



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé



A DIFFERENT KIND OF HEALTH EQUITY:

**Creating conditions for action on the
structural determinants of health**

Environmental Scan

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The NCCDH is one of six National Collaborating Centres for Public Health. We are hosted by St. Francis Xavier University and located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People.

Our vision is that all people and communities experience a dignified and healthy life in relationship with each other and the planet. Our mission is to support the Canadian public health community to address the structural and social determinants of health and advance health equity for all. To learn more, visit nccdh.ca.

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Executive Summary

Introduction

An environmental scan is a forward-looking instrument of discovery used to synthesize knowledge and evidence, inform decision-making, and support organizational and system change. The National Collaborating Centre for Determinants of Health (NCCDH) has regularly engaged in environmental scanning since 2010 to explore the evolving landscape of public health practice and to strengthen leadership and action for health equity. This fourth scan builds on three previous reports:

- *Integrating social determinants of health and health equity into Canadian public health practice*¹ (2010)
- *Boosting momentum: Applying knowledge to advance health equity*² (2014)
- *Building a culture of equity in Canadian public health*³ (2018)

NCCDH environmental scans are important contributions to the collective knowledge base on public health action in Canada. Previous scans have been widely cited and have informed the NCCDH's strategic priorities, work plans, resource allocation decisions and evaluation activities.

Methods

In response to growing interest in addressing the underlying drivers of systemic inequity, this NCCDH environmental scan explored three key areas related to public health action on the structural determinants of health:

1. Current contexts and experiences of the Canadian public health community
2. Knowledge and skills gaps within the Canadian public health community
3. Roles for the NCCDH to support the Canadian public health community

To conduct this environmental scan, the NCCDH used a tailored, multicomponent approach over a period of 3 years (2021–2024). First, the NCCDH gathered and analyzed data from the peer-reviewed and grey literature. These findings then informed a series of activities through which the NCCDH engaged the Canadian public health community, including an online survey, interviews, discussion groups and a researcher dialogue. For more information about these activities, see the Appendix.

Key learnings about public health action to address the structural determinants of health

Current contexts and experiences

The Canadian public health community is working within the context of multiple barriers. These include knowledge and skills gaps, funding and staff shortages, and an overall deprioritization of work to advance health equity for all. Despite these barriers, meaningful action is taking place to address the underlying drivers of health inequities.

Environmental scan participants described factors and approaches that facilitate action on the structural determinants of health. These strategies are summarized as (1) do what you can, and be persistent; (2) advocate and lead for needed change; (3) take a relationship-centred, community-informed, power-building approach; and (4) appreciate and use different forms of evidence and knowledge.

Knowledge and skills gaps

Participants identified critical gaps in public health practice and research that limit effective action on structural determinants of health. They called for strengthening competencies (knowledge, skills and attitudes) and increasing support in order to:

- gain conceptual clarity about the structural determinants of health;
- explore the interconnections between the structural, social and ecological determinants of health;
- access evidence and knowledge about public health practices, roles, actions and policies to address the structural determinants of health;
- recognize and address power imbalances in organizations, communities and society;
- appreciate and integrate diverse knowledges and evidence into decision-making at all system levels;
- initiate, nurture and sustain meaningful relationships with community members, partners and other sectors;
- shift values, world views and mindsets of leaders and communities to prioritize advancing health equity; and
- engage in a range of public health advocacy and leadership activities within the scope of their work and practice.

Roles for the NCCDH

Participants believe the NCCDH can support public health action on the structural and social determinants of health by:

- clarifying key concepts related to structural and social determinants of health;
- translating knowledge and evidence for effective action on structural determinants (sharing what works); and
- building capacity for effective action through training, continuing professional development, networking and convening.

Discussion: A different kind of health equity

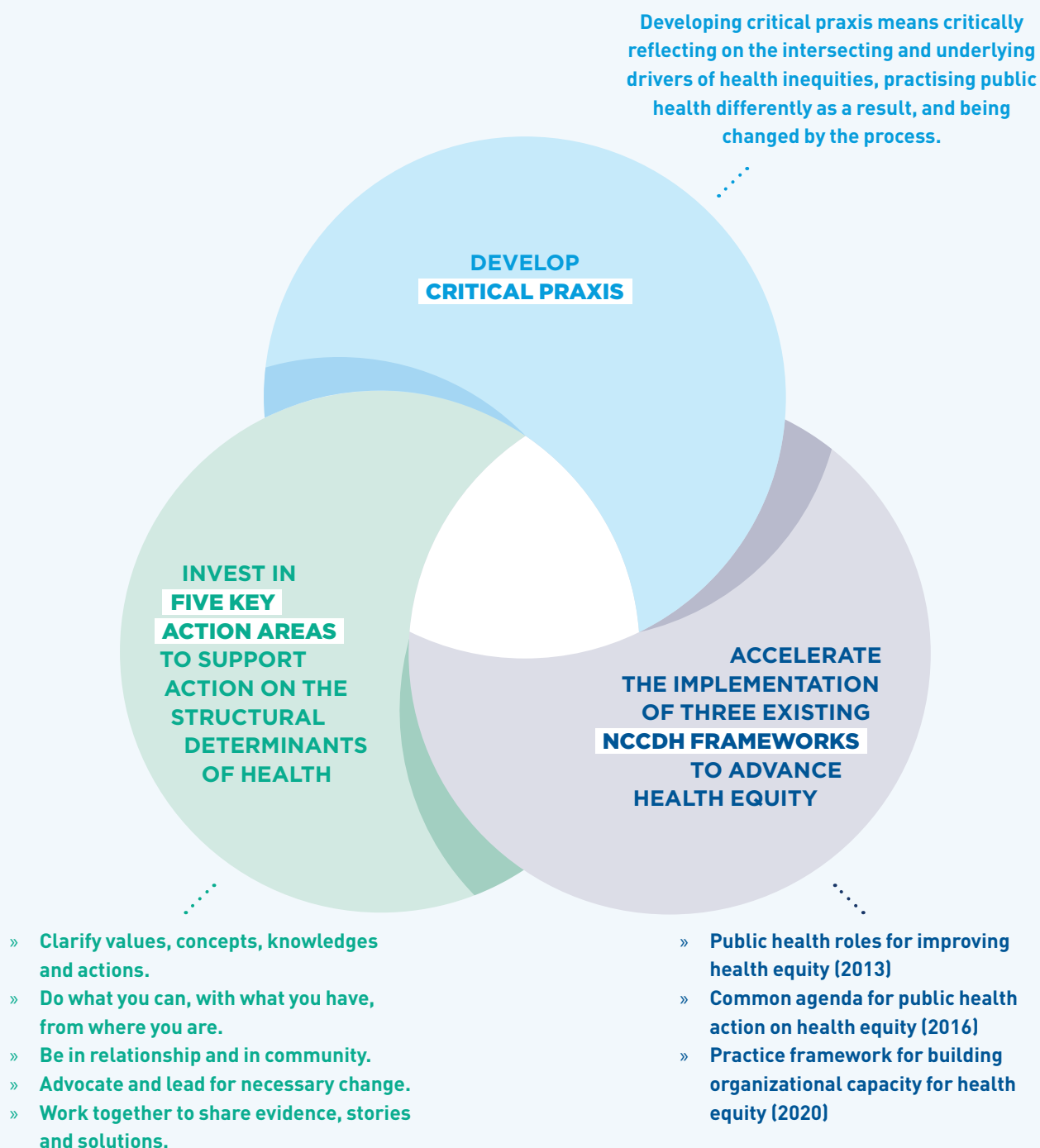
When the NCCDH first began conducting environmental scans 15 years ago, the dominant discourse about health equity, and health equity action, was substantively different. Notably, in this scan, participants explicitly discussed histories of oppression, power relationships, and interconnections between human and planetary health.

This indicates a growing space for an intersectional, structural analysis of the world views, norms, policies and institutional practices that drive differences in health that are systemic, unfair and avoidable. The public health field is viewing health equity differently, and, as a result, participants are describing — and calling for — a different kind of health equity action.

Recommendations: Creating conditions for action on the structural determinants of health

To create the conditions needed for action on the structural determinants of health, three interrelated recommendations are proposed for the Canadian public health community (see Figure 1).

FIGURE 1: Interrelated recommendations for public health action on the structural determinants of health



1.0 Introduction

1.1 What is an environmental scan?

An environmental scan is a forward-looking instrument of discovery used to synthesize knowledge and evidence, inform decision-making, and support organizational and system change. While the environmental scanning process has its roots in the business sector, environmental scans have been used in the health and public health sectors for many years.⁴ For example, organizations have used them to guide their planning and evaluation related to health equity.⁵⁻⁸

Environmental scanning is an effective process for understanding the current context of public health action because it incorporates diverse types of data and analysis and uses multiple methods to engage participants.⁹ These scans typically involve a combination of data-gathering activities such as literature reviews, interviews, focus groups and surveys.

1.2 Why is environmental scanning important for the NCCDH and public health community?

Since 2010, the NCCDH has undertaken four environmental scanning processes to explore questions central to public health in Canada —

including the surrounding social, economic, political and organizational contexts. This report presents the findings from the fourth scan. The three previous NCCDH environmental scans are:

- *Integrating social determinants of health and health equity into Canadian public health practice*¹ (2010)
- *Boosting momentum: Applying knowledge to advance health equity*² (2014)
- *Building a culture of equity in Canadian public health*³ (2018)

Figure 2 highlights key findings from these three scans, along with examples of NCCDH responses that followed.

Each environmental scan employed a range of methods for information gathering, participant engagement and data analysis. NCCDH environmental scans are frequently accessed and used to inform public health action to advance health equity. Their findings have shaped NCCDH strategic priorities, work plans, resource allocation decisions and evaluation activities.

NCCDH environmental scans are important contributions to the collective knowledge base on public health action in Canada, especially because the findings are directly informed by the Canadian public health community.

FIGURE 2: NCCDH environmental scan recommendations and responses

2010



Integrating social determinants of health and health equity into Canadian public health practice

CONTEXT

- » Increasing attention to social determinants of health and health equity^{10,11}
- » Lack of clarity about public health roles and actions to address social determinants of health

WHAT NCCDH HEARD

- » Shift focus to addressing social determinants of health and advancing health equity
- » Promote four key public health roles to improve health equity:

- 1 Assess and report
- 2 Modify and orient interventions
- 3 Partner with other sectors
- 4 Participate in policy development



HOW NCCDH RESPONDED

- » Clarified essential concepts for addressing social determinants of health and advancing health equity through brief, evidence-informed, plain language products (e.g., *Let's Talk series*)
- » Explored promising practices for advancing health equity at individual, program and organizational levels (e.g., *What contributes to successful public health leadership for health equity? An appreciative inquiry*¹² and related case studies¹³⁻¹⁸)

2014



Boosting momentum: Applying knowledge to advance health equity

CONTEXT

- » Substantive increase in interest and commitment to health equity action across the Canadian public health community
- » Varying levels of leadership support for health equity

WHAT NCCDH HEARD

To support the Canadian public health community and advance health equity, focus on eight action areas:

- 1 Harness existing health equity momentum
- 2 Profile and support the achievement of leadership commitments
- 3 Support the engagement of partners and other sectors in action to advance health equity
- 4 Prioritize activities that address identified gaps in public health skills and competencies
- 5 Target efforts to meet the capacity needs of specific public health audiences
- 6 Clarify key public health and health equity terms and concepts
- 7 Link and coordinate public health action to advance health equity
- 8 Facilitate difficult conversations



HOW NCCDH RESPONDED

- » Created a series of curated resource lists on various topics, including intersectoral collaboration¹⁹ and public health advocacy²⁰
- » Developed a Common agenda for public health action on health equity²¹
- » Launched the Health Equity Collaborative Network to support public health practitioners across Canada to engage in collaborative learning and advance health equity



Building a culture of equity in Canadian public health

CONTEXT

- » Significant decline in commitment to Canadian public health programs and services
- » Erosion of independence for public health structures and leadership

WHAT NCCDH HEARD

- » Build a culture of equity and develop organizational and leadership capacity for health equity by investing in five key action areas:

- 1 Incorporate health equity as a foundational value for the health system
- 2 Support a values-reflection process for leaders
- 3 Prepare public health leaders to advocate for health equity work across the health system
- 4 Support the use of an equity lens in evidence-based decision-making
- 5 Support grounded community engagement as a foundation for health equity work



HOW NCCDH RESPONDED

- » Launched a participatory initiative to test ways to develop organizational capacity to advance health equity, which included publishing *A practice framework for organizational capacity for health equity action*²² and several related resources (e.g., *A guide to assessment tools for organizational health equity capacity*,²³ *Living health equity values in public health organizations: A review and dialogue-based tool*²⁴)
- » Published resources on community engagement for health equity²⁵ and on addressing racism²⁶ and Whiteness²⁷ as determinants of health, and held a series of webinars on racism, anti-racism and racial equity

1.3 What is the focus and context of this environmental scan?

The NCCDH recognized growing interest in the terms, concepts and actions related to addressing the structural determinants of health, alongside a lack of guidance for related public health action. In response, this environmental scan explored opportunities to support, influence and lead transformative public health action on these underlying drivers of systemic inequity.

The NCCDH conducted this scan between 2021 and 2024. This time period was characterized by the COVID-19 pandemic, which disproportionately affected those made vulnerable by systemic inequity.^{28–31} The pandemic coincided and converged with multiple other crises, including a societal reckoning with racial injustice, increased costs of living, rapid global heating and climate change, drug toxicity, intimate partner violence, and more.

2.0 Methods

2.1 Guiding values

Each aspect of this environmental scan, from the timing to the range of participant engagement and data analysis activities, exemplifies core NCCDH values of humility, compassion, solidarity, accountability and justice. Applying these values contributes to a health equity orientation in public health organizations.^{24,32}

Humility: The NCCDH recognizes that it is part of a much larger complex health system. In this project, the team ensured that stories, experiences, thoughts and ideas from a range of diverse perspectives were reflected in the final analysis.

Compassion: The NCCDH recognized the pressure experienced by the Canadian public health community during the COVID-19 pandemic. The project team adjusted timelines and offered participants different ways and opportunities to engage depending on their capacity.

Solidarity: The NCCDH recognizes the importance of the public health community to the environmental scan and of the scan to the public health community. The ideas and actions highlighted in this analysis reflect the needs of the public health community rather than the interests of the NCCDH. The NCCDH is committed to sharing the scan's recommendations and engaging in strategic, action-focused planning with partners and collaborators.

Accountability: The NCCDH has a responsibility to produce a high-quality environmental scan to inform both the NCCDH and the larger public health community. The NCCDH practises accountability and transparency by sharing the methods used to conduct this scan (see Appendix) and by reflecting on the limitations of the analysis (see Section 5). The NCCDH is committed to using the findings and recommendations of this scan to inform future strategic priorities, work plans, resource allocation and evaluation activities.

Justice: The NCCDH recognizes that addressing the structural determinants of health requires a commitment to justice. Concepts related to justice were integrated throughout all environmental scanning activities. The need to collaborate and share power with communities who experience systemic injustice is reflected in participant responses and in the final recommendations of the scan.

2.2 Purpose

Recognizing increasing interest in public health to address the underlying drivers of systemic inequity, this NCCDH environmental scan explored three key areas related to public health action on the structural determinants of health:

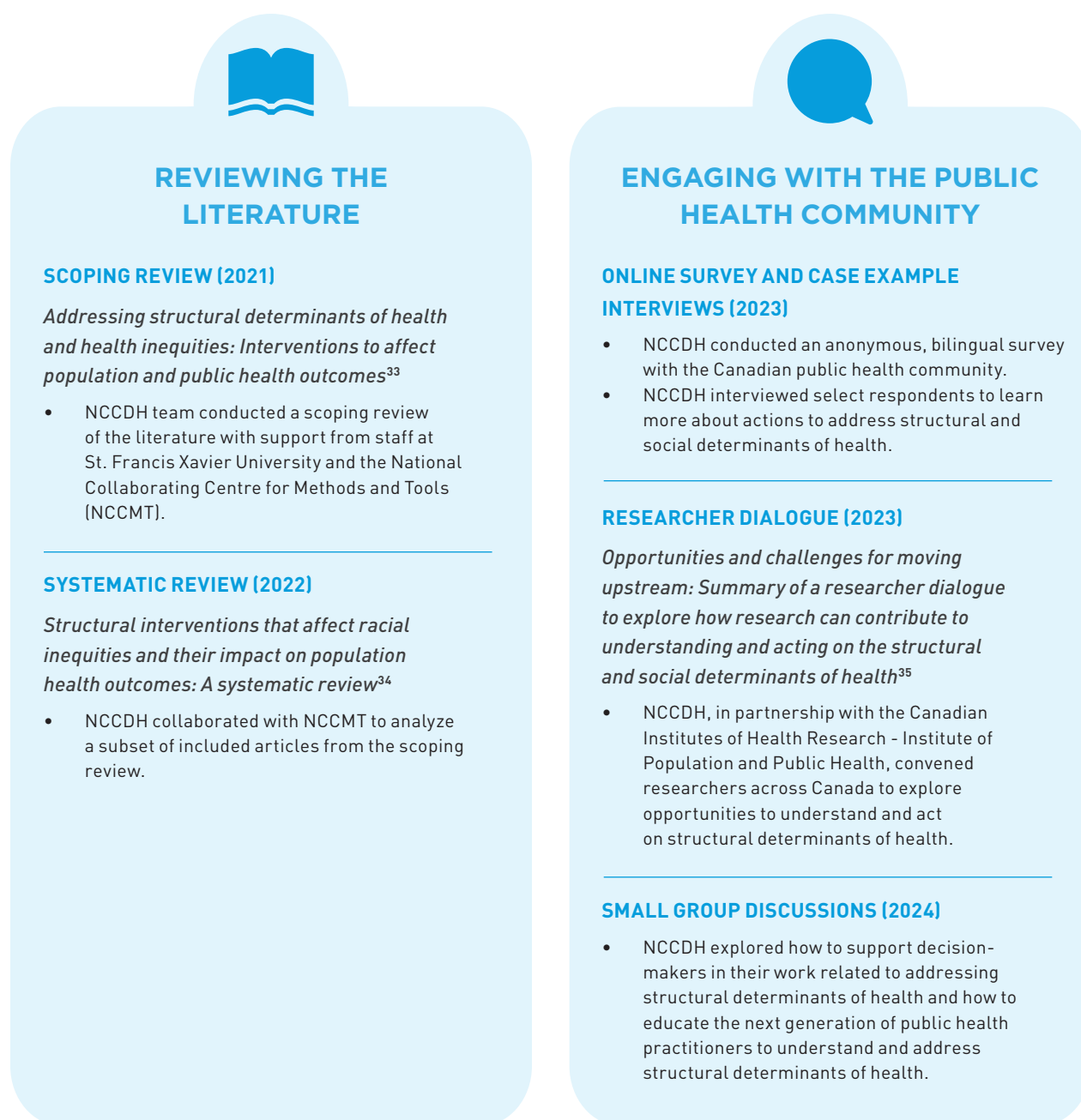
1. Current contexts and experiences of the Canadian public health community
2. Knowledge and skills gaps within the Canadian public health community
3. Roles for the NCCDH to support the Canadian public health community

2.3 Environmental scan activities

To conduct this environmental scan, the NCCDH used a tailored, multicomponent approach outlined in Figure 3. First, the NCCDH analyzed data from

peer-reviewed and grey literature.^{33,34} This analysis informed subsequent environmental scanning activities designed to engage with the Canadian public health community, including a researcher dialogue.³⁵ For details on the methods used for each activity, see the Appendix.

FIGURE 3: Environmental scan activities



2.4 Data analysis and development of recommendations

Data from each scan activity were analyzed and summarized separately. When all activities were completed, a thematic analysis was conducted across all the data to identify key themes and messages. The NCCDH team and Advisory Board discussed findings from specific scan activities at regular intervals throughout the process. In late 2024, they collectively reflected on the findings to consider implications and begin identifying key recommendations.

2.5 Key terms and descriptions

During the environmental scanning process, concepts and terms related to the determinants of health continued to evolve. In 2024, the NCCDH published *Let's Talk: Determinants of health*³⁶ to clarify and expand on these ideas. The current terms and descriptions used by the NCCDH are further detailed in the NCCDH's *Glossary of essential health equity terms*.³⁷

3.0 Key learnings from individual scan activities

The findings from each environmental scan activity are summarized in Table 1.

TABLE 1: Summary of findings from each environmental scan activity

ACTIVITY	WHAT DID WE LEARN?
Scoping review of the literature³³ (2021)	» Common descriptions of the structural and social determinants of health and health equity, and their interrelatedness, are lacking. » Significant evidence gaps exist in the published and grey literature. » Opportunities exist to contribute to the evidence base through increased support for Canadian researchers to conduct well-designed studies on public health interventions to address the structural determinants of health. » Knowledge gaps of the public health community, including public health researchers, include: • how to describe structural determinants of health and related concepts • evidence-informed public health action, practices and policies to address structural determinants of health • effect or impact of interventions on the structural determinants of health
Systematic review³⁴ of a subset of studies from the scoping review (2022)	» There is a lack of research on the effects of structural-level interventions to address health inequities for racialized populations. » The public health community needs well-designed studies on upstream policy interventions that affect the structural determinants of health and racial health inequities. » Because racism functions differently for differently racialized groups, population-specific interventions are needed.
Online survey (2023) and follow-up interviews to explore case examples (2024)	» Respondents believe in their role and responsibility to act on structural and social determinants of health and want to do more. » There are significant opportunities to support the public health community and organizations to understand and address structural and social determinants of health. » Facilitators to action include relationships, networks, collaboration, strong leadership from senior management, health equity standards, and dedicated funding and resources. » Barriers to action include knowledge and skills gaps, funding and staff shortages, deprioritization of health equity action, and lack of formal organizational structure to support health equity leadership. » Knowledge gaps include understanding of the structural and social determinants of health and other interrelated determinants, and public health's role to address the structural and social determinants of health. » Skills gaps include engaging in public health advocacy and working collaboratively to redistribute power and take action to address the underlying drivers of inequities.

ACTIVITY	WHAT DID WE LEARN?
Researcher dialogue³⁵ (2023)	» Transformative change is needed in the way research is funded, undertaken and reported to meaningfully address the structural determinants of health. » The public health community needs to recognize the inextricable links between structural, social and ecological determinants of health, and orient research and action towards improved and equitable planetary and human health.
Discussion groups (2024)	» The lack of literature on public health interventions to address structural determinants at the population and policy level does not surprise participants. » Public health practitioners and partners external to public health who support community health are likely ahead of what is reported in the literature (i.e., experiential evidence). » Effective population health policy cannot be developed without engaging with communities and getting their input. This highlights the importance of a relationship-centred approach. » Moving upstream to address the structural and social determinants of health will require moving outside of spheres of control, power and comfort. » There are several ways that public health organizations can demonstrate leadership to address the structural and social determinants of health, including: • support capacity building, leadership and governance for health equity • focus on implementing public health action and policy to address the structural and social determinants of health to advance health equity • act as intermediaries between community organizations and government so that communities are engaged and have input into decisions that affect them » Opportunities exist to support public health practitioners and students to: • explore relevant histories of oppression and current power relationships • take a relational approach (e.g., recognize the importance of being in relationship with the land, water, air and living world, and see all as being in relationship) • appreciate and integrate diverse knowledges and multiple ways of knowing into decision-making • engage in community-level work and policy advocacy

4.0 Cross-cutting themes from all scan activities

This environmental scan was designed to deepen understanding and explore three key areas related to public health action to address structural determinants of health and advance health equity:

1. Current contexts and experiences of the Canadian public health community
2. Knowledge and skills gaps within the Canadian public health community
3. NCCDH roles to support the Canadian public health community

The following sections describe central themes that emerged across all environmental scanning activities.

4.1 Current contexts and experiences of the Canadian public health community

Members of the public health community shared their experiences and perspectives on addressing structural determinants of health and advancing health equity throughout the environmental scanning process. Their reflections have been grouped under the following headings for discussion below:

- Belief in public health roles and responsibility to act
- Focus of current actions to address structural and social determinants of health
- Opportunities for action and clear desire to engage further
- Strategies that support action on structural and social determinants of health
- Barriers to addressing structural and social determinants of health

We've come out of COVID and we're in a position to restructure.... We need to have those big conversations ... and change the narratives, emphasize the social return on investment and plan for a great future for all including the natural world.

INTERVIEWEE

[We need] people in senior leadership roles [who] are willing to take risks to do what is right for addressing health equity, and willing to see it through.

ONLINE SURVEY RESPONDENT

BELIEF IN PUBLIC HEALTH ROLES AND RESPONSIBILITY TO ACT

Online survey respondents, in particular, expressed a belief in their role and responsibility to act on the structural and social determinants of health. For example, the majority agreed (68% responded “yes” and 18% “maybe”) that acting on the structural and social determinants of health was part of their public health role.

reported being champions for action on the structural and social determinants of health, actively advocating on equity issues in meetings, with leaders and in public.

42%

reported supporting action on the structural and social determinants of health, doing their best to integrate action into all aspects of their work.

20%

reported a focus on mitigating impacts of structural and social determinants on the community members and communities they work with.

18%

Survey respondents who indicated that acting on the structural and social determinants of health was not part of their role offered additional context. Some explained this kind of action was not explicitly mandated within their job descriptions, while others felt they lacked the power to influence concrete change within their organizations or communities.

This role is for the SDOH [social determinants of health] nurses (in Ontario) ... in almost every health unit. Despite all public health practitioners needing to implement SDOH and health equity in programs, there is often little support to do this.

ONLINE SURVEY RESPONDENT

Other than suggesting changes, I have little power to implement changes at work. Our supervisor and manager are too busy with their administrative roles to think this big.

ONLINE SURVEY RESPONDENT

FOCUS OF CURRENT ACTIONS TO ADDRESS STRUCTURAL AND SOCIAL DETERMINANTS OF HEALTH

Online survey respondents described 185 examples of actions they are taking to address structural and social determinants of health and advance health equity. Respondents connected each action to a determinant of health identified in the Pan American Health Organization (PAHO) framework in *Just societies: Health equity and dignified lives*³⁸ (see Table 2).

TABLE 2: Structural and social determinants of health named in Pan American Health Organization framework³⁸

STRUCTURAL DRIVERS (STRUCTURAL DETERMINANTS OF HEALTH)	CONDITIONS OF DAILY LIFE (SOCIAL DETERMINANTS OF HEALTH)
» Political, social, cultural and economic structures » Natural environment, land and climate change » History and legacy, ongoing colonialism and racism	» Health systems » Early life and education » Working life » Older people » Income and social protection » Violence » Environment and housing

The majority of respondents indicated a focus on social determinants such as health systems and early life and education. Overall, political, social, cultural and economic structures were selected most often as the structural determinants respondents felt they were impacting, followed closely by history and legacy, ongoing colonialism and racism.

OPPORTUNITIES FOR ACTION AND CLEAR DESIRE TO ENGAGE FURTHER

Analysis of the 185 examples of actions shared by survey respondents revealed distinct opportunities for public health action on the structural and social determinants of health:

- planning, program development and evaluation;
- data collection, analysis and sharing;
- training and professional development;
- engagement (partnerships, meetings, collaboration) and advocacy;
- allocation of funding and resources; and
- care and service provision.

For examples of actions related to each of these opportunities, see Table 3.

Respondents also expressed strong interest in deepening their engagement through further action, including to:

- participate in strategic systems change work (e.g., prioritizing health equity);
- advocate and engage politically for public health;
- address the commercial determinants of health;
- collaborate with partners and communities to address historical power imbalances and promote health for all; and
- address the climate crisis.

[There is] risk aversion within public health to engage in political work (which I view as necessary to make structural change).

ONLINE SURVEY RESPONDENT

Public health barely exists anymore when it comes to the community development side. So, we may have immunization and other sort of, you know, clinical public health. But let's get real. We don't do that work anymore, and we haven't for a long time. So people are saying we miss that, but they don't know what it used to look like or where it came from.... Structural determinants are historical determinants, like, full stop. They come from power dynamics over time, in place.

DISCUSSION GROUP PARTICIPANT

I would love to be able to have a role in changing public health nursing back to a more fulfilling and holistic career.... I do as much advocacy as I can to promote equity for persons with disabilities. I wish I could do more but am planning to find ways to do so when I retire from the health authority in a few years.

ONLINE SURVEY RESPONDENT

TABLE 3: Opportunities and current actions on structural and social determinants of health

OPPORTUNITY	EXAMPLES OF ACTIONS FROM SURVEY RESPONDENTS
Planning, program development and evaluation	Supporting the Health Leadership Team to "influence tangible project work and embed the needed mindsets, skillsets and toolsets that align to our vision for Health Equity across the Health Services department."
	Presenting colleagues with a "framework for identifying the 'Top 5' social determinants of health addressed in their work."
	Funding a research study "to examine the experiences and needs of [2SLGBTQIA+] community members," and collaborating with Rainbow Health Ontario to provide related staff training.
Data collection, analysis and sharing	Developing population profiles for public health staff and community partners with data on "unique characteristics and considerations amongst different population groups, based on the social determinants of health."
	Disseminating knowledge and data about household food insecurity to build "a collective understanding of drivers and solutions."
	Funding an environmental scan in partnership with a university and local municipality on the "inclusion or exclusion of children with disabilities in programming available in the community."
Training and professional development	Leading "race-based caucusing groups for staff" as part of organizational anti-racism change efforts.
	Supporting staff training in anti-racism and cultural safety, and participating in a "working group focused on disrupting racism in the health system."
	Developing an "internal health equity curriculum for public health staff."

OPPORTUNITY	EXAMPLES OF ACTIONS FROM SURVEY RESPONDENTS
Engagement (partnerships, meetings, collaboration) and advocacy	Leading a “Housing Policy Workgroup to build system capacity for understanding and action on the structural determinants of housing inequity.”
	Writing a “letter to department of environment in Nova Scotia about the modernization of the environmental assessment process,” and applying a commercial determinants of health lens to highlight unfair power relationships and health equity impacts for Mi’kmaw communities.
	Collaborating “with public health dietitians across the province to ensure consistent monitoring of food costing, assessment of affordability compared to income and rental data, and consistent messaging and advocacy about policy solutions” to address the root causes of household food insecurity.
Allocation of funding and resources	Providing grants to support tuberculosis isolation for undocumented migrants who were “less likely to complete TB treatment or isolation due to food and job insecurity, overcrowded housing [and] structural racism,” while also providing a peer navigator and researching the intervention using an equity lens.
	Advocating and securing funding for “positions to work specifically on the development of healthy public policy.”
	Funding land-based programs focused on “cultural approaches to ... well-being and social skill development” to support groups living in vulnerable conditions.
Care and service provision	Creating a “stream of programs to address structural inequities for people who use drugs,” and implementing COVID-19 “pandemic prescribing for safe supply.”
	Partnering “with an Indigenous-led community-based organization to provide culturally safe STBBI [sexually transmitted and blood-borne infections] prevention, testing and treatment” — an intervention that addresses colonial violence by “changing a health services intervention.”
	“Providing migrant farmworkers with information about their health and safety and workers’ compensation rights, COVID-19 protections and hazard prevention.”

STRATEGIES THAT SUPPORT ACTION ON STRUCTURAL AND SOCIAL DETERMINANTS OF HEALTH

Environmental scan participants described factors that facilitate action on the structural and social determinants of health. These factors reflect cross-cutting strategies and approaches, which can be summarized as:

1. Do what you can, and be persistent.
2. Advocate and lead for needed change.
3. Take a relationship-centred, community-informed, power-building approach.
4. Appreciate and use different forms of evidence and knowledge.

Each strategy is explored further below and supported with illustrative examples and quotes from scan participants.

Strategy #1: Do what you can, and be persistent

The examples of actions shared through the online survey and related interviews highlight how public health staff are doing what they can to modify and orient interventions to address the structural and social determinants of health. In their responses, participants emphasized the importance of persistence when taking action.

Maybe the role of persistence?! I'm kind of joking; but we are trying to make changes to such embedded structures that it requires long-term thinking, while doggedly pursuing the short- and medium-term wins that support broader population health wins.

ONLINE SURVEY RESPONDENT

A public health nurse spoke about the positive response to a day-long workshop held in their health unit. The workshop's intent was to connect public health responsibilities and mandates to anti-oppression topics. In their interview, they reflected, "I am so impressed that this full-day workshop has been made mandatory.... Participants have really embraced the discussion.... The conversations are quite intimate and forward-thinking." Exemplifying the theme of persistence, the interviewee spoke of developing the workshop while maintaining other work responsibilities. They reflected on the need to shift thinking and embrace personal agency for change, "We're constantly talking about what you can do, starting with reframing the way we think."

Strategy #2: Advocate and lead for needed change

Participants underscored the importance of advocating and leading for change to drive meaningful action on the structural and social determinants of health.

One survey respondent called attention to the need for clear communication about the necessary change — highlighting that while public health is inherently political, taking a stand on evidence and health equity is not favouring any one political party.

While we do not need to take sides, explicitly, we must feel comfortable relying on the science and building connections to what we know impacts our health and well-being and recognize that doing so is not describing any particular political opinion.

Another respondent shared an example of community mobilization and partnership around emergency planning and risk mitigation to protect the entire community, including those who are made most vulnerable to harm. The initiative gained momentum through strong local leadership that championed the effort.

The mayor urged all other municipalities to go home and work on their extreme heat and weather response plans immediately.... This kind of call to action from peers is tremendously powerful. [The health authority] did this work in partnership with [the municipality] but it was the messaging from the mayor that was powerful.

Integrating a public health lens into community planning and policy processes was identified as a pathway to change. As one survey respondent described their role:

I work with local governments to address health inequities related to the design and planning of their communities. I assist in plan reviews, evaluation of land-intensive projects (e.g., environmental assessments), or policy development that shapes the design of the community. This may take shape in a variety of ways, including passively (reviewing a plan and providing feedback), or more actively (including providing data, commenting and incorporating a public health lens to their monitoring framework).

A discussion group participant reflected on the potential for public health practitioners and decision-makers to communicate and collaborate effectively with community advocates and support them to make their case for change:

We can have a really powerful role in public health as an intermediary between community organizations, equipping them with the data and

knowledge that they need to be able to do that advocacy work more directly.... Let's lean into what we do extremely well, and we know that we are extremely strong.

In another example of leadership and advocacy work, an interviewee described their efforts to establish a strong connection between housing and health with community partners. They explained that the health authority provides data for needs assessments, and public health staff support community planners in the strategy phase to ensure a health equity lens is applied to the data analysis. "We write a ton of letters of support for organizations that are trying to get funding to put housing in ... and we review new housing strategies to provide feedback." They added, "We also advocate for conditions that improve health and wellness.... There are so many ways we work to enhance community capacity and offer support."

Public health practitioners are advocating outside of their work time, including through volunteer work or membership in their local public health association. A survey respondent shared:

I am a member of the board of the Public Health Association of BC. In this role, we advocate for strengthened public health policy in a number of areas — income support, housing, climate change. We collaborate with partners to provide information and evidence, and make recommendations for improving health and social services, advocate for more upstream interventions, and embed equity in all of our work.

[We need] strategic partnerships with employers and policymakers to implement change.

ONLINE SURVEY RESPONDENT

Strategy #3: Take a relationship-centred, community-informed, power-building approach

Environmental scan participants recognized the importance of being connected both within and across sectors, communities, departments and disciplines. They also stressed the need to invest in the health and well-being of the community and build community power. Strong relationships with members of different communities and knowledge from diverse sources are essential to identify:

- underlying drivers of health inequities;
- best and promising practices to address inequities and advance health equity; and
- ways to bring knowledge and evidence from different community contexts into practice, policy and decision-making processes.

This perspective was illustrated in one interviewee's story of a positive collaboration across jurisdictions and sectors that led to improvements in health promotion messaging. Without this collaboration, the messages may have caused (unintentional) harm by contributing to weight stigma. They further noted that the success of this project depended on (a) informal networking among dietitians across regions through social media and (b) the willingness of non-profit organizations to commit their limited funds and volunteer-based resources to a collaborative project.

Research dialogue participants specifically called for a shift from targeting policy-makers to intentionally convening people with different perspectives and from different systems — including Indigenous knowledge systems — and community contexts.

These convenings would promote better understanding of the underlying drivers of inequity, illuminate community-driven solutions and actions to address interrelated determinants, and promote increased collaboration and alignment of advocacy efforts.

An interviewee described how the COVID-19 pandemic prompted their provincial healthy communities program to take a more relationship-centred and less hierarchical approach to develop strategic plans and practices. They recounted how program leadership invited staff to share their perspectives and ideas through 10-minute pitches and engage in a priority-setting process. Each pitch was assessed using criteria developed collaboratively with program team members. As a result, topics such as climate change, Indigenous health, income policy, commercial determinants of health and community relationship building were all supported for work planning over the next 3 years. The interviewee reflected that taking a power-sharing approach to setting priorities, including building community relationships, has enabled their team to pursue more integrated efforts to promote health equity and address structural and social determinants of health.

Awareness that [community members] are the experts in their own lives and needs — we need to lose the “expert” paternalistic mentality.

ONLINE SURVEY RESPONDENT

Strategy #4: Appreciate and use different forms of evidence and knowledge

Across environmental scan activities, participants identified the need to integrate multiple ways of knowing and evidence into public health and wider health system decision-making.

Several participants called for moving beyond traditional partnerships to engage with community leadership and foster community ownership. As one participant shared:

Initiatives that are run by and for peers/ community members are just as valuable (I feel more valuable) as work that happens within systems/institutions and are often a departure from colonial and White supremacist ways of working/researching. They [build power with] individuals from equity-denied groups and can inform systems in a way that outsider research and initiatives cannot.

Another participant emphasized the importance of honouring community knowledge and developing partnerships with community organizers, and the need for “strong community organizing that makes demands of public health to work to make structural change.”

Participants in the researcher dialogue specifically called for meaningful inclusion of Indigenous knowledge systems and scholars in research and policy development. On a similar note, an interviewee described how integrating Indigenous world views into regional health promotion planning has deepened public health staff’s understanding of health, truth and reconciliation, and the importance of knowledge co-creation.

The majority of social determinants of health frameworks, like the power framework, is a linear framework. And I think that if we want to move forward in this space, we need to break out of linearity.... Which is really talking about this work needing to be relational.... Which requires that we need to decolonize our thinking and decolonize the framework ... bringing in different ways of knowing.

DISCUSSION GROUP PARTICIPANT

BARRIERS TO ADDRESSING STRUCTURAL AND SOCIAL DETERMINANTS OF HEALTH

Environmental scan participants identified a range of interrelated barriers and challenges to addressing the structural determinants of health and other related determinants of health. These barriers are outlined in Table 4 and illustrated with quotes from participants.

TABLE 4: Barriers to public health action on structural and social determinants of health

BARRIER	EXAMPLES FROM ENVIRONMENTAL SCAN PARTICIPANTS
Significant knowledge and skills gaps	See section 4.2.
Underfunding and deprioritization of public health programs, policy, practice and research initiatives related to addressing the structural determinants of health	"The top one barrier is funding for staff.... We are seeing cuts to unfilled positions and layoffs, and we already feel overwhelmed by the workload." "Pressures across the system such as political context (funding, changes in provincial government restructuring of public health).... There is less focus on promoting income as a social determinant of health because the current government is less supportive."
Lack of formal organizational structure to support leadership on health equity	"[We need] mandated commitments with concrete enforceable policies around equity measurement in all parts of the organization. It needs to be everyone's work, not just the work of an equity team."
Lack of focus on histories of structural oppression and power relationships	"As a public health authority staff, it's difficult to talk about White supremacy and colonial structures within our organization. It's something that leadership will acknowledge on paper (only recently), but not in practice." "Because of White supremacy culture within my organization/and our systems, there's never enough time... There's never an opportunity to slow down and be intentional about the way we design programs, care pathways, training, or do engagement."
Lack of institutional support for equity-driven public health efforts, including: - relationship building and partnership with communities and across sectors, disciplines and departments - integrating community-level knowledge and action within public health education and training - policy development and public health advocacy	"[We need] representation from the communities we [work with] at the leadership level within our organization. It is the practices, policies and procedures within organizations that are a barrier to creating a more inclusive organization (system)." "With ongoing budget cuts, limited resources, unpredictable political climate, we need to identify strategies to create and maintain sustained partnerships with our community." "[There is] reluctance to support advocacy at our senior leadership level." "[I am] unable to engage in anything seen as political." "The Health Unit needs to work collaboratively with the City, not at odds with each other."

4.2 Knowledge and skills gaps within the Canadian public health community

Environmental scan activities revealed significant knowledge and skills gaps within the public health community that pose a barrier for effective public health action on the structural determinants of health and health equity. These gaps are explored in more detail below under the following four headings:

- Conceptual clarity about structural determinants of health
- Understanding of the interrelatedness of structural and other determinants of health
- Evidence base for effective public health action on structural determinants
- Public health competencies needed for action on the structural determinants of health

CONCEPTUAL CLARITY ABOUT STRUCTURAL DETERMINANTS OF HEALTH

Conceptual clarity about the structural determinants of health emerged as a key concern across environmental scanning activities. Participants emphasized that clearer definitions are critical for guiding public health action and allocating resources effectively to address these determinants.

The scoping review identified a lack of conceptual clarity and inconsistent descriptions of structural determinants of health in the peer-reviewed and grey literature. The authors of the scoping review found that, by neglecting to include explicit descriptions of structural and social determinants of health, authors of the included studies risked assuming that:

1. the “structural determinants of health” and “equity” are universally understood concepts,
2. the reader knows exactly what the structural determinants of health and equity are and how they operate, and
3. the reader and the author share a mutual understanding of the structural determinants of health.^{33[p34]}

Participants in other environmental scanning activities agreed with these findings. One discussion group participant referred to the lack of conceptual clarity as “conceptual muddiness.”

Online survey responses confirmed that concepts related to the structural determinants of health were not clear and noted specific challenges with the PAHO framework.³⁸ When mapping their health equity actions to the PAHO framework, respondents were asked to identify any determinants of health they felt were not well represented in it. They reported working on a range of factors that were lacking in this framework, including:

- individual traits and attributes (e.g., gender, race, age, ability);
- experiences and/or outcomes (e.g., trauma, war and conflict, food insecurity, literacy level, mental health challenges);
- behaviours (e.g., substance use);
- systems (e.g., courts and justice system); and
- community-centred approaches (e.g., engaging with Black communities, social inclusion, social support networks).

Several respondents noted that commercial determinants of health were missing from the PAHO framework. As one respondent described, the framework did not reflect “the corporate powers that delay, deny and frustrate regulation of environmental and occupational hazards, including changes to adapt to and reduce the effects of the climate emergency.”

Another respondent raised concerns that the PAHO framework did not adequately represent intersectional experiences of oppression:

There were limited social/identity categories for working with specific equity-denied groups. A lot of the work I do focuses on addressing health inequities for 2SLGBTQIA+ individuals, and while homo/transphobia has roots in colonization and White supremacy, there are specific intersections with race, class, ability, etc. within our 2SLGBTQIA+ communities that increase negative health outcomes for those that are both 2SLGBTQIA+ and part of other equity-denied groups. For example, someone who is both Black or Indigenous and trans feminine. Black and Indigenous trans femme folks have some of the highest rates of violence, homelessness, etc.

UNDERSTANDING OF THE INTERRELATEDNESS OF STRUCTURAL AND OTHER DETERMINANTS OF HEALTH

Across environmental scan activities, participants discussed the need to know how structural determinants of health fit with other concepts and frameworks. This is important to inform decision-making and action.

Both researcher dialogue and discussion group participants called for:

- a shared understanding of values, terms and concepts related to addressing the structural determinants of health;
- increased recognition of power relationships; and
- an exploration of the links between structural, social and ecological determinants of health.

The next generation of researchers cannot be allowed to perpetuate a false dichotomy between the economy and the environment.

RESEARCHER DIALOGUE PARTICIPANT

EVIDENCE BASE FOR EFFECTIVE PUBLIC HEALTH ACTION ON STRUCTURAL DETERMINANTS

The public health community needs to know more about effective public health actions, roles, practices and policies to address the structural determinants of health and advance health equity.

The scoping review confirmed that very little was documented in the research literature about effective interventions, policy and practice at a structural level. Additionally, little was documented about public health roles to engage in structural action.

The systematic review, which examined a subset of studies involving racialized populations identified during the scoping review, also found significant gaps in the published research and grey literature regarding effective interventions. The authors specifically noted:

- a lack of research on the effects of structural-level interventions to address health inequities for racialized populations,
- the need for well-designed studies on upstream policy interventions that address the structural determinants of health and racial health inequities, and
- the need for population-specific interventions for different racialized groups.

Subsequent environmental scanning activities validated these findings. Participants in the researcher dialogue called for increased investment in research on both the structural determinants of health concept and public health roles to address the structural determinants of health.

PUBLIC HEALTH COMPETENCIES NEEDED FOR ACTION ON THE STRUCTURAL DETERMINANTS OF HEALTH

Participants indicated that the public health community needs specific competencies (knowledge, skills and attitudes) to effectively take action on the structural determinants of health. They called for developing knowledge and skills to:

- recognize and address historical and current power imbalances in organizations, communities and society;
- appreciate and integrate diverse knowledges and evidence into decision-making at all system levels;
- initiate, nurture and sustain meaningful relationships with community members, partners and other sectors;
- understand how community members are leading and contributing to addressing the structural determinants of health;
- shift values, world views and mindsets within public health organizations and research institutions, and in the larger community; and
- engage in a range of public health advocacy and leadership activities within the scope of their work and practice.

A reliance upon limited quantitative data sources vs. forms of community knowledge and wisdom serve as an ongoing barrier to applying hyper-local approaches that appreciate the role that power and privilege play in upholding inequities.

ONLINE SURVEY RESPONDENT

4.3 NCCDH roles to support the Canadian public health community

Environmental scan participants identified several ways the NCCDH can support public health competence and action on the structural determinants of health, including:

- clarify and strengthen understanding of the structural determinants of health and related concepts;
- translate knowledge and evidence for effective action on structural determinants (share what works); and
- build capacity for effective action through training, continuing professional development, networking and convening.

These roles are outlined further below.

CLARIFY AND STRENGTHEN UNDERSTANDING OF STRUCTURAL DETERMINANTS OF HEALTH

Across scan activities, there was a clear call for the NCCDH to support and deepen understanding about the structural determinants of health, including how they fit with other determinants and frameworks. Providing contemporary descriptions of key concepts would contribute to clearer understanding, more effective action and improved impact measurement.

TRANSLATE KNOWLEDGE AND EVIDENCE FOR EFFECTIVE ACTION ON STRUCTURAL DETERMINANTS

Environmental scan participants consistently stressed the need for concrete examples of effective action to address the structural determinants of health. These case examples and practice stories should illustrate action at multiple levels, from the local or neighbourhood level to the larger system or societal level. As one participant described, “real world examples and application to current programs and services to change mindsets and drive action.”

Participants suggested the NCCDH document case examples and practice stories that illuminate what works and why in addressing structural determinants. One discussion group participant identified that case examples of the key public health role of assessing and reporting would be helpful, commenting:

Getting it on the record is also another huge thing that you can do. Like, just write it down. Write down what people are doing. It's not happening.... You know, a small amount of resources could go a really long way.

They further highlighted the core functions of public health, particularly assessment and population monitoring functions, and added, "I think we need way more knowledge synthesis on effective interventions to address structural and social determinants from a health perspective."

Another suggestion was for the NCCDH to write specific practice and policy briefs in collaboration with policy leaders. As one participant elaborated:

Collaborate, put together a one-pager on some of the evidence, or whatever the parts that you feel are within your mandate ... and get them mobilized.... I think knowledge mobilization needs to immediately go beyond webinars for middle-level folks.... I would put some of the webinar training type stuff on a separate track, which is the capacity building and community of practice for early career practitioners and that kind of thing. But if we want to get serious about some of this ... I think we need to weigh in on some of the issues ... to say, here's what we know about the facts.

BUILD CAPACITY FOR EFFECTIVE ACTION

Participants called for training and continuing professional development to build their competencies for effective action on structural determinants of health. They asked the NCCDH and partners to:

- strengthen formal public health leadership for health equity in the public health workforce;
- enhance communication skills for change (e.g., compelling, solution-focused communication framed specifically for different audiences); and
- train practitioners and researchers to think critically and use relational theories and methods, including power analyses (e.g., engaging with different communities as co-decision-makers and co-researchers).

Networking and convening opportunities were also identified as a way to develop and maintain a knowledgeable and skilled public health workforce and foster collaboration between sectors. Researcher dialogue participants specifically suggested that the NCCDH and partners bring together researchers from public health and other disciplines (e.g., sociology, environmental science) and ensure representation of structurally excluded perspectives, including those of Indigenous and Black scholars. They also recommended that the NCCDH and partners support community-led initiatives by brokering knowledge and relationships among government, municipalities, practitioners, decision-makers and researchers.

Participants reiterated their interest in connecting with others doing similar work to share learnings and strengthen collective efforts. One participant suggested the NCCDH could "support local public health agencies in articulating their needs with a united voice" to decision-makers.

[We need] more informal networks or platforms to bridge across the public health practitioner/policymakers and researchers who are working on non-health policies.

ONLINE SURVEY RESPONDENT

4.4 Summary of key findings

Although there is increasing interest in understanding and addressing the underlying drivers of health inequities — the structural determinants of health — there is simply not enough documented in the formal and grey literature about effective interventions and public health roles and actions to address them.³³ In addition, more conceptual clarity is needed about the structural determinants of health and how they interact with other determinants.

Given current contexts, the Canadian public health community faces significant barriers to taking action on structural determinants. These include knowledge and skills gaps, funding and staff shortages, deprioritization of health equity work, and lack of formalized organizational structures to support health equity leadership.

Despite these barriers, participants in this environmental scan believe in their public health role and responsibility to address structural and social determinants of health and advance health equity.

Through examples of the actions they were engaged in, participants shared a range of opportunities to address structural and social determinants of health. These opportunities include:

- planning, program development and evaluation;
- data collection, analysis and sharing;
- training and professional development;
- engagement (partnerships, meetings, collaboration) and advocacy;
- allocation of funding and resources; and
- care and service provision.

Participants also described strategies for action on the structural and social determinants of health that can be summarized as:

- do what you can, and be persistent;
- advocate and lead for needed change;
- take a relationship-centred, community-informed, power-building approach; and
- appreciate and use different sources of knowledge and evidence.

Finally, participants requested support from public health organizations and research institutions. They asked for dedicated and resourced efforts to address the structural determinants of health, including support to:

- build their competencies (knowledge, skills and attitudes) for effective action;
- recognize and address power imbalances in organizations, communities and society;
- appreciate and integrate diverse knowledges and evidence into decision-making at all system levels;
- initiate, nurture and sustain meaningful relationships with community members, partners and other sectors;
- shift values, world views and mindsets of leaders and communities to prioritize advancing health equity; and
- engage in a range of public health advocacy and leadership activities within the scope of their work and practice.

Participants believe that the NCCDH can support public health action by clarifying the structural determinants of health and related concepts; translating knowledge and evidence for effective action on structural determinants; and building capacity for effective action through training, continuing professional development, networking and convening.

5.0 Scan limitations

Several factors limit the findings of this environmental scan, including:

- **Quality and availability of evidence:** A lack of both peer-reviewed literature and experiential public health evidence limits the available data and evidence related to public health roles and interventions to address the structural determinants of health.
- **Timing and context:** The pressures and changes experienced by the Canadian public health community between 2021, when the environmental scan was initiated, and 2024, when the discussion groups were completed, were significant. These circumstances extended the timeline required to complete scan activities, analyze the data and report the findings. The pressures also likely limited the degree to which members of the public health community were able to engage with specific scan activities, such as the online survey and the discussion groups. As a result, caution is advised when generalizing the findings.
- **Public health focus:** While there are many examples of action to address structural and social determinants from sectors outside of public health and the larger health system, these efforts were not a focus of this environmental scan. The discussion groups and online survey specifically engaged individuals working within the formal public health system in Canada (e.g., staff in public health units, regional health authorities, public health agencies, ministries of health). Only a small number of partners supporting community health from outside formal public health roles participated through the online survey. Thus, the findings of this scan are primarily applicable to the Canadian public health community.

6.0 Discussion: A different kind of health equity

6.1 The field is recognizing and calling for a different kind of health equity

The findings of this environmental scan clearly validate the continued relevance of previous NCCDH environmental scans. These scans focused on integrating the social determinants of health into public health practice through specific roles to advance health equity¹; boosting momentum for health equity action²; and developing a culture of equity within public health, health systems and the community.³

However, 15 years ago, when the NCCDH first began conducting environmental scans, the dominant discourse about health equity — and health equity action — was substantively different. For example, participants in past NCCDH environmental scans did not focus on histories of oppression and the interconnections between humans and the living world. In contrast, participants in this NCCDH environmental scan explicitly discussed different world views and power relationships, and highlighted the importance of integrating diverse knowledges and evidence and of being in relationship and in community.

Thus, the findings of this environmental scan indicate an important shift: participants are viewing health equity differently and are calling for a different kind of health equity action.

This shift is reflected in the insights shared by public health leader and health equity champion Dr. Gaynor Watson-Creed in a 2024 episode of the NCCDH's Mind the Disruption podcast:

We have been in the equity conversation a long time, and we have missed some big elements of what it actually takes to create equity across communities. If we're going to be honest about what we do next, then we actually need to look at that critically, we need to examine some of our own very colonial practices in public health. If we're going to thrive as a public health system, then I do think we have some growing to do in this health equity conversation.^{39(p23)}

The shift towards a different kind of health equity reflects the growing space for an intersectional and structural analysis of what drives health and health inequities. This space has not come about by happenstance but rather through concerted efforts by many over time to push the dominant downstream discourse further upstream. These efforts continue today, from both within and outside of public health.

"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.'"^{41(pe112)}

Some examples include:

- Indigenous knowledges and critical scholarship from Indigenous Peoples have emphasized the inextricable links between human and planetary health and the need to disrupt interlocking oppressive systems,^{40,41} alongside increasing calls for an eco-social approach to public health action.^{42–44}
- Foundational health promotion and global health documents (e.g., *The Ottawa charter for health promotion*⁴⁵ and *Closing the gap in a generation*¹¹) have been critiqued for their silence on racism and colonization.^{46,47}
- The larger health equity movement has also faced criticism for failing to adequately recognize and address unjust systems and the inequitable distribution of power and resources.^{48–54}

“Even contributions from fields explicitly focused on advancing equity, including public health, demonstrate limited and sometimes self-undermining engagement with systemic causes of inequities, including issues of power, coloniality and their manifestations through systems of oppression.”^{48(p1)}

It is worth noting that the NCCDH’s knowledge translation activities since the last environmental scan in 2018 are well aligned with a shift towards a different kind of health equity and more intersectional and structural analysis of what drives health. Through a range of projects and partnerships, the NCCDH has focused on topics such as anti-racism,^{26,27} intersectionality,⁵⁵ queer health^{56–58} and redistributing power for health equity.⁵⁹ Evidence-informed practice briefs have pointed to concrete opportunities for public health practitioners to analyze intersecting structural drivers of health inequities and address diverse issues, including the climate crisis,^{60–62} precarious employment and hazardous working conditions,⁶³ and unjust food systems.⁶⁴

6.2 The need for critical praxis

A different kind of health equity, one that embraces intersectional and structural analysis, requires critically reflecting on the underlying drivers of health inequities and practising public health differently as a result. The findings of this environmental scan reinforce that developing critical praxis is essential for effective public health action on the structural determinants of health.

As described in *Let’s Talk: Intersectionality*, “Critical praxis in public health involves the use of critical thinking both to identify and examine social and health inequities and to address them through (collective) action. In turn, the knowledge gained through practice is used to guide subsequent action.”^{55(p10)}

Health promotion and social impact leader Samiya Abdi spoke about this in a 2023 episode of the *Mind the Disruption* podcast, which focused on leadership for health equity within public health organizations:

We are stuck in this perpetual cycle of telling the historical realities, telling our current stories, retelling the stories again and again and again and again. And almost always, it’s not necessarily a new audience but an audience that pretends that this is the first time that they hear this. And there’s the awe and the shock of the story all the time. I am very, very, very over this idea of like, oh, here’s the percentage of Black people who are going through this, here’s the number of people that we know have blood pressure and diabetes because they’ve been so stressed out because of systemic racism day in and day out and the violence that they face every day. Let’s move beyond that, and let’s talk about how are we going to do better? What are we going to do differently as a public health professional, as a public health profession, as a field? How are we going to do work differently? Because if we’re not talking about action, then, I’m sorry, we’re not talking.^{65(p9)}

Engaging in critical praxis means showing up differently because of what is learned. It means practising and researching public health differently, and being changed as you continue to think, learn, connect with others, and promote health and health equity for all. Critical praxis in public health goes beyond critical thinking, reflection and learning. In other words, committing to critical praxis means committing to an ongoing process of thinking, doing and being differently. When addressing the structural and social determinants of health through public health action, engaging in critical praxis means being transformed by actions that aim to support larger systems transformation.^{49,52,55,65-71}

As a public health practitioner or researcher, intentionally developing critical praxis requires you to:

- explore how your personal identity, lived experiences and biases shape understanding of effective action in practice and policy;
- be curious about how multiple systems, contexts, histories, personal experiences and professional actions interact, and how social injustice occurs and is perpetuated;
- examine societal norms, power structures and assumptions;
- engage in regular conversations with colleagues, peers and collaborators; hear each other's stories; and foster collective learning and action for the common good; and
- advocate for change to public health strategies and approaches through co-learning and co-development with those affected by structural disadvantage.^{43,55, 65-71}

6.3 Action areas for the Canadian public health community

Alongside the need to develop critical praxis, analysis of the environmental scan findings reveals five interrelated action areas for the public health

community (see Figure 4). Investing in each of these areas will support the Canadian public health community to respond to the needs identified in this environmental scan and mobilize action on the structural determinants of health.

FIGURE 4: Mobilizing action on the structural determinants of health



These action areas are outlined in Table 5 and explored further in relation to key NCCDH frameworks (Section 6.4) and ongoing NCCDH activities (Section 6.5).

TABLE 5: Examples of mobilizing action on the structural determinants of health

ACTION AREA	EXAMPLES
1 Clarify values, concepts, knowledges and actions 	» Name, reflect on and bring to life values that support a health equity orientation. » Understand the histories of power and oppression that shape health and differential health outcomes. » Build skills and capacity to recognize and use knowledge and evidence from diverse sources and disciplines to inform decision-making (e.g., Indigenous, Black and 2SLGBTQIA+ scholars). » Explore the structural determinants and how these concepts fit with other determinants (e.g., social, commercial, ecological). » Take a relational and intersectional approach to address structural and social determinants of health.
2 Do what you can, with what you have, from where you are 	» Break free of a powerlessness paradigm and identify actions that are within scope of practice and locus of control. » Cultivate a sense of agency to address structural determinants and other related determinants, and advance health equity. » Strengthen public health leadership for health equity action at all levels, in big and small ways. » Intentionally build organizational capacity to address structural and social determinants and advance health equity.
3 Be in relationship and in community 	» Be present in the community. » Allocate time and resources for community engagement. » Measure and report on community presence and engagement. » Take a relationship-centred, community-informed, power-building approach (e.g., ask community partners about the changes that are necessary). » Build trusting, reciprocal relationships with communities; community organizers; partners within the public health and health system, government, and other sectors; and practitioners and researchers who experience intersecting forms of structural marginalization.
4 Advocate and lead for necessary change 	» Act on existing evidence to address the structural determinants of health. » Participate in long-term intersectoral action to develop policies and practices that address the underlying drivers of health inequities (e.g., amplify the actions of others). » Increase support for policies that address the underlying drivers of health inequities (e.g., thoughtfully frame messages and communicate about the change that is needed to a range of audiences, including public health, government, and partners in community and in other sectors). » Recognize and engage in a range of possible public health advocacy actions (e.g., speak with decision-makers, ask difficult questions, share data and stories with those engaged in formal advocacy, join and advocate through local and national professional associations).
5 Work together to share stories, evidence and solutions 	» Strengthen the knowledge base about addressing the structural determinants of health by documenting and sharing stories of efforts and impacts. » Mobilize knowledge about effective public health practices, actions, roles and policies to address structural determinants of health.

6.4 Alignment of action areas with key NCCDH frameworks

The action areas described in Section 6.3 align with and deepen the public health roles and actions articulated in three key NCCDH frameworks. These frameworks provide guidance at different levels:

1. Public health roles for improving health equity⁷² (2013) is focused at the individual and organizational levels, with numerous real-world applications at organizational and system levels.
2. Common agenda for public health action on health equity²¹ (2016) is focused at the organizational and system levels.
3. Practice framework for building organizational capacity for health equity²² (2020) is focused at the organization level.

This alignment confirms the continued relevance of these frameworks for the Canadian public health community and is explored below.

FRAMEWORK #1: PUBLIC HEALTH ROLES FOR IMPROVING HEALTH EQUITY

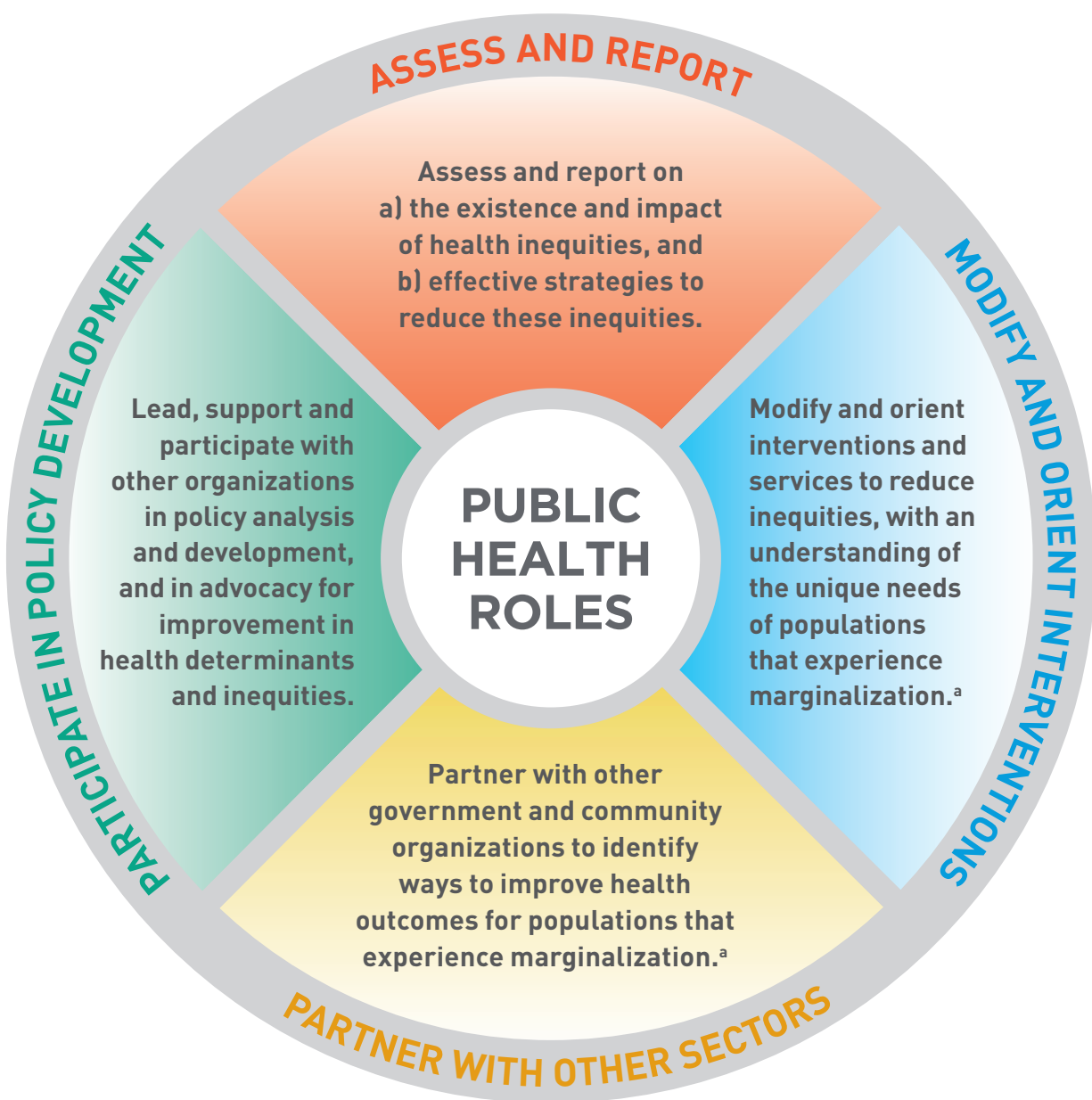
The four public health roles for improving health equity⁷² — assess and report, modify and orient, partner with other sectors, participate in policy development — are well established and widely used by the Canadian public health community (see Figure 5). Since their publication in 2013, these roles have been integrated into organizational planning and evaluation, health equity guidelines, organizational standards, and frameworks.^{73–79} They have also provided a useful foundation for topic-specific recommendations in several NCCDH products.^{26,55,61,63}

These action areas identified in the environmental scan align closely with the public health roles for improving health equity:

- **Do what you can, with what you have, from where you are** reflects all four roles, and maps particularly well to modify and orient interventions.
- **Be in relationship and in community** aligns with and substantively deepens the role of partner with other sectors.
- **Advocate and lead for needed change** relates to the role participate in policy development.
- **Work together to share stories, evidence and solutions** corresponds to aspects of the role assess and report.

While not directly mapped, efforts to **clarify values, concepts, knowledges and actions** for each public health role would support action on the structural determinants of health.

FIGURE 5: Public health roles for improving health equity^{72(p2)}



FRAMEWORK #2: COMMON AGENDA FOR PUBLIC HEALTH ACTION ON HEALTH EQUITY

The common agenda for public health action on health equity²¹ was developed in 2016, a few years after the public health roles for improving health equity were articulated. Although the common agenda is not as widely used as the public health roles, the findings from this environmental scan highlight its continued importance.

The common agenda comprises three core themes: build a foundation for action, establish and use a strong knowledge base, and collaborate with non-health sector partners (see Figure 6). The following action areas identified in the environmental scan reflect and reinforce common agenda themes and strategies:

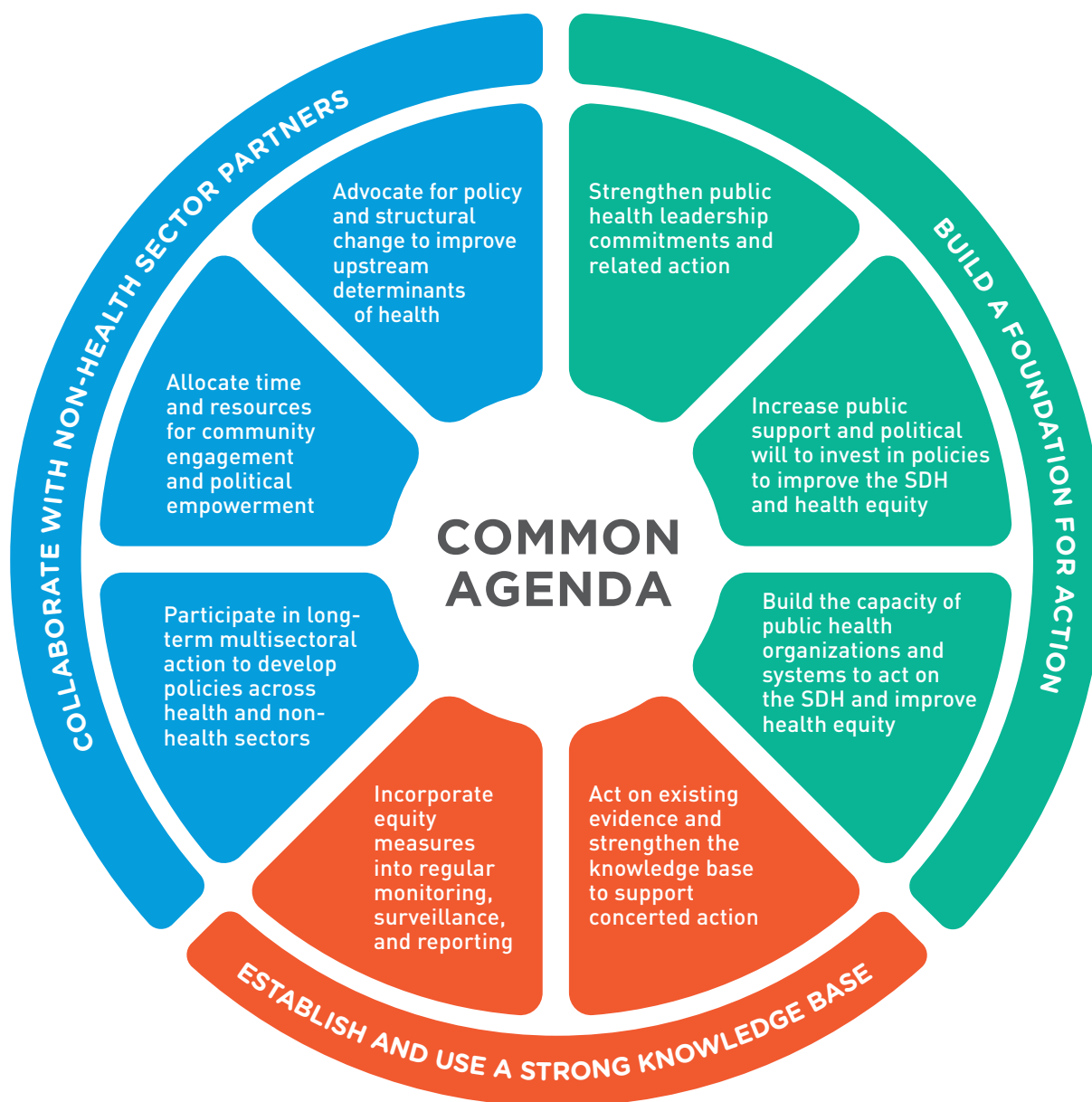
- **Advocate and lead for necessary change** connects strongly with two core themes: build a foundation for action (which describes strengthening public health leadership and building public and political support for policies that improve health equity) and collaborate with non-health sector partners (which calls on public health practitioners to advocate for policy and structural change).
- **Do what you can, with what you have, from where you are** resonates with the common agenda's calls to build organizational and system capacity within efforts to build a strong foundation for action.

- **Be in relationship and in community** aligns strongly with the common agenda's recommendation that public health practitioners allocate time and resources for community engagement and political power building, among the key strategies for collaborating with non-health sector partners.
- **Work together to share stories, evidence and solutions** aligns with aspects of the core theme establish and use a strong knowledge base.

The common agenda was also discussed in the NCCDH's 2018 environmental scan, which was conducted during a period of significant erosion of public health system resources. At that time, key informants warned that all three elements under building a foundation for action on health equity were under threat — public health leadership, public support and political will, and organizational and system capacity building.³ The threat continues for the common agenda and, considering the results of this scan, two core themes are now in jeopardy: build a foundation for action and collaborate with non-health sector partners.

The common agenda for public health action on health equity provides a menu of options that public health practitioners can draw on and begin to do what they can, from where they are, with what they have. When implemented, especially with greater conceptual clarity around the structural determinants of health, the actions and approaches outlined in the common agenda have the potential to meaningfully address the underlying drivers of health inequities and improve health for all.

FIGURE 6: Common agenda for public health action on health equity



Adapted from NCCDH.^{80(p2)}

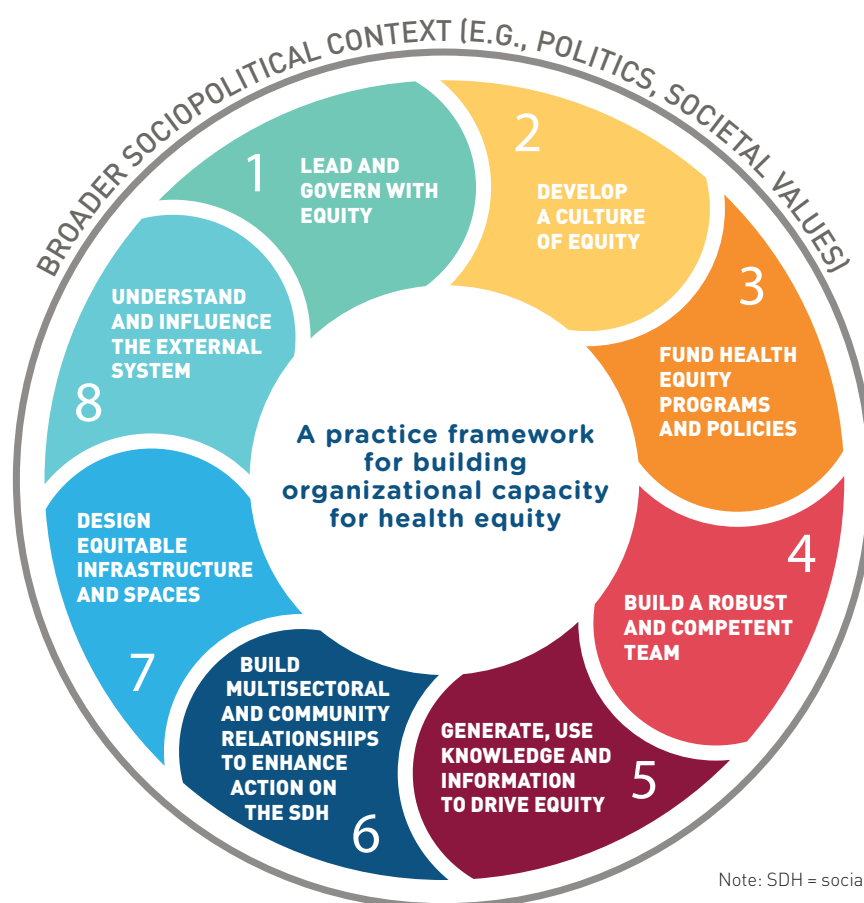
FRAMEWORK #3: PRACTICE FRAMEWORK FOR BUILDING ORGANIZATIONAL CAPACITY FOR HEALTH EQUITY

This framework for building organizational capacity for health equity²² was published in 2020, following the NCCDH's 2018 environmental scan that called for developing a culture of health equity in public health. Each action area identified in this 2025 environmental scan is well aligned with parts of the organizational capacity framework (see Figure 7).

The action areas identified in this scan reflect and reinforce the framework in several ways:

- **Clarify values, concepts, knowledges and actions** aligns strongly with multiple parts in the framework: lead and govern with equity (Part 1), develop a culture of health equity (Part 2), build
- **Do what you can, with what you have, from where you are and advocate and lead for necessary change** are inherently about building both individual and organizational capacity and leadership to address the structural determinants of health and advance health equity. Therefore, these action areas align with all parts of the framework for building organizational capacity.
- **Be in relationship and in community and work together to share stories, evidence and solutions** both align with the framework's calls to generate and use knowledge and information to drive equity (Part 5) and to build multisectoral and community relationships (Part 6).

FIGURE 7: Practice framework for building organizational capacity for health equity^{22(p3)}



Note: SDH = social determinants of health.

6.5 Alignment of action areas with NCCDH activities

The NCCDH has already initiated work that supports the five action areas identified in this scan. Each action area is explored below with illustrative examples of activities undertaken in recent years.



ACTION AREA #1: CLARIFY VALUES, CONCEPTS, KNOWLEDGES AND ACTIONS

The NCCDH and partners are already strengthening understanding of the structural determinants of health and effective action through knowledge translation, collaboration and competency development.

Key contributions include:

- **Let's Talk series:** Several documents in this series focus on understanding and addressing structural determinants of health,³⁶ with specific installments on racism,²⁶ Whiteness,²⁷ intersectionality⁵⁵ and power.⁵⁹
- **Glossary of essential health equity terms³⁷:** The NCCDH maintains this online glossary to support clearer communication and shared understanding of structural and social determinants of health.
- **Collaborative events:** The NCCDH partnered with the Public Health Association of British Columbia and the World Health Organization on a provincial conference to explore commercial determinants of health and opportunities for public health action.
- **Insights from current research:** The NCCDH's knowledge translation activities highlight research focused on deepening understanding of determinants of health,^{47,48,81} determinants of Indigenous Peoples' health^{41,82} and community-scale approaches to structural action.⁸³⁻⁸⁵

- **Updated public health competencies:** Funded by the Public Health Agency of Canada and developed by the six National Collaborating Centres for Public Health, *Core competencies for public health in Canada: Release 2.0*⁸⁶ clarifies concepts related to the determinants of health and strengthens attention to public health values, structural forces and colonial systems.



ACTION AREA #2: DO WHAT YOU CAN, WITH WHAT YOU HAVE, FROM WHERE YOU ARE

The NCCDH continues to strengthen its internal capacity for health equity leadership and action through ongoing learning, discussion and reflection. This has included focused efforts to build both individual and organizational capacity to address racism as a structural determinant of health, supported by staff participation in programs such as the [San'yas Indigenous Cultural Safety Online Training](#) and the [Black Health Primer](#).

The NCCDH also has supported the broader public health community in identifying actions within their sphere of influence to address structural determinants of health:

- **Racial equity training:** Building on the Let's Talk installments on racism²⁶ and Whiteness,²⁷ the NCCDH delivered tailored racial equity trainings for public health staff at the national level and convened interactive workshops on disrupting Whiteness.
- **Workshop on disrupting White supremacy:** The NCCDH and Canadian Institutes of Health Research - Institute of Population and Public Health co-hosted a virtual workshop on disrupting White supremacy and racism in public health systems. The workshop proceedings outline eight common ground statements and associated action plans to guide meaningful action in diverse public health contexts.⁸⁷

- **Webinars on disrupting anti-Black racism:** The NCCDH partnered with the Black Health Education Collaborative to offer a webinar series on disrupting anti-Black racism in public health practice.⁸⁸⁻⁹⁰
- **Webinars on 2SLGBTQIA+ health equity:** The NCCDH held webinars on promoting health and addressing structural health inequities for 2SLGBTQIA+ communities.⁵⁶⁻⁵⁸
- **Workshops on power:** The NCCDH has convened numerous workshops on power, its impact on health, and strategies to address power imbalances, beginning with workshops co-facilitated with community organizers working in housing, decent work, harm reduction and migrant health. Ongoing demand has led to further workshops online and in person for local, regional, provincial and national audiences.



ACTION AREA #3: BE IN RELATIONSHIP AND IN COMMUNITY

The NCCDH's knowledge translation activities and services focus on building meaningful relationships, highlighting opportunities for public health to take a community-informed approach, engage meaningfully with communities, and share power with communities. Key contributions include:

- **Resources on community organizing:** The NCCDH synthesized knowledge and evidence on strategies used by community-organizing groups to address the structural determinants of health, and explored how public health and organizing groups can benefit from working together.^{91,92}
- **Health Equity Collaborative Network:** Reflecting this relationship-focused approach, this NCCDH initiative brings members together to build trust and relationships; share case examples, resources and connections; and engage in candid discussions about navigating challenges in their work.



ACTION AREA #4: ADVOCATE AND LEAD FOR NECESSARY CHANGE

The NCCDH supports public health to advocate for and lead necessary structural changes, including through:

- **Collaboration on policy action:** The NCCDH works with organizations engaged in policy development and action, such as contributing to the Alternative Federal Budget published by the Centre for Policy Alternatives; participating in the Canadian Network for Health in All Policies (created by the National Collaborating Centre for Healthy Public Policy); and partnering with groups such as the Mental Health Commission of Canada, RentSafe, Decent Work and Health Network, and Egale Canada.
- **Learning circles for health equity leadership:** The NCCDH is exploring a learning circle model to support public health practitioners at all levels to lead health equity work, with a focus on sharing power and addressing anti-Indigenous, anti-Black and other forms of racism.
- **Knowledge products to guide structural action:** One example is the Determining Health series, which identifies opportunities for public health to take structural action. Recently published resources in this series include:
 - » *Decent work issue brief*⁹³ applies an intersectional and structural lens to evidence on how employment and working conditions affect health in Canada. The companion Decent work practice brief⁶³ provides practical guidance for public health action.
 - » *Food systems issue brief*⁹⁴ explores connections between food systems and human health in Canada. The companion Food justice practice brief⁶⁴ centres racial equity and justice-based approaches and supports public health action through eight interconnected principles and real-world scenarios.

- » *Migrant health issue brief*⁹⁵ summarizes the health and health equity impacts of immigration status for migrants in Canada to inform public health planning, policy and action.



ACTION AREA #5: WORK TOGETHER TO SHARE STORIES, EVIDENCE AND SOLUTIONS

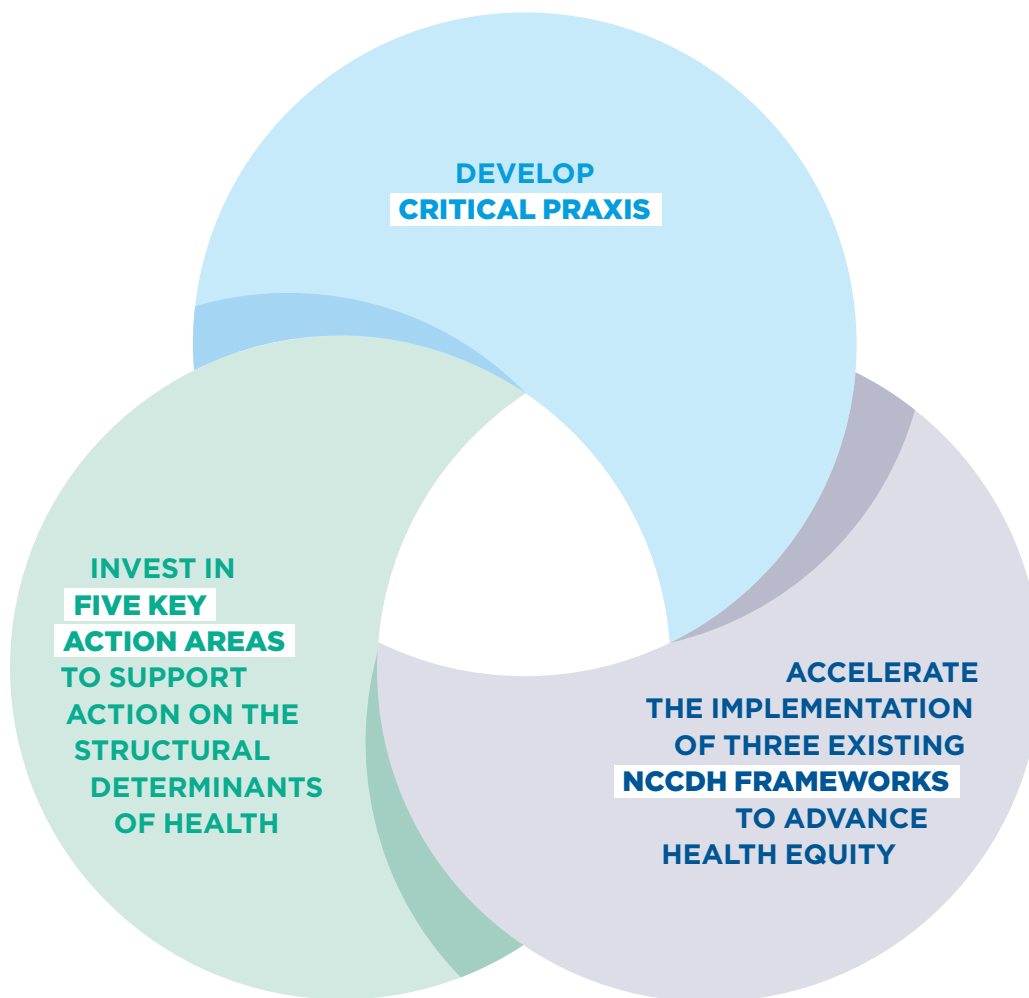
The NCCDH works with others to mobilize stories, knowledge and evidence across its knowledge translation products, events and activities to support public health action on the structural determinants of health. Key contributions include:

- **Mind the Disruption podcast:** This podcast features people challenging the status quo and working toward a healthier, more just world. Several episodes focus specifically on addressing structural determinants of health, such as ableism,⁹⁶ Whiteness and anti-Black racism,⁹⁷ environmental racism,⁹⁸ climate injustice,⁹⁹ fat phobia,¹⁰⁰ and colonialism.¹⁰¹
- **Case examples:** Through the Learning from Practice series and Equity in Action stories, the NCCDH continues to share examples of real-world efforts to tackle structural drivers of health inequities.

7.0 Recommendations: Creating conditions for action on the structural determinants of health

Based on the findings of this environmental scan, three interrelated recommendations are proposed for the public health community to create conditions for action on the structural determinants of health (see Figure 8). Implementing these recommendations would, by extension, support action on other related determinants of health.

FIGURE 8: Creating conditions for action on the structural determinants of health



7.1 Develop critical praxis

As discussed in Section 6.2, this involves supporting individuals to critically reflect on the intersecting and underlying drivers of health inequities and practising public health differently as a result.

7.2 Invest in five key action areas to support action on the structural determinants of health

These action areas are discussed in Section 6.3:

- Clarify values, concepts, knowledges and actions.
- Do what you can, with what you have, from where you are.
- Be in relationship and in community.
- Advocate and lead for necessary change.
- Work together to share evidence, stories and solutions.

7.3 Accelerate the implementation of three existing NCCDH frameworks to advance health equity

These frameworks are discussed in Section 6.4:

- Public health roles for improving health equity (2013)
- Common agenda for public health action on health equity (2016)
- Practice framework for building organizational capacity for health equity (2020)

8.0 Moving forward: using the environmental scan for critical reflection, discussion and action

As this work continues, the NCCDH will share the recommendations from the environmental scan in strategic conversations with the public health community and partners. By working together, we will continue to listen, learn and invest in these important areas to address the structural determinants of health and, by extension, other related determinants of health.

To that end, we invite you to use this environmental scan for reflection, discussion and action both individually and in your team and organization. The following prompts can be used to guide your own reflection or conversation with others.

Initial reactions

- What is one key takeaway for you or your organization from this environmental scan?

Connecting the scan to your context

- Do the findings align with your experiences and context?
- What are you observing in your practice, networks, partnerships and projects related to addressing the structural determinants of health to advance health equity?
- What facilitates your or your team's actions to address the structural determinants of health? What gets in the way?
- In Section 6.2, Samiya Abdi, health promotion and social impact leader, asks
"What are we going to do differently as a public health professional, as a public health profession, as a field? How are we going to do work differently?"
Reflecting on your role, what is within your authority or power to change or to act on? Reflecting on the larger public health field, how would you answer Samiya's question about what needs to change? What contribution to the change can you make?
- This environmental scan recommends action in five key areas:
 1. Clarify values, concepts, knowledges and actions
 2. Do what you can, with what you have, from where you are
 3. Be in relationship and in community
 4. Advocate and lead for necessary change
 5. Work together to share stories, evidence and solutions

Which of these action areas most closely aligns with your health equity efforts?
Which action area is the most difficult to put into practice?

Next steps: advancing health equity action

- This environmental scan highlights three key NCCDH frameworks for their continued relevance for action on the structural determinants of health:
 1. Public health roles for improving health equity
 2. Common agenda for public health action on health equity
 3. Practice framework for building organizational capacity for health equity

How will you use these frameworks for health equity action with your team or organization?

What additional tools would support that use?

- One of the five key action areas recommended in this scan is, “do what you can, with what you have, from where you are”. What actions are possible for you? What can you offer to yourself, your peers, your team, your organization and your community moving forward?

We want to connect. Please do not hesitate to send us your thoughts, ideas and stories at nccdh@stfx.ca.

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APPENDIX

Summary of methods used in environmental scan activities

ACTIVITY	DESCRIPTION	NOTES ABOUT THE METHODS
Scoping review³³ (2022)	A scoping review, <i>Addressing structural determinants of health and health inequities: Interventions to effect population and public health outcomes</i>, was conducted by the NCCDH with support from the National Collaborating Centre for Methods and Tools (NCCMT). The research question asked by the review was "What is known about interventions for the structural determinants of health and health inequity as they affect population and public health outcomes in G20 and Nordic countries?"	The 2010 World Health Organization framework, <i>A conceptual framework for action on the social determinants of health</i>,¹⁰ was used to guide data extraction and map interventions. The scoping review cast a wide net with 23,799 records retrieved and 776 full-text articles assessed for eligibility. Ultimately, 179 studies published between 2005 and 2021 were included for data extraction and analysis. Major findings from the scoping review informed the focus of subsequent environmental scan activities. Findings from the scoping review were integrated into the overall scan analysis.
Systematic review of a subset of studies from the scoping review³⁴ (2022)	The NCCDH and NCCMT collaborated on a systematic review to evaluate the effects of structural-level interventions on determinants of health and health outcomes for racialized populations.	The scoping review described above laid the groundwork for conducting this systematic review. A total of 92 full-text articles were assessed for eligibility, and ultimately 29 studies were included for data extraction. Findings from the systematic review were integrated into the overall scan analysis.
Researcher dialogue³⁵ (2023)	The NCCDH and Canadian Institutes of Health Research - Institute of Population and Public Health (CIHR-IPPH) convened an interactive dialogue with researchers from across Canada in December 2023 to explore research gaps identified in the 2022 scoping review. Interest was high in this event, with 46 researchers registering and 31 attending the dialogue. Participants explored three main questions about the Canadian research landscape to address the structural and social determinants of health: 1. Where are we now? 2. Where do we want to go? 3. How can the NCCDH and CIHR-IPPH support getting there?	The NCCDH and CIHR-IPPH team designed a World Café process and facilitated rotating productive small group discussions. Data were collected using a virtual whiteboard tool, and additional notes were taken during large-group discussions. All data were synthesized and summarized in an event proceedings report. The main findings and recommendations were integrated into the larger scan analysis.

ACTIVITY	DESCRIPTION	NOTES ABOUT THE METHODS
Online survey (2023) and follow-up key informant interviews to develop case examples (2023–2024)	Given limited evidence and knowledge from the published research on actions and approaches to address the structural determinants of health and health inequities, the NCCDH recognized a need to complement other environmental scan activities with information from members of the public health community at all levels across Canada. During the online survey, 28 of 87 respondents (32%) indicated their willingness to engage in a follow-up interview and share further details about a case example of action to address the structural and social determinants of health.	A bilingual, anonymous, online survey was developed by the NCCDH and a consultant. The survey was promoted widely and open for 6 weeks (November 1–December 15, 2023). Although more participants opened and began the survey, 87 completed it. Following the online survey, 12 interviews (10 in English, two in French) were conducted with select respondents. Survey respondents and interviewees shared 185 examples of actions to address the structural and social determinants of health. Respondents reflected on barriers and facilitators to their action, and opportunities for the NCCDH to support their efforts. A thematic analysis of the online survey and interview findings was conducted. These findings were integrated into the larger scan analysis.
Discussion groups (2024)	Two 90-minute virtual discussion groups were conducted in English on February 12, 2024 (three participants) and February 16, 2024 (four participants). The conversations explored how to support decision-makers (including front-line providers) in their work to address structural determinants of health, and how to educate the next generation of public health practitioners to understand and address structural determinants of health.	Each conversation was recorded, information transcribed and themes identified. Findings from the discussions were integrated into the larger scan analysis.



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