



Results from a 2023 online survey to inform a national environmental scan focused on addressing the structural determinants of health

NCCDH ENVIRONMENTAL SCANS

- The NCCDH has regularly engaged in environmental scanning since 2010. These scans are an important contribution to the collective knowledge base on public health and health equity action. They directly inform NCCDH projects and larger strategic planning for the NCCDH and key partners.
- In response to growing interest in addressing the underlying drivers of systemic inequity, the most recent 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
- For the most recent 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 researcher dialogue.

ABOUT THE ONLINE SURVEY AND FOLLOW-UP INTERVIEWS

- An anonymous online survey in English and French was open between November 1 and December 15, 2023.
- The survey yielded 87 complete responses from across Canada. (Note: complete responses were not received from Nunavut, Yukon and the Northwest Territories.)
- Following the online survey, 12 interviews (10 in English, 2 in French) were conducted with select respondents.
- Online survey and interview responses provided rich quantitative data and qualitative data for thematic analysis.

EXAMPLES SHARED BY RESPONDENTS REVEAL OPPORTUNITIES FOR ACTION

Survey respondents and interviewees shared 185 examples of current actions to address the structural and social determinants of health. Analyzing these examples revealed distinct opportunities for public health action.

Opportunity	Example
Planning, program development and evaluation	“I support 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. I also build interconnections across projects, offer real-time support and advice to staff, capture learnings be amplified and spread across health services — translating what we learn, making it accessible to all staff and influencing broader changes to ways of working.”
Data collection, analysis and sharing	“I work to disseminate knowledge and data about household food insecurity in my region — this includes supporting a collective understanding of drivers and solutions of food insecurity among public health staff, community [partners] (municipalities, school boards, healthcare providers, social services), and the general public to build collective action.”
Training and professional development	“I have been leading race-based caucusing groups for staff as part of my organization’s anti-racism organizational change initiatives.”
Engagement (partnerships, meetings, collaboration) and advocacy	“I co-lead a Housing Policy Workgroup to build system capacity for understanding and action on the structural determinants of housing inequity.”
Allocation of funding and resources	“Advocate for and secure funding for positions to work specifically on the development of healthy public policy.”
Care and service provision	“Providing migrant farmworkers with information about their health and safety and workers’ compensation rights, COVID-19 protections and hazard prevention.”

WHAT WE LEARNED

- Respondents believe in their role and responsibility to act on structural and social determinants of health and want to do more.
- Barriers to action include:
 - funding and staff shortages
 - a deprioritization of health equity action
 - a lack of formal organizational structure to support health equity leadership
- Facilitators to action include:
 - relationships
 - networks
 - collaboration
 - strong leadership from senior management
 - dedicated funding
 - health equity standards
- Knowledge gaps include:
 - understanding the structural and social determinants of health and other interrelated determinants
 - understanding public health’s role to address the structural and social determinants of health
- Skills gaps include:
 - engaging in a range of advocacy activities
 - developing meaningful partnerships
 - working collaboratively to redistribute power equitably

RESPONDENTS SAID ...

There is a concern ... that we as individuals and as an organization can’t do this ... but we’re constantly talking about what you can do, starting with reframing the way we think.

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.

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.

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

We also 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). If we can’t [effect] change within our organization, it will be difficult to influence and advocate for changes to the broader external system.

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