



National Collaborating Centre
for Environmental Health

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National Collaborating Centre
for Determinants of health

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Creating space: Enabling organizational capacity for action on health equity

CIPHI National
September 28, 2016

Dianne Oickle, Knowledge Translation Specialist
National Collaborating Centre for Determinants of Health

Karen Rideout, Environmental Health Policy Analyst
BC Centre for Disease Control
National Collaborating Centre for Environmental Health



National Collaborating Centres for Public Health



Centres de collaboration nationale en santé publique





National Collaborating Centre for Environmental Health

Our focus

Environmental health
practice, programs,
& policy in Canada

Our audience

- Environmental health practitioners and policymakers

Our work

- Synthesize, translate, and facilitate exchange of knowledge
- Identify gaps in research and practice knowledge
- Build capacity through networks



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National Collaborating Centre for Determinants of Health

Our focus

Social determinants of health & health equity

Our audience

- Practitioners, decision makers, & researchers working in public health
- Organizations in Canada's public health sector

Our work

- Translate & share evidence to influence work on the social determinants & health equity



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Agenda

- Introduction and overview
- Examples from practice
 - Building organizational capacity for health equity in a regional health authority (Doug Quibell)
 - Health promotion practice and health inspectors (Rob Mahabeer)
 - Tools: (1) Equity in EPH practice (Karen Rideout) & (2) Framework for action on health equity (Dianne Oickle)
- Café conversations (3 rounds)
- Plenary summations



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Workshop objectives

Objectives:

- Identify how HE and SDH fit into a health protection mandate in public health.
- Highlight practical ways for environmental health practitioners to take action on HE and SDH.
- Discuss organizational capacity to incorporate HE into environmental public health programs.
- Identify what is needed to operationalize an equity lens in environmental health practice (to be published as a workshop summary report).

Participants will be able to:

- Clarify common challenges, facilitators, and tools to integrate SDH and HE into the PHI role.
- Identify practice-based examples of PHIs doing SDH- and HE-related work.
- Know where to access tools and resources to support organizational and individual capacity to address SDH and HE.

Health Equity in Northern BC: Partnering for Healthier Communities



Prevalence Rates for Health Conditions in the Northwest Compared to the Provincial Average

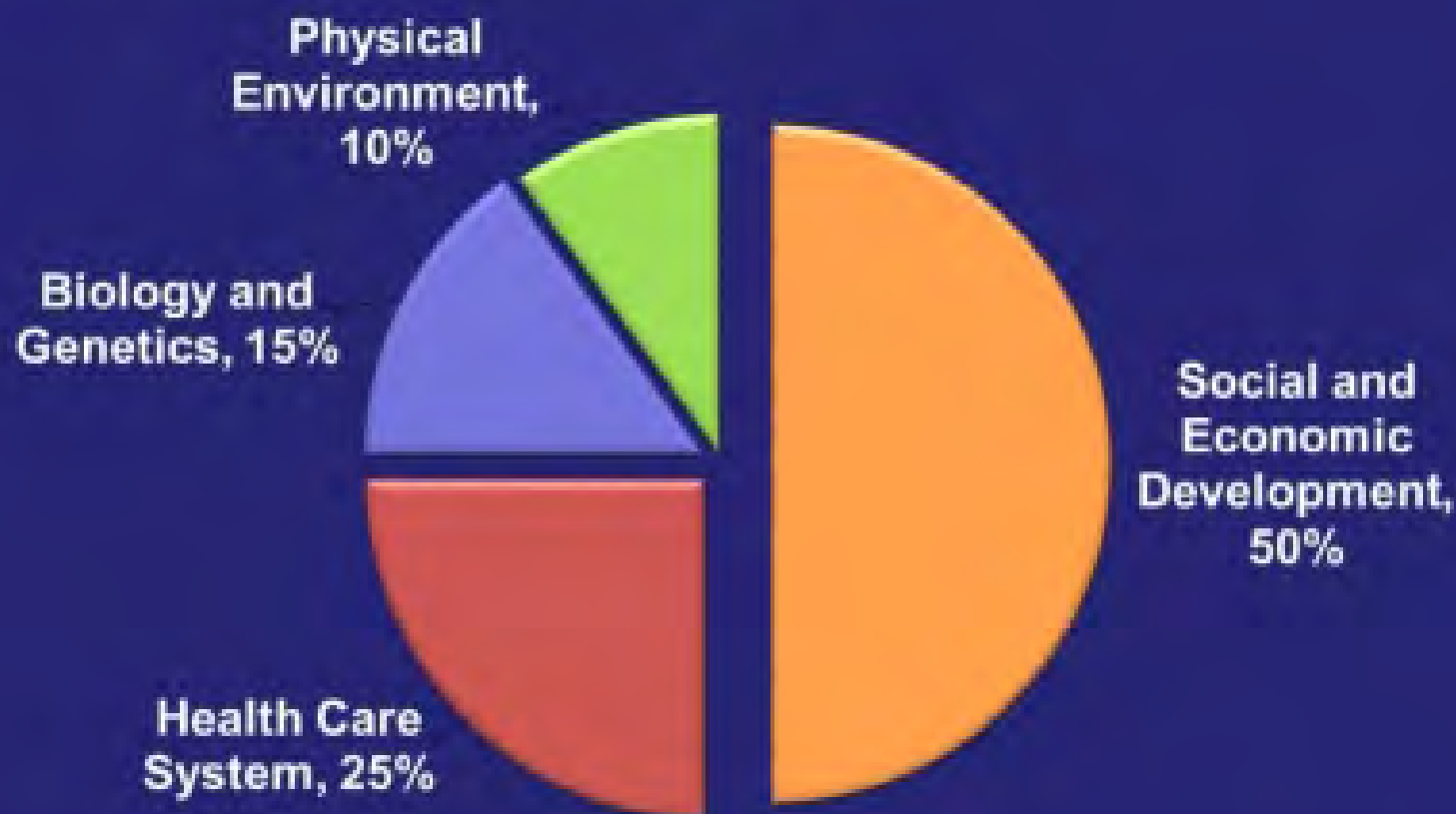
Characteristics	Total Northwest BC	Total BC
Overweight or obese (%)	64.7	46.6
Overweight (%)	42.4	32
Obese (%)	22.3	14.6
Arthritis (%)	16.5	15.7
Mood disorder (%)	6.1	8
Hospitalized stroke event rate (per 100000 population)	167	119
Hospitalized acute myocardial infarction event rate (per 100000 population)	208	165
Injury hospitalization (per 100000 population)	1067	545
Cancer incidence (per 100000 population)	417.9	367.9
Colon cancer incidence (per 100000 population)	61.6	44.2
Prostate cancer incidence (per 100000 population men)	146.3	119.9
Breast cancer incidence (per 100000 population women)	97	92.9
Diabetes (%)	5.2	5.4
High blood pressure (%)	16	16.4
Asthma (%)	5.7	7.9
Low birth weight (% of live births)	4.4	5.7
Chronic obstructive pulmonary disease (COPD) (%)	2.9	4
Lung cancer incidence (per 100000 population)	46.2	48.8

Statistics Canada Health Profile.

Statistics Canada Catalogue no. 82-228-XWE. Ottawa. Released December 12 2013.

<http://www12.statcan.gc.ca/health-sante/82-228/index.cfm?Lang=E>

Estimated Impact of Social Determinants of Health



Source: Adapted from The Health of Canadians - The Federal Role, Volume One: The Story so Far, March 2001, Standing Senate Committee on Social Affairs, Science and Technology

Risk factors associated with chronic disease, some mental health disorders, and injury

- Physical inactivity
- Unhealthy eating
- Unhealthy weight
- Tobacco use
- Problematic substance use
- Risk-taking behaviours (young males)



An Interesting Finding...

- **Sense of Community Belonging** in the North was higher in comparison to the province as a whole
 - 76.7% in the North vs 68.3% in BC

Statistics Canada Health Profile.

Statistics Canada Catalogue no. 82-228-XWE. Ottawa. Released December 12 2013.

<http://www12.statcan.gc.ca/health-sante/82-228/index.cfm?Lang=E>



northern health
the northern way of caring

Healthier Communities in Northern BC

Story of this graphic



Partnering for Healthier Communities - Reasoning

- Complex health issues can only be addressed through collaboration between sectors
- Communities and their partnerships play a pivotal role in developing communities that promote health
- Many divergent groups are already leaders and promoters of healthy living in their communities
- To build on this momentum we engage in partnerships with local governments and community groups to collaboratively address local upstream risk factors



P4HC Committees

The Partnering for Healthier Communities Committees are co-chaired by local government and NH,

- The committees have developed initiatives that are based on locally identified risk factors



P4HC Committees

- Currently, there are 22 Partnering for Healthier Communities Committees across the north
 - Received grant funding to work towards a common vision and goal of a healthy community
 - Initiatives have focused on target areas such as, but not limited to, physical activity, senior's health, youth at risk, men's health, food security and healthy eating



Partnering for Healthy Communities

- No 'one size fits all' - different for each community
- General vision:
 - Establishment of a Healthy Communities Committee for each municipality
 - co-chaired by mayor or elected official and Health Service Administrator (HSA)
 - Targets specific risk factor
 - Shared commitment to upstream risk factors
 - Development of a Healthy Living Strategic Plan



Gold Star Strategies - we know these are key points to act on

- Healthy Eating
- Physical Activity
- Tobacco Reduction
- Healthy Built Environment
- Vulnerable Citizens and Neighbourhoods

Policy and environmental change is more effective than encouraging individual lifestyle change. "make the healthy choice, the easy choice"



The Terrace BC Experience: A case study

- LHA level Community Health Status Reports
- Visioning Sessions
- Development of prioritized target – youth and hope
- Grants
- Survey's. What's up? What do they need? What do they want? What role will they play – Empowerment
- Terrace Area Youth Summit
- NH Youth Volunteer Program
-



Terrace Youth Summit 2016

- 2 days of guest speakers from across Canada
- Topics tailored from youth surveys
- Over 2000 youth involved
- Overwhelmingly well received
- Lots of “best ever” comments
- Planning underway for 2017



Conditions for Successful Practice

Success indicators related to local initiatives

1. Commitment of senior Health Authority leadership
2. Commitment of elected officials and decision makers
3. Presence of coordination structures and mechanisms for local initiatives
4. Presence of a global vision of health and its determinants
5. Development of a common vision of the initiatives and actions
6. Inter-sectoral dialogue
7. Citizen participation
8. Horizontal skill development
9. Ability to influence health-friendly policies
10. On-going evaluation of initiatives



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Health Promotion and Environmental Public Health Practice

Rabindra (Rob) Mahabeer, BA, MSc, CPHI(C)

Alberta Health Services-Safe Healthy Environment: Performance
Measurement and Quality

2016 Canadian Institute of Public Health Inspector Annual
Education Conference, Chateau Lacombe, Edmonton Alberta



Outline

- Alberta Public Health policy overview
- Health protection and promotion as understood by PHIs in Alberta in 2011
- How health promotion is currently practiced in AHS-SHE
- Developing an integrated health promoting framework in AHS SHE

Alberta Public Health Policy

- Alberta Public Health Act (Section 10, 12)
- Alberta Food Regulation (Section 31)
- Alberta Housing Regulation
- Vision 2020 (equal access to services: health equity)
- Promoting Health Equity Framework (2011 health promotion literature review)
- Establish a province-wide social determinants of health and health equity approach (NCCDH, 2013, and AHS)

Healthy Public Policy (?)

- Public Health Act (Sections 10, 12) call for health promotion as prescribed in regulation...there is no health promotion regulation or direct mention
- Blue Book, which was the foundational document of EPH for 15 years has been superseded, used health promoting language
- There is no current bridging policy between organizational health promotion/health equity intent and operational (PHI) practice
- A health promoting framework for AHS-SHE is in the nascent (project planning) stage.

Health Promotion implications

- What are health promoting activities within the context of EPH?
 - Activities that are outside the normal well-defined enforcement policy
 - Activities that affect one or more identifiable social determinant of health, or
 - Can be attributed to Ottawa Charter Action Area
 - Activities that enhance an individual's or community's health equity
- Health promotion activities take place regardless of explicit policy direction
- For example; individuals who are “hard to house” because of mental health and/or addiction issues still require safe housing...(Rebecca's presentation from Tuesday)

Health Protection and Health Promotion (AHS 2011)

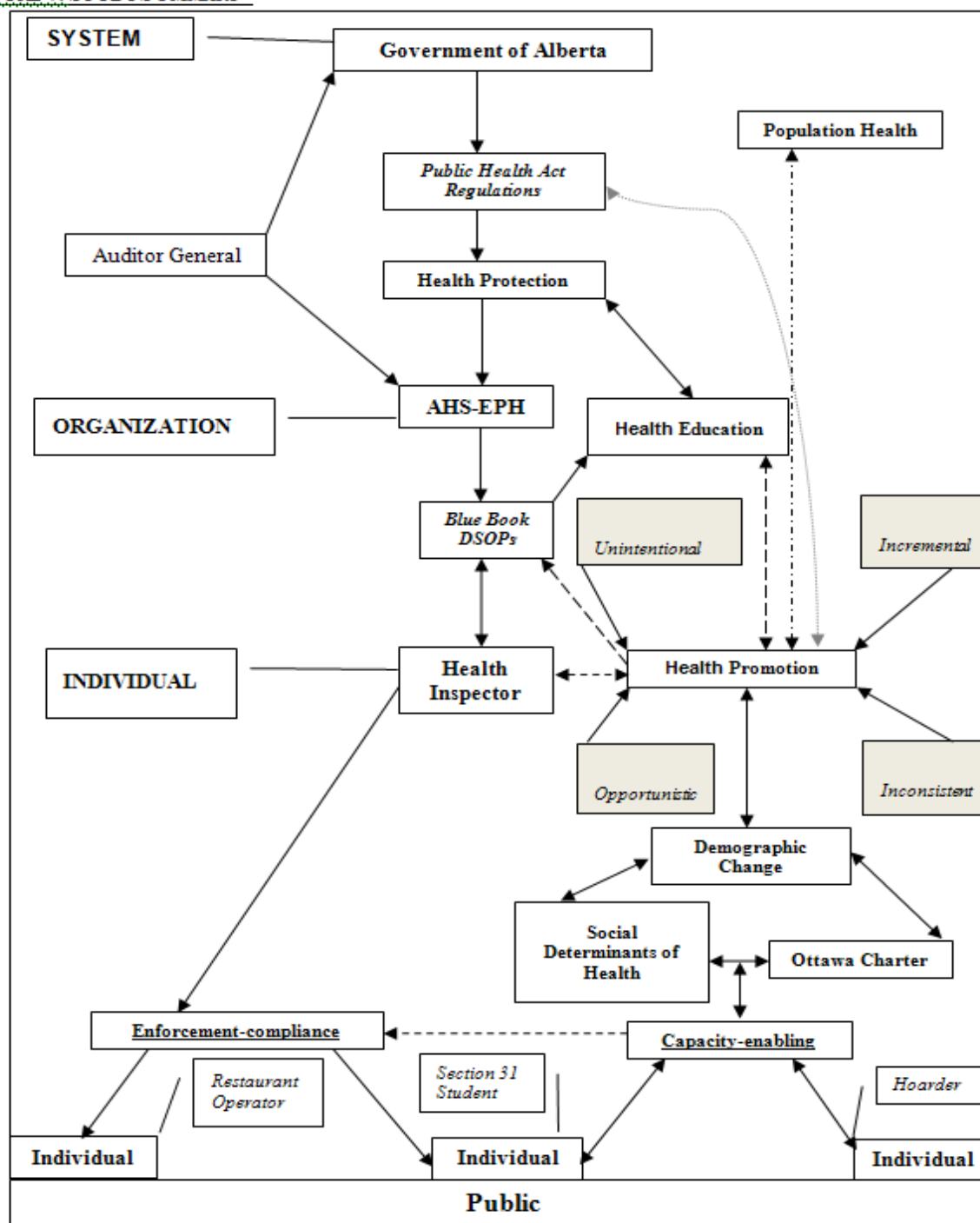
- According to thesis data (2011):
 - Health protection is coercive; reactive no proactive
 - Health promotion is non-coercive but focused on individual behaviour change
 - Health promotion may be an unintended effect of health protection: *When enforcing can find promotion effects, this does not make us practitioners of that promotion method, it simply means that there are unintended consequences of the enforcement actions.*
(policy implementation planning participant)

Policy implementation gap

- Mandated activities that occur which have unacknowledged health promoting effects:
 - For example, Food Regulation Section 31 mandatory food safety class has employability-socio economic impacts when taken by people who need job training
 - Food Regulation: “Hunters Who Care” section (Food Regulation 22(3)) has impact on indigenous populations who eat wild game as part of their cultural traditions but cannot easily obtain in an urban environment

Personal capacity (health inspector)

- Based on thesis evidence some PHIs have the willingness to use health promotion principles
- But are not trained in what they are, how to apply, when to apply, or how to account for resources used
- Identified lack of a formal mechanism linking operational health promotion practice with key regulatory policy, such as the Public Health Act, or Departmental Standard Operating Procedures



*Broken arrows indicate policy disconnects

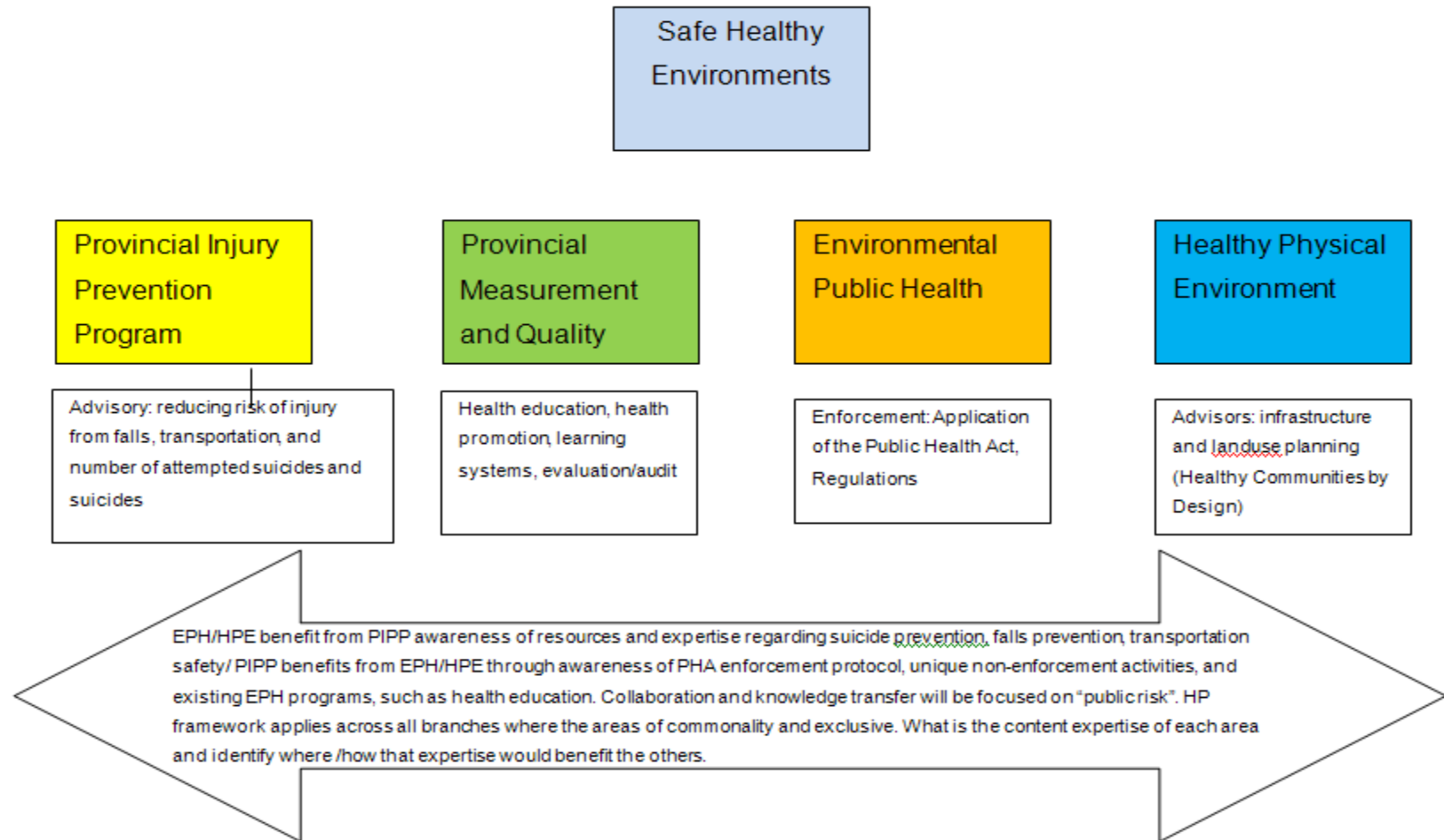
Management capacity

- When I did my thesis data collection (2011) EPH management was still unsure if health promotion principles could be applied in a health protection context
- Historically previous attempts had not yielded positive results and management priorities changed
- Currently, AHS has an organizational focus on health promotion and are searching for a framework that can be applied (specifically in PHI case) Safe Healthy Environment

Health Promotion Framework

- Safe Healthy Environments consists of four branches:
 - Provincial Measurement and Quality
 - Health Education, Reporting, Evaluation
 - Environmental Public Health
 - Enforcement of Public Health Act and Regulations
 - Healthy Physical Environment
 - Advisors: infrastructure and landuse planning (Healthy Communities by Design)
 - Provincial Injury Prevention Program
 - Advisors: safe transportation, suicide prevention, falls prevention, use a population health promotion approach

AHS SHE Health Promotion Framework (draft)



Conclusion

- Formerly health promotion was practiced individually by PHIs based on interest, education, experience and context
- Resulted in inconsistent, opportunistic, incremental, and unintentional health promotion practice
- Currently, there is an organizational focus on health promotion
- Linking organizational intent and operational practice is the goal of the AHS SHE Health Promotion Framework Project



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Toward health equity: Practical actions for public health inspectors

CIPHI National
September 28, 2016

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Health Equity & Environmental Health

Health Equity and Social Determinants of Health Resources for Environmental Health Practitioners



Health equity

Collaborators

Health equity means that everyone has a fair opportunity to meet their health potential. Health inequities, then, are differences in health status that are modifiable and unjust. Health inequities result from social, economic, or environmental disadvantage, and therefore are closely related to the social determinants of health. These social determinants affect individuals' behaviours in ways that affect their health. Moreover, exposure to healthy and unhealthy environments is also influenced by social, economic, geographic, and other factors. ([Refer to the NCCDH Glossary of Essential Health Equity Terms for more information.](#))

In this section

Health Equity & Environmental Health

Health equity and EPH consultation

Equity and EPH handbook

Food safety and food security

<http://www.bccdc.ca/health-professionals/professional-resources/health-equity-environmental-health>



Primers on equity and EPH





Equity-Integrated Environmental Public Health: From Concept to Practice

Authors: Karen Rideout, Catherine Mah, and Brian Cook

*Environmental Health Services
BC Centre for Disease Control*

This summary of conceptual frameworks and their potential application to environmental public health practice aims to guide managers and directors wishing to incorporate a health equity lens into their organizational programming, and provides a theoretical basis to different approaches to health equity action. It introduces the major conceptual frameworks that can guide policy and program development, and outlines some tools that can be used to put those concepts to practice.



Conceptual frameworks to guide equity-integrated EPH

Although more theoretical than practice-oriented, conceptual frameworks can help inform areas for potential intervention and may be used to guide strategic planning processes, high-level policies, and organizational service plans.

- **Conceptual frameworks**
– for strategic planning
- **Implementation tools**



Taking Action on Health Equity in Environmental Public Health: Five Strategies for Organizational Change

Environmental Health Services
BC Centre for Disease Control

Equity-integrated environmental health practice requires both organizational capacity and practitioner skills. Environmental health officers (EHOs) have an important role in addressing health inequities as part of their consultation, enforcement, and educational activities. Taking action on health inequities also requires priority-setting at the organizational level, with clear support for action on health equity from all levels, including local managers, regional directors, and health authority leadership.

This resource for managers and directors provides suggestions and ideas for integrating an equity lens into environmental public health practice at the organizational level.

Health equity exists when everyone has a fair opportunity to reach their full health potential without disadvantages caused by their social, economic, or environmental circumstances.

Health determinants such as geographic isolation, socioeconomic status, education and literacy, mental health, language, and culture, can create barriers to compliance and lead to health inequities across all areas of environmental health practice.

1. Apply an equity lens to your mandate
2. Build capacity
3. Recognize complexity
4. Foster collaboration and leadership
5. Integrate into evaluation and reporting





Taking Action on Health Equity: Policy Levers in Environmental Public Health Practice

Environmental Health Services
BC Centre for Disease Control

Equity is a lens that is being increasingly applied across a range of health systems and policies in Canada and elsewhere. The broad suite of regulations and policies that govern environmental health make for a complex working environment. There are a range of existing policies that help to clarify a mandate for integrating an equity approach to environmental health practice. This resource for managers, directors, and policy makers provides an overview of key policy levers for equity in British Columbia.

Health equity exists when everyone has a fair opportunity to reach their full health potential without disadvantages caused by their social, economic, or environmental circumstances.

Health determinants such as geographic isolation, socioeconomic status, education and literacy, mental health, language, and culture, can create barriers to compliance and lead to health inequities in all areas of environmental health practice.

Policy levers are the tools that government and its agencies have at their disposal to direct, manage, and shape changes in public services. This includes laws and regulations, government goals, strategic plans, by-laws, and frameworks.

1. Clear vision
2. Collaborate
3. Regulatory flexibility
4. Equity champions
5. EH mandate



Success Factors for Equity-Integrated Environmental Health Practice: A Discussion Guide



UPSTREAM APPROACH

Managers and senior leadership recognize the importance of approaches that consider equity such as health promotion and healthy built environments

HEALTH EQUITY CHAMPIONS

Managers and senior leadership develop a clear vision and champion health equity in all programs and services



OUTCOMES-BASED REGULATIONS

Flexible policies and procedures allow environmental health officers to apply discretionary powers to meet desired public health outcomes and address equity concerns

EQUITY TOOLS

Inspection forms and checklists incorporate an equity lens
General health equity assessment and reporting tools are adapted to for health protection use



COLLABORATION

Knowledge sharing through inter- and intra-agency collaboration, including equity-focused networks and working groups

SHARING DATA

Monitoring and reporting on health inequities
Sharing data for use in health equity assessment
Evaluating and sharing outcomes of new approaches





- Follow-up to pilot study
- CIPHI national 2015
CIPHI MB 2015
Consultations +++
- Drafts, online feedback,
external review and
pilot tests
- Actionable points

10 considerations for action



- Enhancing knowledge
- Apply concepts to practice
- Reflective practice
- Identify internal and external collaborators
- Approaches at multiple organizational levels



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Through an
equity lens



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TOWARD HEALTH EQUITY: PRACTICAL ACTIONS FOR PUBLIC HEALTH INSPECTORS

Framework for action on the social determinants of health and health equity

USER
GUIDE

Public health inspectors (PHIs) and environmental health officers (EHOs) have a role to play when it comes to addressing the social determinants of health (SDH) and working toward health equity. This framework is intended for use by environmental public health field staff (i.e., EHOs and PHIs), as well as other public health agencies or departments that deal with environmental health issues.

The purpose of this framework is to stimulate thinking about how health equity and the social determinants of health relate to practice.

This framework was developed from feedback received from practitioners at all levels of environmental public health practice. It has been revised based on pilot testing and further feedback on usability.

Through a series of questions, this framework will help practitioners:

- Apply the broader concepts of SDH and health equity to their practice
- Understand how health equity work fits into their own region or organization
- Work with others to support health equity

This framework is intended for three main audiences, who can use the tool in a number of ways depending on the scope and responsibilities of their position.

Suggestions for framework use

3 main audiences:

1. Frontline PHI/EHO
2. Managers & directors
3. Educational & professional development organizations



World café instructions

- Discuss the question on your table
- Make notes & pictures on the table
- Think of ideas, be creative
- Be open to new possibilities –
imagine there are no practical challenges
- Change tables at the bell –
you will discuss 3 of 5 questions



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Through an
equity lens



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Table hosts

- Record ideas throughout the conversation. Summarize in the plenary.
- Remind people to note or share key ideas, insights, connections, and new questions to contribute to the final report.
- At the beginning of each round of conversation, briefly share key ideas from the prior conversation so others can link and build using ideas from their previous conversations.



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Through an
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World Café principles

- **FOCUS** on what matters
- **CONTRIBUTE** your thinking
- **SPEAK** your mind
- **LISTEN** to understand
- **LINK AND CONNECT** ideas
- **LISTEN** for insights and patterns
- **PLAY, DOODLE, DRAW**
- **NO LIMITS!**



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Through an
equity lens



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Discussion questions

- 1) What opportunities in your health region might be leveraged toward action on HE and SDH?
- 2) How might PHIs be recognized for time spent working from a HE/SDH perspective?
- 3) What training would facilitate application of an equity lens in practice?
- 4) How could HE and SDH be worked into CIPHI competencies?
- 5) What kind of management support or policy would help implement an equity lens in practice?



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Through an
equity lens



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Organizational capacity for
health equity in environmental health

SUMMARY AND NEXT STEPS



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Through an
equity lens



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Contact Us

National Collaborating Centre for Environmental Health

200 - 601 West Broadway
Vancouver, BC V5Z 4C2

Email:
contact@ncceh.ca & contact@ccnse.ca

Phone: (604) 829-2551
Fax: (604) 829-2556

www.ncceh.ca and www.ccnse.ca

@NCCEH



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National Collaborating Centre for Determinants of Health

St. Francis Xavier University
PO Box 5000, Antigonish, NS B2G 2W5

Email:
nccdh@stfx.ca & ccnds@stfx.ca

Phone: (902) 867-5406
Fax: (902) 867-6130

www.nccdh.ca and www.ccnds.ca

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