* Vol 282. https://doi.org/10.1016/j.socscimed.2021.114173
- Baum, F., & Friel, S. (2017). Politics, policies and processes: A multidisciplinary and multimethods research programme on policies on the social determinants of health inequity in Australia. *BMJ Open,* 7(12), Article e017772. https://doi.org/10.1136/bmjopen-2017-017772
- Buse, C. G., Aker, A., McLaren, L. HubkaRao, T., Sweeney, E., van der Jagt, R. H. C., & Members of the National Working Group on Environments, Health Research. (2023). Canada needs a funding institute focused on environments, health, and societal well-being research. *Can J Public Health,* 114(4), 525–529. https://doi.org/10.17269/s41997-023-00802-4
- Fafard, P., Cassola, A., & de Leeuw,, E. (Eds.). (2022). *Integrating science and politics for public health.* Palgrave Macmillan. https://doi.org/10.1007/978-3-030-98985-9
- Frohlich, K. L. (2023) Emboldening Pillar 4 research at CIHR / Vers un enhardissement de la recherche dans le thème 4 des IRSC. *Canadian Journal of Public Health*, 114(6), 889–892. https://doi.org/10.17269/s41997-023-00828-8 (Invited editorial by Kate in the December 2023 issue)
- International Union for Health Promotion and Education. (2023). *IUHPE position statement: Planetary health promotion and Indigenous world views and knowledges.* https://www.iuhpe.org/images/IUHPE/Advocacy/7_IUHPE-Position-Statement-on-Planetary-Health-Promotion_Oct2023.pdf
- National Collaborating Centre for Determinants of Health. (2022). *Determining health: Decent work issue brief.* St. Francis Xavier University. https://nccdh.ca/resources/entry/determining-health-decent-work-issue-brief
- Organisation for Economic Co-operation and Development. (n.d.). *Measuring well-being and progress.* https://www.oecd.org/wise/measuring-well-being-and-progress.htm
- Plamondon, K. M., Dixon, J., Brisbois, B., Pereira, R. C., Bisung, E., Elliott, S. J., Graham, I. D., Ndumbe-Eyoh, S., Nixon, S., & Shahram, S. (2023). Turning the tide on inequity through systematic equity action-analysis. *BMC Public Health*, 23, Article 890. https://doi.org/10.1186/s12889-023-15709-5
- Redvers, N. (2021). The determinants of planetary health. *The Lancet Planetary Health,* 5(3), e111–e112. https://doi.org/10.1016/S2542-5196(21)00008-5
- tdAcademy. (n.d.). https://www.td-academy.org/en/home/

Quotes

"The master's tools will never dismantle the master's house. They may allow us to temporarily beat him at his own game, but they will never enable us to bring about genuine change."

Audre Lorde, Sister outsider: Essays and speeches, 1984

"We cannot solve complex problems from the same worldview that created them in the first place, as it will continue to perpetuate a disconnect between us and the planet as 'relatives'."

Nicole Redvers, "The determinants of planetary health," 2021

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