Addressing Health Disparities in Canada Through Intersectoral Action on the Social Determinants of Health

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Outline

• Health Disparities in Canada
• Policy context
• Building Blocks of Health Disparities Policy
  ➢ Intersectoral action
• Recent public health developments
• Towards a Health Disparities Policy Agenda
• Canada’s response to the WHO Commission
• Areas for CSDH involvement
Health Disparities in Canada

Four key areas of health disparities in Canada; two most significant are income & Aboriginal status:

**Income**
- Lower SES associated with reduced life expectancy, higher infant mortality, low birth weight, increased incidence of infectious, cvd, injury & suicide

**Aboriginal**
- Aboriginal peoples have shorter life span, higher rates of death from accident & injury, chronic disease, infectious disease, etc.

**Geographic Location**
- Key are: north/south, urban/rural disparities

**Gender**
- Women live longer but suffer more from chronic disease. Income-related health gaps are larger for men
Aboriginal Health: A continuing challenge

- Federal government has fiduciary responsibility for First Nations populations
- Working towards transfer of control to Aboriginal communities

**Federal Commitments:**
- To reduce the gaps in key areas i.e. infant mortality, youth suicide, childhood obesity, diabetes

**Federal Investment:**
- Recently made significant investments in prevention, health promotion and other upstream initiatives

**Learnings:**
- Self determination and control in Aboriginal communities is associated with better health outcomes
Policy Context

• History of social welfare orientation
  – Progressive tax system
  – Income supports for families with children
  – Support for senior citizens
  – Protection for workers
  – Supports for education
• Universal Health Service
  – Canada Health Act
Building Blocks to Health Disparities Policy

- Conceptual development
- Building the knowledge base
- Building capacity to act – especially at the community level
- Engaging citizens and stakeholders – role of NGOs
- Interjurisdictional mechanisms
- Intersectoral action
Conceptual development: population health approach

1994 FPT Adoption of Population Health Approach

Catalyst: Advocacy & compelling evidence
i.e. 1994 CIAR: Why are Some People Healthy and Others Not?

Critical success factors:
• Approved by all jurisdictions
• Mainstreamed in federal government health sector
• Integrated into funding programs
• Awareness raising with NGOs & communities

Challenges:
• Implementation concurrent with economic downturn & cuts to programs
• Support for role in influencing other sectors
Knowledge Base

Contributions/Successes:
• Establishing determinants of health
  – CIAR & FPT Advisory Committee
• Demonstrating status of health disparities in Canada
  – Reports on the Health of Canadians, CPHI reports, National Aboriginal Health Survey
• Illuminating causal pathways
  – Child health research – NLSCY (longitudinal)
• Understanding Horizontal issues
  – Policy Research Initiative (intersectoral)

Lessons Learned:
– More dialogue needed between researchers and policy makers
Capacity for Action

Key Investments
• Population Health Fund & Programs: projects largely at local level
• Voluntary Sector Initiative

Contributions
• Adoption of approach by advocates, frontline, NGOs
• Establishment of cross sector networks
• Development and transfer of promising practices
• Engagement of stakeholders in policy making
Engaging Citizens & Stakeholders

Strong health NGO sector in Canada; aim to expand involvement of civil society generally

Initiatives:
• National Forum on Health
• Commission on the Future of Health Care in Canada
• National Health Goals for Canada
• Voluntary Sector (NGO) Initiative

Tool:
• Policy Toolkit for Public Involvement in Decision Making

Learnings:
• Select level of involvement appropriate to task
• Integrate results into policy process (outcomes should not be predetermined)
• Feed back and communicate results of engagement
Interjurisdictional Mechanisms

**Advisory Committee on Population Health**
- *Strategies for Population health: Investing in the Health of Canadians*
- *Intersectoral action...towards population health*
- *National strategy for healthy child development*
- *Reducing Health Disparities: Roles of the health sector*

**Contributions**
- Critical policy documents with multi-player buy-in

**Learnings**
- Provision of agreed-upon policy advice does not guarantee commitment to implementation
- Differing values, capacity, readiness across jurisdictions leads to difficult decision-making, inconsistent implementation
Intersectoral Action

Examples
• Child Development Policy
• Pan-Canadian Healthy Living Strategy
• Act Now! BC- ADM Committee across government
• Vancouver Agreement

Scope
• Intersectoral action in Canada happens at all levels of government and across sectors
• Initiatives are largely issue or population specific
• At the Federal level, equity is more commonly an implicit than explicit goal
Learnings from Federal Horizontal initiatives

Success Factors:
• Share leadership, accountability & rewards
• Establish common language & trust
• Engage partners early, invest in the process
• Appropriate structure for stage, resource levels
• Stay connected to vertical structures
• Build series of wins into work plan for credibility & momentum

Learnings:
• Horizontal management can be effective; not always efficient
• Consensus-based decision making risk: ‘lowest common denominator’ approaches
Recent Developments: National

Leadership and Infrastructure
- Establishment of Public Health Agency of Canada
- Public Health Network - Expert Group on Health Promotion

Knowledge development
- National Collaborating Centres
- Conference Board Forum on SDOH
- CPHI Reports

Policy Initiatives
- National Health Goals - federal commitment to implementing across sectors
- CPHO Annual Report 2007– 1st Theme: Health Disparities
Towards a Health Disparities Policy Agenda

2004 Health Disparities papers: Reducing Health Disparities – The Role of the Health Sector released

- Developed by FPT task group

**Recommended roles and activities for health sector:**
1. National Leadership
2. Integrate disparities into health services and programs
3. Engage other sectors in disparity reduction
4. Strengthen knowledge base

**Critical success factors**
- Strength of evidence
- Persistence of Champions
Moving Forward: Challenges

- Move beyond issue-specific to systemic change across government
- Institutionalize health sector role in addressing SDOH
- Mobilize pan-Canadian (interjurisdictional) approach
- Strategically engage public & politicians
- Measure and monitor progress
- Fill knowledge gaps, especially of effective interventions
- Learn more about supporting traditional holistic approaches to Aboriginal health
Canadian Reference Group on Social Determinants of Health

• **Mandate:**
  - Provide information to & advice for Canada’s efforts related to the WHO Commission
  - Integrate lessons learned from the Commission into policy processes
  - Connect with & mobilize action in Canada

• **Composition:**
  - Commissioners & KN Hub leads
  - Federal government departments
  - Provincial representatives
  - Academics
  - NGOs
Initial Activities Being Considered by Canadian Reference Group

**Building knowledge base:**
- Canadian experiences with intersectoral action
- Aboriginal self determination and health

**Making the case – politicians & public:**
- Awareness and engagement plan
- Citizens’ Forum

**Mechanisms for change:**
- Senate Committee or other mechanism
- Review state of indicator development, identify gaps & forward plan
Areas for CSDH Involvement

- Mechanisms for whole-of-government approaches & intersectoral collaboration
- Strategies for engaging the public and politicians regarding SDOH
- Economic arguments for upstream approaches & health disparities reduction
- Effective use of health impact assessment