

Canadian Reference Group on social determinants of health

Strategic Initiatives and Innovations Directorate, Public Health Agency of Canada



All for Equity

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Executive Summary

The Canadian Reference Group on Social Determinants of Health is Canada's only national, inter-sectoral mechanism for collective action to reduce health inequalities in Canada. The Public Health Agency of Canada established the group in 2005 in response to heightened momentum and increasing understanding worldwide of the importance of the social determinants of health. The World Health Organization's Commission on Social Determinants of Health was a critical component of this momentum and provided a foundational knowledge base for action.

The Canadian Reference Group is an autonomous group of experts and stakeholders and co-led by government and non-government organizations. Since its creation, the group has established strong cohesive, inter-sectoral partnerships which have served as a critical foundation for achieving policy synergies and collaborative action on health inequalities in Canada. These partnerships engage such sectors as business, labour, social and community development, education, urban planning and the environment.

Canadians are one of the healthiest populations in the world and enjoy a broad range of social benefits and services, including the provision of universal access to health services. This national mechanism was needed, however, to further address the continuing inequalities in health in Canada.

This multi-sectoral group serves as a catalyst for action and as forum to review evidence, explore opportunities for action and augment attention and resources devoted to health inequalities across member organizations and other stakeholders. The group has realized several areas of early success including: the establishment of strong partnerships and synergies across sectors; building and sharing knowledge, with a focus on the economic argument for action on social determinants of health and best practices for inter-sectoral collaboration; and mobilizing action in Canada to reduce health inequalities. Within their current mandate, the group has identified poverty and Aboriginal Peoples as priority areas of focus.

The Canadian Reference Group remains a unique, innovative and progressive response to the challenges associated with action on the social determinants of health in order to meaningfully address health inequalities in Canada. The group proudly serves as a catalyst for action and provides a model

for countries striving to establish an inter-sectoral mechanism to meaningfully improve population health and reduce health inequalities.

The Problem

Canada is a prosperous nation with one of the healthiest populations in the world, yet the country continues to experience a multitude of persistent and costly health inequalities among citizens. Prior to the establishment of the Canadian Reference Group on Social Determinants of Health (CRG) in 2005, Canada lacked a national, inter-sectoral mechanism to address these inequalities in a meaningful way. A forum to engage health and other sectors was needed in order to effectively address the origins of these inequalities and collaborate towards the attainment of equal health for all.

Evidence of Inequalities

Despite Canadians generally having high levels of health, steep socioeconomic gradients in mortality and burdens of disease are evident. Generally, men and women in the highest income deciles live at least 5 years longer than their counterparts in the bottom deciles. Further, Canadians of lower socioeconomic circumstance experience disproportionately higher rates of illness and injury than those who enjoy greater socioeconomic advantages. Aboriginal Peoples, one of the most disadvantaged Canadian populations, are more than three times as likely to develop Type 2 Diabetes as compared to non-Aboriginals. A recent study estimated that disadvantaged groups in Canada contribute an estimated 18 Billion dollars annually in excess health care costs as compared to their middle and high income counterparts.

The Government's Objectives with the CRG

The CRG was established following national and international momentum towards a heightened recognition of the importance of the social determinants of health (SDH). The Government of Canada was striving to reduce escalating rates of non-communicable diseases (NCDs) among residents. It was becoming increasingly evident that the health sector, despite substantial investments, could not effectively address NCDs without addressing the precipitating health inequalities. Further, that addressing this complex problem would require collective action by multiple sectors. International momentum, particularly the Commission on Social Determinants of Health (CSDH), further reinforced

the importance of inter-sectoral action as a critical mechanism towards the reduction of health inequalities. It was under these conditions that the Public Health Agency of Canada (PHAC) commenced its work towards the establishment of the CRG.

The Context

Canadians are one of the healthiest populations in the world and enjoy a broad range of social benefits and services, including the provision of universal access to health services. Canada's system of progressive taxation has facilitated the distribution of wealth and endeavours to provide a survivable social protection floor for its most disadvantaged populations. Even with these valuable fundamentals, there remains an urgent need to collaborate inter-sectorally to address remaining inequalities among Canada's disadvantaged populations including Aboriginals, immigrants, seniors, children, residents in rural areas and all those of lower socio-economic circumstance.

Inequalities in Canada

Inequalities among Canadians are evident in key population health indicators, such as mortality and health-adjusted life expectancy, as well as through other indicators of well being such as poverty rates and household food security. Over the past 10 years, poverty rates have increased to almost 10% in Canada, with correspondingly high rates of food insecurity. Aboriginal Canadians experience much higher rates of poverty, chronic disease and poor living conditions with almost 33% of Aboriginal Peoples experiencing food insecurity on a yearly basis. The global economic downturn may further exacerbate these difficult living conditions.

Historical Context

Canada established its position as a leader in SDH with the publication of the landmark *Lalonde Report* in 1974. Building on this foundation, in 1986, Canada played a role among global experts in developing *The Ottawa Charter* which has guided new approaches among the international community in achieving "Health for All". From this point forward, Canada, specifically the Canadian Institute for Advanced Research (CIFAR), has been recognized internationally for its population health work. More recently, the *Building on Values: The Future of Health Care in Canada* (2002) report highlighted the growing evidence on the influence of socio-economic status on health. The report challenged policy makers to

consider investments for healthy public policy as needed complements to health care spending. Finally, following lessons learned from Canada's SARS crisis, PHAC was created in 2004. With a mandate to promote health and prevent chronic and infectious disease, PHAC initiated its work as a champion for public health and began to collaborate more deliberately with other sectors in order to realize public health gains.

Planning and Implementation

The process for the establishment of the CRG occurred in two distinct phases.

Phase I: Establishing the CRG to identify best practices worldwide (2005-2009)

The CSDH provided the initial major impetus for the creation of the CRG in 2005. The high-profile launch of the CSDH brought increased international attention to the SDH, and the growing evidence of the importance of these determinants for the health and well-being of Canadians. Canada's commissioner to the CSDH, Monique Begin, required a mechanism to facilitate broad consultations within Canada to seek advice and guidance from multiple stakeholders. In response, PHAC established the CRG in order to provide credible, independent advice from experts to inform Canada's contribution to the CSDH. The CRG was also established to facilitate enhanced SDH action in Canada by identifying international best practices and by creating the conditions for applying these practices in a Canadian context.

Initial Membership

In Phase I, the CRG benefited from representation from: Canada's provincial and territorial governments; the Canadian Population Health Initiative; the National Collaborating Centre on Determinants of Health; the National Collaborating Centre on Aboriginal Health; Aboriginal Health Networks; the Institute for Population and Public Health; and a number of Canada's leading academics. These organizations comprised the key SDH actors and stakeholders in Canada's public health system and were mandated to work closely with government to address health inequalities.

The CRG's initial phase was successful in providing evidenced-based advice on the SDH to the CSDH, directly influencing global knowledge and action in many areas. This notably included the need for a

distinct approach to the determinants of health for Indigenous populations, the need for inter-sectoral action to address the SDH, and the importance of early child development as a determinant of positive health trajectories over the life course.

During Phase I, the CRG undertook and supported critical foundational initiatives to help advance policy and action in Canada. This included the development of methodologies and plans to build the economic arguments needed to catalyze broader stakeholder engagement to address the SDH.

Phase II: Action on the Social Determinants) (2010-2013)

Following the CRG's initial progress, Canada recognized that innovative approaches were required to realize policy and societal change. This new understanding was further supported by the CSDH's call for profound transformations to address health inequalities. In response, the CRG was reconstituted to act on the SDH as part of Canada's efforts to reduce health inequalities. The Government of Canada demonstrated their commitment to the CRG through the provision of financial supports and leadership by senior officials from the Public Health Agency of Canada (PHAC).

The CRG Today

Mandate: The CRG serves as a national focal point for consolidating knowledge and evidence; a catalyst for coherent, collaborative action among multiple sectors and communities of interest; and taking action to fill critical gaps needed to advance reduction of health inequalities. In effect, the CRG aims to be a national leader in supporting, facilitating and implementing actions in key areas that require increased attention to the common roots of health inequalities. Priorities for the CRG include: mapping health inequalities at the local level; communicating the relevance and importance of SDH; supporting knowledge development and exchange on health and poverty; and facilitating Aboriginal inclusion and engagement.

Membership: The reconstituted CRG benefits from a more diverse membership which permits the group to better facilitate inter-sectoral action to address the SDH. Members represent a diverse range of sectors and organizations which can be engaged to support the realization of CRG initiatives. CRG members provide expertise on all key SDH areas and represent a broad range of sectors including: civil society; academia; business; labour; environment; social services; education; Aboriginal organizations; and various levels of government. The CRG is the only multi-sectoral table of its kind in Canada.

Governance model: The CRG has developed a two-pronged model of participatory leadership which is unique in Canada. First, the CRG is co-chaired by PHAC and a representative of a non-health, non-governmental organization from outside the health sector. This arrangement reinforces the importance of shared leadership and genuine partnership between PHAC and the CRG's member organizations. Further, responsibility for leading and carrying out CRG work is shared among members. Four subcommittees were created, with each subcommittee leading the implementation of one key work plan objective. This structure has allowed members to play a more active role and move toward concrete action. Each group is facilitated by an identified lead to ensure coherence and synergy across all subcommittees. The CRG meets three times per year to discuss progress made in each of the priority areas; to monitor advances in health equity in Canada; and to identify potential opportunities for further collaborative action. This model of shared leadership has proven extremely productive for the CRG.

Priorities for Action

In their efforts to build knowledge of, and take action to address Canada's persistent inequalities, the CRG has identified several pressing issues in Canada requiring targeted attention. Within its current mandate, the CRG has identified poverty, food security, and Aboriginal Peoples as key areas of focus. The evidence highlighting these issues as pressing public health and social challenges include:

- **Poverty:** National rates of poverty have increased over the past several years, reaching almost 10%, and with a widening income disparity between top and bottom earners. Population groups most vulnerable to issues of poverty include single mother led households, recent immigrants, persons with disabilities, and Aboriginal People.
- **Food Insecurity:** 9.2% of Canadian households (2.7 million Canadians) are moderately or severely food insecure. Food insecurity is most prevalent among those with low incomes: 48% of the lowest income Canadians are food insecure, as are 60% of households receiving public income assistance (welfare). Aboriginal households on reserve experience disproportionately high rates of food insecurity at 33%.
- **Aboriginal Peoples:** This population generally exhibits higher rates of many chronic diseases. For example, the rate of diabetes among the on-reserve Aboriginal population is over 4 times that of the Canadian average.

These areas for action align closely with PHAC's commitment to address the social determinants of health and health inequalities. CRG members have engaged their respective networks to generate significant momentum on such issues. The CRG remains a unique, innovative and progressive response to the challenge of mobilizing an inter-sectoral approach to inequalities in Canada. **Costs:** PHAC dedicates less than \$300,000 (CAD) annually to the CRG. The members of the CRG receive no remuneration for their participation; however their travel costs are covered for three meetings each year. This annual cost includes \$150,000 for contracts to support the group's work and the salary of a PHAC employee assigned to provide secretariat support to the CRG and its subcommittees.

Evaluation of results and impacts

Over the past six years, the CRG has demonstrated its ability to mobilize national and international partnerships and actions towards the reduction of health inequalities. While the CRG is a progressive mechanism still early in its design and implementation, several areas of accomplishment have emerged.

Building Strong Partnerships and Synergies across Sectors

The CRG has established strong cohesive partnerships which have served as the critical foundation for achieving policy synergies and collaborative action on SDH. These partnerships were initially across the public health sector and gradually widened to encompass such sectors as business, labour, social and community development, education, urban planning and the environment. Many of these new members were coming together for the first time and all attest that their participation in the CRG has allowed them to: 1) create or strengthen ties with organizations outside of their sector; 2) consider how their own sector could contribute to addressing health inequalities; 3) engage with other key sectors on concrete initiatives to tackle SDH; 4) produce and disseminate data across sectors; and 5) enable the CRG to establish a focused set of priorities for policy development and action.

Building and Sharing Knowledge

The CRG has generated new knowledge on the SDH which has been shared with Canada's key actors in this area of work. Subject areas of new knowledge include:

- **Economic Argument for SDH Action:** An important area of work was developing evidence on the economic implications of health inequalities and investments in SDH. These efforts have culminated in a PHAC-sponsored report on the evidence of health as a determinant of productivity and a PHAC presentation on the direct economic burden on socioeconomic inequalities in Canada at an international conference. The CRG also co-lead exploratory work on the health costs of poverty, which has evolved into a program of work carried out by PHAC and Statistics Canada to examine the costs of health inequalities.
- **Inter-Sectoral Action:** The work of the CRG has resulted in the development of new understandings on how to initiate and sustain inter-sectoral action. In partnership with the CSDH, Canada led efforts to learn from global experiences in working across sectors to address determinants of health and health equity. This project included a review of literature from several countries and a report, *Health Equity Through Intersectoral Action*, which presented the findings of 18 case studies, highlighting promising tools, mechanisms and approaches to inform current work and future actions across sectors.

Galvanizing and Supporting Action

The CRG has served as a vehicle to stimulate and support new action on SDH by a number of key stakeholders. To catalyze action, the CRG has provided a forum to review evidence, identify gaps, and explore opportunities for collaboration, and helped to enhance or augment the attention and energy devoted to SDH within the respective member organizations. Several national organizations have become champions for SDH and have augmented action in critical areas. This has included such developments as:

- National conferences on reducing health inequalities
- New research and enhanced funding for health equity
- Enhanced policy frameworks, such as an SDH-perspective to improve Indigenous health

The CRG has established a strong relationship with the Conference Board of Canada (CBC), the country's foremost not-for-profit applied research organization with a focus on economic trends, public policy and organizational performance. After much collaboration, synergies have evolved and PHAC has become a member of the CBC's ongoing roundtable series on the 'Socio-Economic Determinants of

Health'. This has enabled the CRG and the CBC to collaboratively engage the private sector towards concrete initiatives to improve the health of Canadians.

A number of important results regarding Indigenous SDH have been realized. CRG members hosted two forums to consider and take action on the SDH within Canada's Indigenous communities. These forums, and the resulting report, were crucial in ensuring that issues specific to Indigenous populations were addressed in the CSDH's final report.

The CRG provided significant expert contributions to the Canadian Senate sub-committee in the development of a major report on *Population Health Policy: Federal, Provincial and Territorial Perspectives*. This report and its progressive recommendations have served to further galvanize action on SDH in Canada.

Evaluation

The approach to evaluation noted below depicts the major activity areas, the outputs of these investments in terms of the information the CRG delivers, and the expected outcomes in terms of what the CRG strives to achieve. This approach provides a logic model for advancing the CRG's objectives of contributing to Canadian leadership capacity and action to reduce health inequalities. As well, this approach guides the planning, monitoring and decision-making of the CRG and will support a more comprehensive assessment of the group's longer-term impacts.

Activity Areas

Areas of current activity that would be the subject of evaluation and the development of indicators include those collaborative initiatives to engage and support stakeholder contributions to the reduction of health inequalities as well as an analysis and identification of approaches and policy options for acting on the SDH and health.

Outputs

Outputs for which indicators would be developed for an evaluation include knowledge products such as communications messages; tools such as the current Geographic Information Systems Mapping; the integration of the Aboriginal Approach in CRG meetings and actions; evidence such as the "Settings Approach" to interventions; and strategic arguments such as poverty reduction.

Short and Medium-Term Outcomes

Evaluating the short term outcomes of the CRG would likely involve those new resources and tools in policy and program development that are available for uptake by CRG member organizations, and other stakeholders in Canada. A measure of success in the shorter term is whether CRG member organizations and other stakeholder have the knowledge and arguments to influence action on emerging health inequality issues. In the medium term this would also include the extent to which capacity in the country to address health inequalities has improved as well as the extent of engagement of non-health sectors.

Longer-term Outcomes

The success for the CRG over the long term will be considered in terms of intersectoral action to address health inequalities, as well as the CRG's ability to sustain the engagement of key partners.

Lessons Learned

The establishment and evolution of the CRG has been a rich learning process as the group works towards the implementation of further action on SDH. The future roles and focus on the CRG will take shape based on the lessons learned below:

Success Factors

Several key factors have contributed to the success of the CRG include its: autonomy in establishing objectives, relationships and recommendations; highly skilled and dedicated membership from different sectors; strategic, targeted activities; and financial and organizational support from PHAC. Further, the CRG's early successes through its contribution to the CSDH garnered the group a positive reputation among Canadian policy-makers and stakeholders. This credibility and respect continues to lead to promising opportunities and new relationships with key stakeholders.

Challenges

A multitude of ongoing issues and barriers have challenged the CRG's advancement of its objectives including: mobilizing national action across non-health sectors; monitoring impact given the CRG's broad scope and the complexity of achieving changes to SDH; collaborating inter-sectorally given competing pressures and sector-specific terminologies and approaches; identifying the most needed

and responsive areas for action; measurement of results, and addressing accountabilities; and limited financial resources for concrete SDH initiatives. An overarching challenge is the complexity of SDH-work given its technical underpinnings and broad scope.

Sustainability

Financial support is critical for ensuring long-term sustainability of the CRG. In order to maintain and secure additional direct and indirect support, the CRG will need to demonstrate further impacts such as policy shifts; new initiatives to address the SDH; and broader engagement of non-health stakeholders.

Conclusion

The CRG remains a unique, innovative and progressive response to the challenges associated with SDH action in order to meaningfully address health inequalities in Canada. The group proudly serves as a catalyst for action and provides a model for countries striving to establish an inter-sectoral mechanism to help address SDH.

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