
Health Council of Canada



Conseil canadien de la santé

Appendix A
**Selected Provincial, Territorial and Federal
Horizontal Initiatives: Intersectoral and Whole-
of-Government Approaches to Improve
Population Health and Reduce Inequities**

***Stepping It Up:
Moving the Focus from Health Care in Canada to a Healthier Canada***

December 2010

Introduction

The information in this appendix is based on interviews that were conducted for *Stepping It Up: Moving the Focus from Health Care in Canada to a Healthier Canada*, where selected (key) horizontal initiatives were brought to the attention of the consultant. In many cases, the information derived from the interviews has been supplemented with details and quotes from the corresponding websites. For federal initiatives, we have also used the PHAC/WHO report (2008), *Health Equity Through Intersectoral Action: An Analysis of 18 Country Case Studies*.

Our research shows that governments in all Canadian jurisdictions express a commitment to strengthening health promotion efforts and decreasing health inequities. This appendix provides a high-level overview of selected horizontal initiatives, including intersectoral and whole-of-government approaches that are being pursued to help fulfill these commitments. This list is not exhaustive. The reader is directed to the governments' websites for further details. Please note that web addresses shown are accurate as of December 2010.

British Columbia

The government of British Columbia has been involved in many significant horizontal initiatives over the past 10 years. One widely recognized initiative is ActNow BC, a major health promotion effort that seeks to address common risk factors and reduce chronic disease.

ActNow BC

www.actnowbc.ca

ActNow BC has targets in six strategic areas: physical activity, healthy eating, healthy schools, healthy communities, healthy work environments, healthy choices in pregnancy, and tobacco, with a primary focus on physical activity and actions in community settings. The initiative is driven through partnerships at the community, regional and provincial level among the public and private sectors, the voluntary sector and civil society. The experience of ActNow BC has resulted in further horizontal work across the province, most notably in the field of chronic disease management and mental health and addictions.

All provincial ministries are required to support the health promotion and chronic disease prevention goals of the province, and this work is supported by a cross-government ADM committee headed by assistant deputy ministers from Population Health and Health Services.

Vancouver Agreement

www.vancouveragreement.ca

The Vancouver Agreement, signed in 2000, is an urban development initiative in response to complex social issues in Vancouver's Downtown Eastside. It is an example of whole-of-government and intersectoral action because federal, provincial and municipal governments work together with residents, community groups, businesses, local organizations, and partners such as Vancouver Coastal Health to coordinate resources and activities for promoting and sustaining economic, social and community development.

Chronic Disease Management (CDM)

<http://www.gpsc.bc.ca/family-practice-incentive/chronic-disease-management>

Chronic Disease Management (CDM) is a government-supported initiative that involves the collaborative efforts of many medical and health care professionals, health authorities, researchers, and organizations across all sectors of the health care system. Rather than a specific program under the ownership or sponsorship of any one authority, this initiative is a vision embraced by a number of individuals, groups, organizations and jurisdictions who share the desire to transform British Columbia's health care system into one that is characterized by improved health status, better clinical outcomes, improved cost-efficiency, and greater satisfaction for individuals, health care providers and their communities.

Mental Health and Addictions

www.bcmhas.ca/AboutUs/Mission_Vision_Strategy/MissionVisionValues.htm

BC Mental Health and Addiction Services (BCMHAS) operates within the context of a larger mental health and services system in which regional health authorities, the Ministry of Children and Family Development, the criminal justice system, community agencies, patients, and families all play important roles.

Alberta

For the past decade, the government of Alberta has been developing province-wide strategic plans that encourage integrative, coordinated policy development. In September 2010 the government released a major health report that will rewrite provincial legislation, recognizing that health and wellness are driven by more than the delivery of health services; the report also recognizes the determinants of health. Alberta's Strategic Business Plan contains a commitment that "Albertans will be healthy." The Ministry of Health and Wellness Business Plan includes a section about working across government to improve the determinants of health and is developing an approach for health impact assessment to be applicable across all of government. Some examples of horizontal work:

Social-Based Assistance Review

www.premier.alberta.ca/documents/health_and_wellness_Mandate_Letter.pdf

This priority area, noted in the Minister's Mandate Letter, is being managed by an ad hoc committee of ministers comprising Treasury, Health and Wellness, Employment and Immigration, Housing and Urban Affairs, Seniors and Community Supports, and Children's Services. The committee is supported by a committee of deputy ministers. Each minister has received a mandate letter from the premier underscoring the need to support this initiative.

Safe Communities Initiative

http://justice.alberta.ca/programs_services/safe/Pages/default.aspx?WT.svl=topStories

Through a partnership involving nine government ministries, police, community groups, municipalities, businesses and social agencies, Alberta's Safe Communities Initiative works to address the impact crime is having on local communities, and to find meaningful, long-term solutions. The initiative is led by the Ministry of Justice and the Attorney General.

Children's Mental Health

www.child.alberta.ca/home/550.cfm

The Children's Mental Health Initiative is one of several coordinated activities implemented as part of the Alberta Children and Youth Initiative. Working collaboratively, the Alberta Mental Health Board, government ministries and their agencies, regional health authorities, and

contracted service providers plan, coordinate and/or deliver mental health services to children, youth and their families.

Alberta Children and Youth Initiative (ACYI)

www.child.alberta.ca/home/501.cfm

Introduced in 1998, the Alberta Children and Youth Initiative (ACYI) is a collaborative partnership of government ministries working together on issues affecting children and youth. The ACYI arose from recognition that a coordinated government-wide effort is critical for the effective and efficient support of children, youth and their families.

Saskatchewan

Saskatchewan has a long history of collaborative and intersectoral work aimed at strengthening health care and health promotion initiatives. At the core of many of the intersectoral strategies lies a focus on the determinants of health and, in particular, on early childhood. Several structural innovations have been developed to enable the intersectoral and collaborative work. At present, the Saskatchewan government is planning to develop a strategy to promote healthy living that will include a process similar to that used in health impact assessments. Some examples of intersectoral initiatives:

The Human Service Integration Forum

<http://www.education.gov.sk.ca/Regional-Integrated%20Services/Human-Services/HSIF>

Human service integration has a 20-year history in Saskatchewan. The Human Service Integration Forum (HSIF) leads provincial intersectoral work among the human service sectors. It is a senior government body, representing the ministries of Education; Justice and Attorney General; Health; Social Services; First Nations and Métis Relations; Tourism, Parks, Culture and Sport; Corrections, Public Safety and Policing; and the Executive Council. Its work is supported by an executive director who provides liaison, policy analysis and strategic advice to the HSIF and to the 10 Regional Intersectoral Committees (RICs), which further support intersectoral and collaborative work to improve health.

First Nations

<http://www.health.gov.sk.ca/aboriginal-health-mou>

The Ministry of Health, Health Canada, and the File Hills Qu'Appelle Tribal Council work collaboratively in providing quality health care services for File Hills Qu'Appelle Tribal Council members. This initiative serves as a pilot for cross-government responsibility for health. Under the Memorandum of Understanding (MOU) on First Nations Health and Well-Being in Saskatchewan, the FSIN, Health Canada, and the Province of Saskatchewan are engaged in a collaborative process for developing a 10-year First Nations Health and Wellness Plan.

Saskatchewan Prevention Institute

www.preventioninstitute.sk.ca

Formed in 1980 and funded by the Ministry of Health, the Saskatchewan Prevention Institute (SPI) is the only one of its kind in Canada. The SPI is guided by its mission "to reduce the occurrence of disabling conditions in children," and by its slogan, "Our goal is healthy children." It promotes primary prevention by focusing on education, information services, research and evaluation, special projects, community development, and communications. The Institute is strongly committed to networking and partnering in projects that advance prevention efforts, and actively pursues linkages to ensure a coordinated approach to prevention planning.

KidsFirst

www.education.gov.sk.ca/KidsFirst

KidsFirst is a voluntary program that helps vulnerable families by helping parents become the best parents they can be. This includes having the healthiest children possible. The program enhances knowledge, provides support and builds on family strengths. The program is designed to enhance existing services in the community.

All babies born in Saskatchewan hospitals are screened to assess challenges faced by their families and to determine if they are eligible for *KidsFirst*. In communities without a *KidsFirst* program, public health services connect families to alternative services and programs. Regional *KidsFirst* Early Childhood Community Developers work with stakeholders and partners, including tribal councils, First Nations service agencies, and Métis friendship centres to align services and develop strategies to support vulnerable families. Working within the borders of Saskatchewan's

regional health authorities, they facilitate planning and collaboration around early childhood development.

KidsFirst is a joint initiative of the Ministries of Education, Health, Social Services, and First Nations and Métis Relations, as well as numerous community agencies. It is funded by the Government of Canada.

Manitoba

The government of Manitoba has created a number of structures dedicated to health promotion, with a particular focus on children and families. For example, the government established a Cabinet portfolio, Healthy Living Manitoba, led by an associate deputy minister, who chaired the Cabinet sub-committee for Healthy Child Manitoba – one of the province's four permanent Cabinet sub-committees and Canada's only standing Cabinet committee dedicated to children and youth. Also, the government established a new portfolio, Healthy Living, Youth and Seniors, which includes the files of recreation, addictions and seniors. This department oversees Healthy Child Manitoba, which is one of the most advanced whole-of-government and intersectoral initiatives in Canada. The government also participates in research with the University of Manitoba on the use of health impact assessment. Selected horizontal work is noted below:

Healthy Child Manitoba

www.gov.mb.ca/healthychild

The Healthy Child Manitoba strategy was implemented in 2000, and the *Healthy Child Manitoba Act* proclaimed in 2007. The mandate is defined as a long-term, cross-governmental effort linking the economic justice and social justice spheres and led by the Healthy Child Committee of Cabinet (HCCC). The current deputy minister of Healthy Living, Youth and Seniors serves as CEO of the initiative. Healthy Child Manitoba works across departments and sectors to facilitate a community development approach for the well-being of Manitoba's children, families, and communities. The priority focus is on the prenatal period through the preschool years.

ALLAboard: Manitoba's Poverty Reduction and Social Inclusion Strategy

www.gov.mb.ca/fs/allaboard/index.html

ALLAboard, Manitoba's Poverty Reduction and Social Inclusion Strategy, announced in May 2009, sets out four pillars necessary to reduce poverty and promote prosperity: safe and

affordable housing and supportive communities; education, jobs and income support; strong and healthy families; and accessible and coordinated services. Indicators of these four pillars will be identified and tracked. The strategy depends on coordination and collaboration across provincial government departments. Integrated services and easy access mean departments need to work together to reach the common goal of a prosperous Manitoba. The effectiveness of this poverty reduction strategy also hinges on the government's ability to partner with business, non-profit agencies, and First Nations and Métis directly, as well as with municipal governments. Moving forward to reduce poverty is a collaborative effort.

Neighbourhoods Alive!

www.gov.mb.ca/housing/neighbourhoods/programs/index.html

The Manitoba government created Neighbourhoods Alive! to provide community organizations in designated neighbourhoods with the support they need to rebuild these neighbourhoods by addressing factors such as housing and physical improvements, employment and training, education and recreation, and safety and crime prevention. Key activities include the Neighbourhood Renewal Fund, Community Initiatives Program, neighbourhood development assistance, neighbourhood housing assistance, training initiatives (to provide residents with new career opportunities in areas of labour-market demand), and a program called Lighthouses (to provide after-school recreation activities for youth). This cross-departmental initiative reports to a committee of provincial ministers.

Rewarding Work

www.gov.mb.ca/fs/rewardingwork/index.html

Rewarding Work, a cross-departmental program, is a four-year strategy to address poverty by giving people hope and dignity through employment. Rewarding Work programs provide benefits to low-income working families. They also help Employment and Income Assistance (EIA) participants move from EIA to work by increasing the advantages of employment over EIA. The strategy is meant to:

- improve employability by increasing education and training opportunities;
- encourage work by helping low-income working families with the costs of raising their children;
- make it easier to move from EIA to work by offering support to help people find work; and
- keep people in jobs by providing ongoing support to encourage them to stay employed.

Ontario

Over the years, many structural and organizational changes have taken place in Ontario to focus attention on the determinants of health and to facilitate intersectoral action. These include the establishment of a Ministry of Health Promotion and Sport and the Ontario Agency for Health Protection and Promotion. As well, the government is exploring a Health in All Policies (HiAP) approach to population health, which involves embedding a health equity impact assessment tool in the development of all policies throughout government. The Ministry of Health and Long-Term Care, in partnership with the Ministry of Health Promotion and Sport and the Ontario Agency for Health Protection and Promotion, is leading this work through a formal steering committee, supported by an executive director and an External Advisory Committee. Some other examples of horizontal initiatives in Ontario:

Breaking the Cycle: Ontario's Poverty Reduction Strategy

<http://www.children.gov.on.ca/htdocs/English/breakingthecycle/index.aspx>

Ontario's Poverty Reduction Strategy was launched in December 2008, with a key target of reducing the number of children living in poverty by 25% within five years. It involves multi-ministry initiatives. Another intersectoral program, Ontario's After-School Program, is an important part of the poverty-reduction strategy. It is seen as a key example of successful intersectoral action, bringing citizens, governments, the business community, and the non-profit sector together. The strategy includes:

- an increase to the Ontario Child Benefit (OCB);
- investments in education;
- a series of initiatives designed to foster stronger communities; and
- a review of social assistance with the goal of removing barriers and increasing opportunity.

Climate Change Action Plan

www.ene.gov.on.ca/en/air/climatechange/index.php

The Climate Change Action Plan involves investments in public transit, renewable energy and other areas, and includes targets and timelines for reducing greenhouse gas emissions. Progress on the Climate Change Action Plan will be tracked by the Climate Change Secretariat, which was created in February 2008. The secretariat works with ministries and agencies from across government.

Healthy Communities

www.mhp.gov.on.ca/en/healthy-communities/hcf/default.asp

The Ministry of Health Promotion and Sport is currently developing a new approach to building healthy communities, in concert with many other ministry players. The Healthy Communities Fund supports community partnerships to plan and deliver integrated programs that improve the health of Ontarians. The Fund plays a key role in helping the Ministry achieve its vision of "healthy communities working together and Ontarians leading healthy and active lives." The Healthy Communities Fund provides support to communities through a grants stream, a partnership stream, and a resource centre stream, requiring grant recipients to:

- address more than one risk factor;
- have a partner to facilitate intersectoral arrangements; and
- address knowledge transfer arising from the successful outputs of the project.

The goals of the Healthy Communities Fund are:

- to create a culture of health and well-being;
- to build healthy communities through coordinated action;
- to create policies and programs that make it easier for Ontarians to be healthy; and
- to enhance the capacity of community leaders to work together on healthy living.

Québec

Québec's long-standing commitment to public health, population health, and the reduction of health inequities is demonstrated through legislative, structural and process innovations. The Institut national de santé publique du Québec (Public Health Institute) was established in 1988 as an advisory body to the Ministry of Health and Social Services. In 2001, a new *Public Health Act* was proclaimed, empowering the minister of Health and Social Services (the amalgamation of these two areas was another significant structural change) to undertake intersectoral action that supports public policy which is favourable to health. The *Act* requires that all legislative and regulatory proposals from all departments be subject to mandatory health impact assessment (HIA). Selected horizontal initiatives in Quebec:

National Strategy to Combat Poverty and Social Exclusion

www.mess.gouv.qc.ca/grands-dossiers/lutte-contre-la-pauvrete/index_en.asp

Under the theme *The Will to Act, The Strength to Succeed*, the Québec government intends to progressively transform Québec, over a 10-year period, into one of the industrialized societies with the least poverty. The National Strategy to Combat Poverty and Social Exclusion is part of the government's ongoing efforts since 1994 to eliminate poverty as part of a broader approach aimed at the social development of Québec as a whole.

2006–2012 Climate Change Action Plan

www.mddep.gouv.qc.ca/changements/plan_action/index-en.htm

In June 2006, Québec established its first climate change action plan, which set ambitious goals and established the means to achieve them. Entitled *Québec and Climate Change: A Challenge for the Future*, the 2006–2012 Climate Change Action Plan is described as a major step on the road to a society where sustainable development is at the core of priorities and collective choices. This multi-ministry initiative involves a number of programs, regulatory changes, and targets. Progress reports are available on the website.

Quebec Network of Healthy Cities and Towns

www.rqvvs.qc.ca/reseau/historique.asp

The Quebec Network of Healthy Cities and Towns (Réseau Québécois de Villes et Villages en Santé — RQVVS) is non-profit organization with a board of eight elected and three appointed directors. It has an information centre with a five-member staff, whose budget is covered by the Department of Health and Social Services through its network of public health. The concept of RQVVS is based on cooperation among various municipal departments and between these departments and community organizations. It reflects a belief that municipalities, being the political level closest to the population, have a major impact on people's quality of life, which in turn impacts their health.

Centre local de soins communautaires

http://www.ohssn.org/Profile/OHSSN_Profile_CSSS.html

Launched in the early 1970s, the Centre local de soins communautaires (CLSCs) are free clinics, similar to community health centres, run and maintained by the provincial government. Each

CLSC provides basic health and social services, as well as rehabilitation and reintegration services, to people residing in its geographical area. This includes advice about and referral to other resources. CLSCs are the access point to the regional network of health and social services. Some of them operate medical clinics offering the same services as most private clinics. CLSCs offer:

- intake, assessment and orientation;
- basic health and social services for youth, families and the elderly;
- dental and nursing care in schools;
- home care and assistance;
- mental health services;
- industrial health and safety resources;
- community action groups; and
- information, referral and health advice.

New Brunswick

The government is devoting energy to two key intersectoral initiatives — a Wellness Strategy and an Economic and Social Inclusion Plan. In 2006, the province established a Department of Wellness, Culture and Sport, which is overseeing the Wellness Strategy. This strategy is a major intersectoral effort linking horizontal and vertical partnerships across government departments, communities and NGOs, all in pursuit of the vision of “healthy New Brunswickers who live, learn, work and play in a culture of well-being.” The province’s Economic and Social Inclusion Corporation was given responsibility to lead and coordinate the Poverty Reduction Strategy, which was introduced in 2009. These horizontal initiatives, along with a recent report to guide the government in its relationship with communities, are outlined below:

Live well, be well: New Brunswick’s Wellness Strategy (2009-2013)

www.gnb.ca/0131/wellness-e.asp

Live well, be well: New Brunswick’s Wellness Strategy (2009-2013) is an enhanced four-year strategy that builds on the province’s previous wellness strategy. It is intended to accelerate progress on wellness in New Brunswick schools, communities, homes and workplaces. The premier established a Cabinet Committee to oversee the wellness initiative, and an Interdepartmental Deputy Ministers’ Committee on Wellness was established in September 2009. The strategy outlines the steps necessary to achieve four overall goals for New Brunswick:

- to improve mental fitness & resilience;
- to increase physical activity levels;
- to increase rates of healthy eating; and
- to increase rates of people living tobacco-free.

Recognizing the determinants of health, the government's initiatives are intended to take a multidimensional approach to ensure that the root causes of problems and issues are addressed. Special needs and vulnerabilities of sub-populations are considered and supported, and partnership, cooperation and community engagement with a wide variety of sectors are valued and leveraged. Ongoing leadership and engagement at local, regional, and provincial levels are considered crucial ingredients for achieving wellness.

There are significant relationships between wellness and many other government priorities such as early childhood development, health, education, sport, self-sufficiency, the physical environment, public engagement, and the needs of seniors. The *Final Report of the Select Committee on Wellness* recommended improving interdepartmental cooperation. Ongoing efforts are made to align and connect the Wellness Strategy so that it works alongside and through the strategies of other government departments and agencies (i.e. working with the Department of Education on policies that impact on poverty, and on the communication of programs to low-income families to help ensure healthy early childhood development). In this way, opportunities to positively influence the well-being of New Brunswickers are maximized. In some cases, the branch plays a lead role and looks for support from key partners. In other instances, it plays a supportive role to another department, agency or strategy that has taken the lead on wellness-promoting actions.

Overcoming Poverty Together: The New Brunswick Economic and Social Inclusion Corporation

www.gnb.ca/0017/promos/0001/index-e.asp

The Economic and Social Inclusion Corporation was given responsibility to lead and coordinate the implementation of New Brunswick's Poverty Reduction Strategy, which was introduced in late 2009 following an extensive public consultation process. The objective of the strategy is to reduce income poverty by 25% and deep income poverty by 50% by the year 2015.

A governance structure was created to continue the collaborative approach that was taken during the consultation phase. There are three components: Community Economic and Social Inclusion

Networks, a Provincial Economic and Social Inclusion Board, and a secretariat. The president of the board of directors for the Economic and Social Inclusion Corporation and four vice-chairs have been named by the premier. The vice-chairs represent government, the non-profit sector, business, and people who have experienced poverty. The three components will work together on three priority areas: reforming social assistance, lifelong learning skills, and development and community participation including social housing and lifelong learning.

Premier's Community Non-Profit Task Force

www.gnb.ca/cnb/promos/nptf/index-e.asp

A 2007 report entitled *Blueprint for Action, Building a Foundation for Self-Sufficiency* is based on the work of a task force that was struck to visit communities and gather information about the work and challenges of non-profit organizations throughout the province. The report advocates for more horizontal and regional structures working through community organizations, with regional autonomy for service delivery to make flexibility easier and encourage an integrated approach to individual and community issues. The report is intended to guide government in policy development, and to build a stronger relationship between the government and New Brunswick communities.

The report is based on the underlying concept that socio-economic stability depends on intertwined relationships among the government sector, the private sector and the community non-profit sector. It states that:

"Funding for the community non-profit sector is not an expenditure; it's an investment with dividends just like an investment in the business sector. It benefits the public by enabling people to learn and grow. It saves money by reducing the costs related to illness, poverty, lack of education, and crime ... while improving the quality of life for everyone. It reduces pressure on government services and adds value to local economies."

Nova Scotia

Collaborative initiatives spanning government departments, levels of government, and non-government sectors are increasing in Nova Scotia. There is a focus on strengthening horizontal governance and accountability. The Child and Youth Strategy, the Crime Prevention Strategy, and the Community Development Policy (under the umbrella of the Framework for Social Prosperity) — these are examples that demonstrate government's commitment to developing and implementing policies and programs that will integrate departmental initiatives and strengthen government connections with community-based organizations and the voluntary sector.

The government created the Department of Health Promotion and Protection in 2006 with responsibility for areas such as addiction services, chronic disease and injury prevention, environmental health, physical activity, population health assessment and surveillance, and volunteerism. Its mission includes reducing disparities in health status. Beyond the provincial boundary, the department plays a part in encouraging intersectoral collaboration through the deputy minister's role as provincial/territorial liaison to the Pan-Canadian Public Health Network. Examples of horizontal initiatives in Nova Scotia:

Child and Youth Strategy

www.gov.ns.ca/coms/families/ChildandYouthStrategy.html

Nova Scotia's Child and Youth Strategy was launched in 2007 with the objective of coordinating resources to fill service gaps between five key government departments: Health; Community Services; Justice; Education; and Health Promotion and Protection. The initiative is led by an executive director who reports to the deputy minister of Community Services. The governance structure involves four levels of accountability: Social Prosperity Deputy Minister's Committee, Child and Youth Social Policy Committee, Regional Senior Committee (composed of representatives from Community Services, district health authorities, school boards and the Department of Justice). The Child and Youth Strategy works at the community level, and is one of the most significant intersectoral initiatives in the province.

Poverty Reduction Strategy

www.gov.ns.ca/govt/povertystrategy

The Nova Scotia government released its Poverty Reduction Strategy in April 2009. Its vision for 2020 is to break the cycle of poverty by creating opportunities for all Nova Scotians to participate in the prosperity of the province and enjoy a better standard of living. The four main goals of the strategy are to enable and reward work, to improve supports for those in need, to focus on the province's children, and to collaborate and coordinate.

The Poverty Reduction Strategy is an integral part of Nova Scotia's Framework for Social Prosperity, and is based on the principles of collaboration, coordination, and shared responsibility. The structure includes a committee of ministers from nine government departments, supported by their deputies and senior staff, with the task of guiding, directing, and sharing accountability for the strategy. In addition, a new position, Coordinator of Poverty Reduction, was created. Key elements of the strategy include thinking long-term, measuring and reporting progress, and horizontal governance and community involvement.

Crime Prevention Strategy

www.gov.ns.ca/just/prevention

A crime prevention strategy called *Time to Fight Crime Together* was released in December 2007. Based on the belief that crime is a complex problem that requires a multi-faceted, comprehensive solution, a comprehensive plan was put into place. Building on other government initiatives, the crime prevention strategy is part of the province's new social prosperity framework described in the report, *Weaving the Threads: A Lasting Social Fabric*. The strategy is based on the principles of collaboration, coordination and shared responsibility. The government believes that crime prevention requires a concerted effort by individuals, communities, businesses, police services and government agencies, working together to address the root causes of crime.

Community Counts

www.gov.ns.ca/just/prevention/community_counts.asp

Community Counts, a version of Newfoundland's Community Accounts model, supports Nova Scotia's Crime Prevention Strategy by providing up-to-date crime statistics for communities throughout the province. This includes data on the type and frequency of crimes occurring in local areas, and on factors that put some areas at risk of higher crime rates. It

features community crime prevention and reduction profiles, and maps displaying crime data for police districts and justice centres. The tool was developed jointly by the Nova Scotia Departments of Justice and Finance, with funding from the National Crime Prevention Centre.

Prince Edward Island

The PEI government is engaged in a number of horizontal initiatives to improve the health and well-being of its residents. The Healthy Living Strategy, the Healthy Child Development Strategy, the Youth Substance Use and Addiction Strategy, and the Community Accounts system are among notable horizontal strategies, and are highlighted below:

PEI Healthy Living Strategy

www.oneislandhealthsystem.ca/index.php3?number=1020884&lang=E

Led by the ministers of Health and Wellness; Education and Early Childhood Development; and Communities, Cultural Affairs and Labour, the Healthy Living Strategy works toward reducing tobacco use, improving eating habits, increasing physical activity, increasing health promotion capacity, and slowing the growth of chronic disease. The strategy recognizes that partnerships and intersectoral approaches are essential to achieving these objectives, but that roles must be clearly defined. Partners will work collaboratively to identify cross-cutting action plans and will enhance the linkages between communities, government and individuals. Overseen by a multi-ministry Deputy Ministers' Committee, the strategy acknowledges the need to develop healthy public policy and supportive environments that make healthy lifestyle choices easier. Strategy partners include: the PEI Healthy Eating Alliance, the PEI Tobacco Reduction Alliance, the PEI Division of the Canadian Cancer Society, the Heart and Stroke Foundation of PEI, the Provincial Diabetes Program, Recreation PEI and the Federation of PEI Municipalities.

Healthy Child Development Strategy

www.gov.pe.ca/hss/hcd/index.php3

The Healthy Child Development Strategy, *For Our Children*, is an intersectoral action strategy that addresses numerous determinants of health, in recognition of the strong and lasting impact of early childhood experiences. Four government departments (Health and Social Services, Education, the Office of the Attorney General, and Development and Technology) committed staff and resources to support development of the initiative in 1999. A

PEI Healthy Child Development Advisory Committee was also established that year, with a mandate to:

- design and develop a five-year strategy for the government's consideration and develop recommendations for its implementation;
- promote and coordinate multi-sectoral involvement in Healthy Child Development;
- design an integrated plan for consultation on the PEI Strategy and the National Children's Agenda;
- identify issues, messages and ideas gathered through the consultations, and review current research and Island issues;
- include indicators for the measurement of success of the implementation of the strategy; and
- collaborate in the development of a public policy framework.

Released in 2000, this strategy covers more than a dozen areas for intervention, cutting across departments and sectors to address such areas as pregnancy, birth and infancy; early childhood care and education; exceptional needs; childhood injury; children's mental health; family literacy; parent support; screening and assessment; protection of children; the environment; technology; public education; and building a children's continuum. The strategy is guided by a model that includes principles, vision, values, strategic directions, priorities for action, evidence, and an understanding of enabling conditions.

PEI Youth Substance Use and Addiction Strategy

www.oneislandhealthsystem.ca/index.php3?number=1020443&lang=E

The PEI Youth Substance Use and Addiction Strategy was developed through a series of public consultations and work with numerous provincial staff and national experts from the addictions and mental health fields. In January 2008, an Advisory Committee and Working Groups began meeting to establish general directions, detailed planning, program enhancements and new services in several key areas: prevention, education, early intervention, treatment, counselling, and aftercare.

The groups worked closely with government to determine a phased-in implementation approach to new programming and enhanced services. In a follow-up to priorities established in the 2007 PEI Youth Substance Use and Addiction Strategy Framework and related community and service-provider consultations, the strategy continues to be developed and implemented through a collaborative government and community effort. Over the past year, a comprehensive

community- and media-based prevention, education, and early intervention effort continues to be developed and implemented. This effort builds on existing community-based youth and family substance use, addiction and mental health support services.

The strategy's committee structure includes:

- an Interdepartmental (Government) Committee with representation from the Department of Transportation and Public Works, the Department of Health, the Department of Education, the Department of Social Services and Seniors, and the Office of the Attorney General;
- an Advisory Committee, with broad-based community and government stakeholder representation including the Addictions Research Centre, youth counsellors, parents, the Department of Education, the Department of Justice (Office of the Attorney General), the Department of Social Services and Seniors, the Home and School Federation of PEI, the John Howard Society, the Medical Society of PEI, the PEI Liquor Control Commission, youth, and Aboriginal organizations; and
- working Groups, consisting of a broad representation of government and community stakeholders.

Community Accounts System

www.gov.pe.ca/index.php3?number=news&newsnumber=7146&dept=&lang=E

The Community Accounts System was developed as part of the PEI government's commitment to build a common foundation of knowledge and information aimed at strengthening public engagement and discussion on public policy issues. The system provides Islanders with information to better understand the issues affecting their communities and to enable the development of programs that meet community needs.

The system was also established in response to Action 26 of the Rural Action Plan which recommends that businesses and development organizations be given access to the best available statistical information about Prince Edward Island. It states, "The establishment of new partnerships between governments and communities, and supporting community-based decision-making is a key principle of the Rural Action Plan Providing more information to businesses and communities will allow them to develop strategies for growth and development."

To establish the Community Accounts System, the Department of Finance and Municipal Affairs established an online portal. A new *Statistics Act* was passed to allow people to access federal,

provincial and community information via the portal. (The system was developed in cooperation with the Quality of Island Life Cooperative and the Government of Newfoundland and Labrador.)

Joint Consortium for School Health

www.jcsh-cces.ca

The Joint Consortium for School Health (JCSH) is a leader in supporting the advancement of comprehensive school health in Canada. It is a federal/provincial/territorial consortium — listed here under PEI because it is currently the lead province and houses the consortium's secretariat. Its membership is made up of key health and education representatives responsible for school health within each province and territory (except Quebec), along with the federal government. Established in 2005, the JCSH serves as a catalyst to:

- strengthen cooperation among ministries, agencies, departments and others in support of healthy schools;
- build the capacity of the health and education sectors to work together more effectively and efficiently; and
- promote understanding of, and support for, the concept and benefits of comprehensive school health initiatives.

Research shows that comprehensive school health approaches can lead to improvements in children's academic achievements, as well as in their health and well-being, which may improve their quality of life and help reduce pressures on our health care system over the long term.

Newfoundland and Labrador

The launch of a major program review in 2003 culminated in the creation of a strategic framework for economic development and for the expansion of the province's social safety net. Coupled with this framework was the introduction of transparency and accountability legislation for government and all its agencies, boards, and commissions. The legislation required all governmental organizations to plan and consider alignment with broad governmental objectives, desired outcomes, and measurement. It is within this context that the Poverty Reduction Strategy and the Strategic Partnership Council were established. These and other horizontal initiatives are noted on the next pages.

Poverty Reduction Strategy

www.hrle.gov.nl.ca/hrle/poverty/index.html

The Poverty Reduction Strategy is a whole-of-government approach designed to transform Newfoundland and Labrador from the province with the most poverty to the one with the least, over a 10-year period. The strategy includes initiatives and programs that target the groups who are most vulnerable to poverty. Fifteen indicators have been chosen to mark the progress of the Poverty Reduction Strategy. Initiatives include:

- expansion of the Newfoundland and Labrador Prescription Drug Program to include low-income residents;
- free textbooks for all students from Kindergarten to Grade 12;
- a Job Start Benefit to assist people leaving Income Support for work;
- a Family Board and Lodging Supplement for people with disabilities;
- other initiatives for people with disabilities; and
- an operating budget increase for eight women's centres in the province.

The Strategic Partnership

www.intrd.gov.nl.ca/intrd/regionaldev/strategicpartnership.html

The Strategic Partnership is a partnership of business, labour and government dedicated to improving quality of life through sustainable, balanced economic and social development. It is governed by the Strategic Partnership Council and supported by a secretariat.

Healthy Aging Strategy

www.health.gov.nl.ca/health/seniors/structuremandate.html

The minister of Health and Community Services, as minister responsible for Aging and Seniors, was asked to lead a Ministerial Council on Aging and Seniors. The Provincial Healthy Aging Policy Framework and Implementation Plan establishes the evaluative frame for consideration of public policy decisions that impact on aging and seniors. It also lays out six priority directions including recognition of older persons; celebrating diversity; supportive communities; financial well-being; health and well-being; employment, education; and research .

The government's Aging and Seniors Division has a mandate to reach across all of government and serve as a centre of expertise and knowledge on the matter of seniors and aging.

Community Accounts

www.communityaccounts.ca

To support regional and community integrated strategic planning, the Newfoundland and Labrador Statistics Agency — in collaboration with numerous provincial departments and agencies, universities, federal and Atlantic Region partners — developed a tool called Community Accounts. It permits individuals, NGOs, community leaders and others to access social, economic, and environmental data about geographical communities. It brings together data (using postal codes) from a range of federal, provincial, regional and local sources into one location. This data provides a comprehensive picture at the local level, puts information into the hands of local decision-makers, and is used to monitor and evaluate the progress being made through various public policy initiatives (e.g. the Poverty Reduction Strategy).

Violence Prevention Initiative

www.gov.nl.ca/vpi

Newfoundland and Labrador's Violence Prevention Initiative reflects the government's commitment to addressing the problem of violence in the province. It is a six-year, multi-departmental, government-community partnership aimed at finding long-term solutions to the problem of violence against those who are most at risk — women, children, youth, older persons, persons with disabilities, Aboriginal women and children, and other people who are vulnerable to violence because of their ethnicity, sexual orientation, or economic status. The Violence Prevention Initiative is coordinated by the Women's Policy Office.

Nunavut

The Government of Nunavut established a Department of Health and Social Services, which includes the public health function. Major program and policy work involves the Inuit government, the federal government (especially the Department of Health), and Nunavut Tunngavik Incorporated (NTI). The most significant policy work in health promotion is the Health Integration Initiative (HII), an important intersectoral initiative which was supported by Health Canada.

The Nunavut government also organizes intersectoral activity in the areas of nutrition, physical activity, diabetes (an Aboriginal Diabetes Initiative is a component of the Canadian Diabetes Strategy), home and community care (Health Canada introduced the First Nations and Inuit Home and Community Care Program to Nunavut), mental health, and addictions and tobacco

programs. Nunavut is a member of the Prairie Northern Pacific FAS Partnership (PNPFASP) (see below). The following are examples of horizontal initiatives:

The Health Integration Initiative (HII)

www.hc-sc.gc.ca/fniah-spnia/services/acces/pan-initiative-eng.php

The Health Integration Initiative was developed in partnership with the Department of Health and Social Services, NTI and Health Canada's Northern Secretariat to accelerate the integration of federal and territorial health promotion and illness prevention programs in the areas of maternal and child health, mental health and addictions, and oral health. A recent data collection and community consultation process identified seven strategic directions:

- develop community-wellness strategies to plan and meet health and social service needs in the hamlets;
- integrate existing federal and territorial initiatives into community-wellness strategies;
- develop information and data management requirements to meet Nunavut's planning needs;
- assess and support human resources and training needs;
- review funding models by all funding partners;
- implement a mental health and addictions core continuum of services under the guidance of a Territorial Steering Committee; and
- review and improve maternal, child, and oral health.

Addictions and Mental Health Strategy

www.gov.nu.ca/health/promo.shtml#addictionsmentalhealth

Through this strategy the Nunavut government, in partnership and collaboration with non-governmental organizations and other government departments and agencies, is implementing a wide range of new and enhanced programs and services. The Department of Health and Social Services has started the implementation priorities and accountabilities. Regional health and social services carry out the delivery of addictions and mental health programs and services with local staff. These programs and services include, but are not limited to: client counselling; group healing sessions; community wellness workshops; screening and referring clients to treatment programs; and case management.

Prairie Northern Pacific FAS Partnership

www.gov.nu.ca/health/promo.shtml#PNPFASP

Nunavut is a member of the PNPFA SP, a health-related initiative where the western provinces and the territories collaborate to address Fetal Alcohol Syndrome and its effects (FAS/E). While each of the member provinces and territories (Manitoba, Saskatchewan, Alberta, British Columbia, Yukon, Northwest Territories, and Nunavut) is responsible for respective FAS/E programs and services, members benefit from sharing resources, research and information on successful intervention and prevention programs.

With assistance from the Partnership and through its own initiatives, Nunavut has started the initial stages of an FAS/E Program. This program will cover education, awareness and prevention, as well as care and support for individuals and family members affected by FAS/E.

Northwest Territories

Members of the Legislative Assembly have agreed on a vision of "...strong individuals, families and communities sharing the benefits and responsibilities of a unified, environmentally sustainable and prosperous Northwest Territories." Specific goals and priorities have been identified and published as *Northerners Working Together*.

www.gov.nt.ca/agendas/vision/index.html

The government has been developing a plan of action with a long-term view. Based on the vision and priorities, Cabinet identified a set of five strategic initiatives to serve as the basis for planned actions over the next four years: *Building Our Future*; *Managing This Land*; *Maximizing Opportunities* (to achieve a balanced, diversified and sustainable economy); *Reducing the Cost of Living*; and *Refocusing Government*. Partnership and collaboration are at the centre of all initiatives, not only across provincial government departments but with Aboriginal governments and the federal government.

To achieve *Building Our Future*, the NWT has merged its Ministries of Health and Social Services to accelerate programmatic integration. This has permitted integrative efforts in many areas. There is a Deputy Minister Committee to manage the social envelope; and an Assistant Deputy Minister Committee is involved in a number of intersectoral activities including family violence (Family Violence Framework Phase II — Family Violence Action Plan Phase II); homelessness

(Framework for the GNWT Response to Homelessness); persons with disabilities (Action Plan for Persons with Disabilities); tobacco reduction (NWT Tobacco Strategy); early childhood development (Early Childhood Development Framework for Action); and injury prevention (NWT Injury Prevention Strategy). *A Foundation for Change: Building a Healthy Future for the NWT 2009-2012* expresses the government's vision and provides a framework for intersectoral projects in these areas. It is highlighted below:

A Foundation for Change: Building a Healthy Future for the NWT 2009-2012

www.hlthss.gov.nt.ca/english/services/a_foundation_for_change/default.htm

The government's vision on wellness is captured in this plan, which was released in November of 2009 and is viewed as essential for the sustainability of the NWT health and social services system. Six action areas have been identified:

- expand programming for children and youth;
- encourage healthy choices and address addictions;
- implement Phase II of the framework for action on family violence;
- strengthen the continuum of care for seniors;
- enhance support for the voluntary sector; and
- increase safety and security.

Wellness, community leadership, building community capacity, partnership, seamless coordination and integration are underlying principles of the government's vision. The plan is supported by principles, goals and priorities which are further broken down into actions and timelines by fiscal year. In 2004, the Department of Health and Social Services and the Territory's eight Health and Social Services (HSS) Authorities moved to an Integrated Service Delivery Model (ISDM). The government believes that a team-based, client-focused approach to providing health and social services is needed to ensure the vision is achievable.

Healthy Choices Framework

<http://workingtogether.gov.nt.ca/activities/ViewActivity.aspx?ActivityId=1916>

The Healthy Choices Framework is a component of *Building a Healthy Future*. It is a partnership between government departments that share an interest in health promotion in six pillar areas: healthy eating, physical activity, mental health and addictions, injury prevention, tobacco control and healthy sexuality. Through this partnership, the resources available to help Northerners to make healthy choices are maximized.

Yukon

The Yukon Government has embarked on a Social Inclusion and Poverty Reduction Strategy. This major initiative to address determinants of health was motivated in part by health care costs that were seen as unsustainable. The Department of Health and Social Services established the Office of Social Inclusion and Poverty Reduction in order to guide the development, implementation and ongoing management of the strategy.

Working in partnership with other government departments as well as business and the NGO community, the Office serves as the government's central resource and lead on issues related to social inclusion and poverty reduction. The government has taken an intersectoral approach which presumes authentic citizen engagement, along with partnership between departments and among private and voluntary sectors. Extensive national and international research on poverty and social exclusion was undertaken to identify promising practices. Other intersectoral actions are also underway including a tobacco reduction strategy and school health. A variety of structures such as the Health and Social Services Council and the Yukon Child Care Board provide guidance. These horizontal initiatives are noted below:

A Better Yukon: Yukon Government's Social Inclusion and Poverty Reduction Strategy
www.abetteryukon.ca

The development of Yukon's social inclusion and poverty reduction strategy was launched in April 2010, and will lead to the release of a strategy in March 2011. The Office of Social Inclusion and Poverty Reduction guides the development, implementation and ongoing management of the strategy. The work is overseen by an interdepartmental steering committee. The process will involve community input via a Community Advisory Committee, a survey of residents and a housing adequacy study. The strategy will be based on an agreed-upon set of indicators.

Health Promoting Schools

www.hss.gov.yk.ca/pdf/yshac_paper.pdf

The Yukon's Department of Education and Department of Health and Social Services are working together to support principals, teachers, students and parents in promoting the healthy development of children and youth in the school setting. The Health Promotion Unit of the Department of Health and Social Services is part of a network of educators and health professionals across the country who are finding common ground and taking advantage of opportunities for joint action in promoting school health.

Building on the World Health Organization's recognition that "...health and educational outcomes are inextricably linked and ...the school can be an ideal setting to strive for both," the Yukon government undertook a variety of intersectoral initiatives to develop health-promoting schools. Here are a few examples:

- the Department of Education is working with the Environmental Health Services to develop a policy for the use of wild meat in school cafeterias;
- the Yukon Children's Dental Program and school-based immunization programs routinely bring health care providers and services into Yukon schools;
- eighteen Yukon schools have been designated as Active Yukon Schools by the Recreation and Parks Association of the Yukon (RPAY); and
- the Health Promotion Unit is collaborating with Alcohol and Drug Services, the Yukon Liquor Board, RPAY and secondary schools to provide *health promoting grad packs* to all high school graduates in the Territory.

Federal Horizontal Initiatives

The Public Health Agency of Canada

www.phac-aspc.gc.ca/index-eng.php

The Public Health Agency of Canada (PHAC) was created in 2004 to deliver on the Government of Canada's commitment to increase its focus on public health. In 2006, the *PHAC Act* came into force, giving the agency the statutory basis to fulfill its many roles. It is led by the chief public health officer.

PHAC's activities focus on preventing and controlling chronic and infectious diseases, preventing injuries, and preparing for and responding to public health emergencies. Its work is guided by one strategic objective: that Canada is able to promote health, reduce health inequalities, and prevent and reduce disease and injury.

PHAC operates in a leadership capacity, in national and international arenas, and on many fronts. It brings together government, non-governmental organizations including those in the private sector, other countries, and international organizations to share knowledge, expertise, and experience. It has also established a set of National Collaborating Centres for Aboriginal health, environmental health, infectious diseases, the determinants of health, methods and tools, and healthy public policy. In addition, PHAC manages the Innovation Strategy (formerly the Population Health Fund), which supports promising interventions to increase and strengthen population health in Canada and reduce inequalities, with a focus on sharing best or promising practices across the country.

Listed below are selected areas of PHAC's work that have been of particular value in preparing *Stepping It Up: Moving the Focus from Health Care in Canada to a Healthier Canada*:

- the chief public health officer's annual reports on the state of public health in Canada;
- a series of reports on intersectoral action in partnership with the World Health Organization (WHO);
- work on health impact assessment research and development — a fundamental tool for framing whole-of-government thinking because it raises awareness of the impact on health of policies in all government departments and agencies;
- a series of papers that explore intersectoral action research and development, prepared in partnership with the WHO;
- work done by the Canadian Reference Group, originally created to support Canada's participation in the WHO Commission on the Social Determinants of Health and continuing in its new role to bring together a broad cross-section of societal leaders to deal with issues of population health.

In 2008, the chief public health officer's first report highlighted some key current public health issues in Canada. The report recommended that these issues be considered in light of the determinants of health and of the way in which they contribute to health inequities.

The report emphasized the need for additional actions, if we are to continue making progress, and called for renewed focus on:

- **social investments**, particularly in families with children living in poverty, and in early child development programs;
- **community capacity** through direct involvement in solutions, enhanced cooperation among sectors, better-defined stakeholder roles, and increased measurement of outcomes;
- **intersectoral action** through integrated, coherent policies and joint actions among parties within and outside the formal health sector at all levels;
- **knowledge development** through a better understanding of different groups of Canadians and of the way socioeconomic factors interact to create health inequities, as well as how best practices from other jurisdictions can be adapted to improve our efforts (including more advanced measurement of the outcomes of the various interventions undertaken); and
- **leadership** at public health, health, and cross-sectoral levels.

The National Strategy to Reduce Tobacco Use

www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/prtc-relct-2006/part3-eng.php

Canada is internationally recognized for its success in legislating the tobacco industry. At all levels — federal, provincial, territorial, and municipal — successful tobacco control laws, bylaws and regulations have been implemented. Each year, laws are added and/or refined. Developing policies and strategies also play a critical role in tobacco control. All provincial and territorial jurisdictions have plans in place that align with five strategic directions:

- policy and legislation;
- public education (information, mass media, programs, and services);
- building and supporting capacity for action;
- industry accountability and product control; and
- research, evaluation, and monitoring.

The revised National Strategy has retained three long-standing goals: prevention (keeping youth from starting to smoke); cessation (helping smokers quit); and protection (ensuring smoke-free environments). To these goals, it has added a fourth: denormalization (changing Canadians' attitudes toward tobacco products and tobacco use).

Effective tobacco control is an example of intersectoral action across departments, within governments, across levels of government, and between governments and other sectors, with all partners working together towards common goals and strategic directions. The federal/provincial/territorial governments have a critical leadership role for achieving national action.

The Homelessness Partnering Strategy

www.hrsdc.gc.ca/eng/homelessness/index.shtml

Homelessness is a complex issue that requires a coordinated and concerted approach by all levels of government, as well as by the private and voluntary sectors. With that goal in mind, the Homelessness Partnering Strategy brings together provinces and territories, communities, and the private and voluntary sectors. Research is conducted toward an increased and improved understanding of homelessness, and also to identify and disseminate best practices in this area. Recognizing that community-based work is critical to reducing homelessness, the strategy supports 61 designated communities.

The Family Violence Initiative

www.phac-aspc.gc.ca/nctv-cnivf/initiative-eng.php

The Family Violence Initiative (FVI) is a long-term commitment of the government of Canada to work to reduce family violence in our nation. Operating from the belief that the best way to address family violence is to support a common vision and advance a coordinated approach, there are eight participating federal departments: the Public Health Agency of Canada; the Canada Mortgage and Housing Corporation; Citizenship and Immigration Canada; the Department of Justice; the Department of Canadian Heritage; the Royal Canadian Mounted Police; Statistics Canada; and Status of Women Canada.

The Family Violence Initiative promotes public awareness of the risk and protective factors associated with family violence; works with government, research and community partners to strengthen the capacity of criminal justice, housing and health systems to respond; and supports data collection, research and evaluation efforts to identify innovative/promising practices and a range of effective interventions. As part of this initiative, the Public Health Agency of Canada also manages the National Clearinghouse on Family Violence, Canada's resource centre for information on violence within the family.

Health Council of Canada



Conseil canadien de la santé

Appendix B
The International Experience

***Stepping It Up:
Moving the Focus from Health Care in Canada to a Healthier Canada***

December 2010

Overview

Much information exists on how other countries have been addressing the determinants of health as a way to promote the health of their citizens and to reduce health inequities. Evidence suggests that nations which have adopted whole-of-government and/or intersectoral approaches to these issues have achieved the greatest success.

In this appendix, we take a closer look at activities in the United Kingdom, Norway, Sweden and Australia. These four countries are distinguished by their concerted approach towards the determinants of health. The information on Australia should be of special interest, since it has a system of government that is similar to Canada's. Like our provincial governments, Australia's various state governments are playing a key role in improving population health and reducing health inequalities.

1.0 United Kingdom

The UK has a long-standing intellectual and academic concern with inequalities in health. The 1980 *Black Report* found that, despite a generation of accessible health care, class-related health inequalities had not only continued — in many instances they had actually increased.¹

The 1997 election of a Labour government — which campaigned on a platform of reducing health inequalities — saw ongoing academic and policy concerns over health inequalities translated into a government-wide effort to develop new and better public policy.²

As in many countries (including Canada), government policies that emerged in subsequent years have emphasized the need for individuals to modify negative health-related behaviours. However, concerns have been raised that this approach — for example, programs for smoking cessation, physical fitness, and healthier diets — may distract stakeholders from addressing structural determinants of health around issues such as poverty, education, unemployment, and housing.

Two influential reports — the 1980 *Black Report* and, in 1992, *The Health Divide* — described how Britons in the lowest occupation-level groups were more likely to be in poor health and to die prematurely from illness or injury at every stage of the life cycle. The reports concluded that the material conditions of people's lives — for example, availability of income, working

conditions, and quality of available food and housing — were the primary factors shaping these inequalities in health.³

In 1997, the government commissioned the Independent Inquiry into Inequalities in Health (also known as the Acheson Inquiry) to collect evidence on inequalities in health and report on its findings.⁴ A number of recommendations were made to address the root causes of poor health and health inequalities across British society. The most important recommendations were:

- all policies likely to have an impact on health should be evaluated in terms of their impact on health inequalities;
- high priority should be given to the health of families with children; and
- further steps should be taken to reduce income inequalities and improve the living standards of poor households.

The UK government responded quickly to these recommendations, organizing a strategy for action based on nine themes:⁵

- **raising living standards and tackling low income** by introducing a minimum wage and a range of tax credits and increasing benefit levels;
- **improving education and early years** by introducing policies to improve educational standards and creating preschool services in disadvantaged areas, which were offered free of charge to those on low incomes;
- **increasing employment** by creating a range of welfare-to-work schemes for different priority groups;
- **improving transport and mobility** by setting targets to reduce road traffic accidents, develop safe walking and cycling routes, and standardize concessionary fares for older people;
- **working in partnership with local authorities** to tackle the wider determinants of health — for example, reviewing the resource allocation formula to local health care agencies; developing frameworks to standardize care across the country for particular conditions; and broadening the performance framework of the National Health Service (NHS) to include fairer access to services;
- **building healthier communities** by investing in a range of initiatives in disadvantaged areas, including identified Health Action Zones;
- **improving housing** by changing capital financial rules to promote investment in social housing and introducing special initiatives to tackle homelessness;
- **reducing crime** by investing in a range of community-led crime-prevention schemes and tackling drug misuse; and

- **appointing a new minister for public health** to oversee a range of initiatives to encourage healthy lifestyles, strengthen the public health workforce, and tackle specific problems.

National goals were set to eliminate health inequalities in the UK. The 2002 Spending Review Public Service Agreement for the Department of Health (essentially a business plan for the department) stated that: ["By 2010, the government will] ... reduce inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth."⁶

Subsequent evaluations concluded that significant progress had been made in tackling health inequalities in the UK — for example, there was some success in reducing child poverty as a result of the government's tax and benefit reforms.^{7, 8} But while overall poverty rates declined in the years following government efforts, rates of poverty among working-age adults without children reached an all-time high by 2002/2003.⁸

A more recent evaluation concluded that the UK government had started to downplay its emphasis on reducing health inequalities.^{9, 10} This evaluation also noted that specific results related to reducing the inequalities were "disappointing."

In 2010, the government commissioned a report to propose a new, evidence-based strategy.¹¹

The goals are:

- to identify evidence most relevant to future policy and action;
- to show how this evidence could be translated into practice;
- to advise on possible objectives and measures; and
- to publish a report that would contribute to the development of a post-2010 health inequalities strategy in the UK.

Over the next decade, health policy in the UK will be directed towards reducing inequalities in health and placing a renewed focus on the determinants of health, which is now seen as a key factor in improving the health of the population. The most striking aspect of these developments in the UK is that government finally placed a wide range of issues related to a structural approach to health promotion on the public policy agenda. This demonstrates that with political will, a nation can begin to address significant health promotion issues in a mature and progressive manner.²

2.0 Norway

Norway offers a clear example of how concern about inequalities in health has been incorporated into public policy. The country has been described as an extensive welfare state where many policies reflect implicit objectives to reduce inequalities.¹²

A number of researchers have summarized the evolution of Norway's structural approach to promoting population health and reducing health inequalities. In 1984, a government white paper adopted the World Health Organization's *Strategy for Health for All by the Year 2000*.¹² The government of the day made a specific commitment to reduce social inequalities, which were identified as the cause of health inequalities, especially for the country's most vulnerable citizens.

In 2003 another government white paper, entitled *Prescriptions for a Healthier Norway*, noted that there must be a balance between individual and societal responsibility for health. Vulnerable groups were identified, and while there was an emphasis on behavioural risk factors, it was recognized that these were often directly related to the broader social context, including social inequalities and the structures that shape them.¹²

While the Norwegian government had already focused its health promotion activities on the most vulnerable members of society, its action plan began to shift: programs and policies were now taking broader societal issues (poverty, education, employment) into account.¹²

The 2007 National Strategy to Reduce Social Inequalities in Health in Norway started with a basic premise: "Fair distribution is good public health policy." The report stated that it was vital for the government to conduct a structural analysis of health determinants; it also outlined the role that government must play in promoting health through public policy action:

*"The Government believes that public health work needs to be based on society assuming greater responsibility for the population's health. Each individual is responsible for their own health, and it is important to respect the right of the individual to have authority and influence over their own life. However, the individual's sphere of action is limited by factors outside the individual's control. Even lifestyle choices such as smoking, physical activity and diet are greatly influenced by socio-economic background factors not chosen by the individual. As long as systematic inequalities in health are due to inequalities in the way society distributes resources, then it is the community's responsibility to take steps to make the distribution fairer."*¹³

A key focus that emerged from the Norwegian 2007 national strategy was the relationship between income and better health.¹³

Unlike the UK, there haven't been many systematic reviews of Norway's initiatives (at least not available in English), but there is documentation of Norway's excellent health and quality-of-life profiles.^{14, 15}

3.0 Sweden

Sweden provides the most developed example of a governmental approach that strives to promote population health and to reduce health inequalities by addressing the determinants of health. For many years Sweden has pursued equality-oriented health and social policies, active labour market policies, and family-oriented policies that have resulted in higher levels of workplace participation, less income inequality, lower poverty rates, and smaller socio-economic gaps than in most other countries.¹⁶

The Swedes' long-standing concern with guaranteeing citizen security melds well with the increasing knowledge and evidence about the importance of promoting population health and reducing health inequalities by addressing the determinants of health.¹⁶

Health promotion activities in Sweden have focused on strengthening democratic participation, promoting security and well-being of families, and reducing health inequalities. In 2000, the Swedish Ministry of Health and Social Affairs published a report entitled *Towards Public Health on Equal Terms*.¹⁷ The document proposed an explicit role for health promotion policy in reducing health inequalities between various groups in society. Key policy areas involved in this campaign included employment, education, agriculture, culture, transport, and housing.

Another report from the Swedish Ministry of Health and Social Affairs, released in 2003, emphasized promoting health and closing the major health gaps in society.¹⁸ Municipalities and county councils were expected to draw up and evaluate targets, and to report back on these activities. National coordination of these efforts was led by Sweden's Minister for Public Health and Social Services and implemented by the National Institute of Public Health (NIPH).¹⁷

The NIPH outlined 11 objectives that highlighted the "factors in society or in our living conditions that influence health."¹⁹ The first six were related to structural factors, i.e. "conditions in society

and our surroundings that can be influenced primarily by moulding public opinion and by taking political decisions on different levels.” The remaining objectives concerned “lifestyles which an individual can influence him/herself, but where the social environment normally plays a very important part.”¹⁹

The 11 areas targeted were: economic and social security; secure and healthy conditions for growing up; better health in working life; healthy, safe environments and products; health and medical care that more actively promotes good health; effective prevention of the spread of infections; secure and safe sexuality and good reproductive health; increased physical activity; good eating habits and safe foodstuffs; reducing the use of tobacco, alcohol and harmful drugs; and curbing the harmful effects of excessive gambling.¹⁹

In 2005, a Public Health Policy Report provided a set of indicators for implementing Sweden’s emerging public health policy at the national, regional, and local levels.¹⁹ The report emphasized the impact of inequitable living conditions on mental health, workplace health, accidents, communicable diseases, overweight and physical inactivity, tobacco and alcohol use and abuse, and violence against women. The report also focused on the need to increase capacity for public health promotion. It called for more active engagement at all levels of Swedish society, including better coordination of regional public health promotion, and greater support towards increasing competence in public health matters among municipalities.

It is apparent that a public health approach based on the determinants of health is consistent with long-standing Swedish approaches to public policy. Sweden’s history of implementing social welfare policies for its citizens makes this an easier sell there. Swedish public health officials are typically receptive to new thinking in health promotion and population health — including how vital it is to focus more broadly on determinants. It should not be surprising that, “compared to other countries, Sweden has low mortality rates, high life expectancy and favourable health indicators across all socio-economic groups.”²⁰

4.0 Australia

Australia has emerged as a world leader in addressing health inequalities and factoring in the role that determinants such as income, housing, employment, and education play in improving population health.¹⁶ The Australian example is especially relevant for Canada since the nation’s six states and its two major territories have primary responsibility for promoting health, delivering health care and providing social services — similar to the Canadian model.

In recent years, Australia has adopted a whole-of-government approach to health promotion, and has also conducted ongoing health impact assessments (HIAs).²¹ To date, these activities have occurred primarily at the state level, with some states showing more activity than others.²¹

A 2006 assessment of the Australian experience found varying levels of commitment to health equity and to concrete governmental initiatives, including funding.²¹ Four states — New South Wales, Victoria, South Australia, and Tasmania — emerged as leaders in their commitment to reducing health inequities.²¹ These committed state governments appear to recognize that having a healthy population is an important prerequisite for economically prosperous and socially harmonious societies.²¹

In contrast, when it comes to improving health for lower-income citizens, there has been little activity at the federal level.²¹ The only exceptions are activities directed specifically at Australia's Aboriginal peoples.

Here are some highlights from two of the high-achieving Australian state jurisdictions:

4.1 New South Wales

This state has developed a range of structural supports to encourage health equity.²¹ These include *In All Fairness*, a 2004 planning document that contained a health and equity statement providing direction for planners, along with a resource distribution and funding formula on how to allocate resources in eight key health areas.²² The planning document also spelled out the need for research aimed at creating new knowledge on the causes of health inequalities and best approaches for addressing them.

An explicit goal of the New South Wales government has been to strengthen links between research and policy and practice. One initiative was the development of the *Four Steps Towards Equity* toolkit, aimed at helping to ensure that health equity considerations are integrated into health promotion practice.²³ The toolkit encourages local health service authorities to develop "health and equity profiles" in their health plans and to identify where action is most needed. It also encourages them to review existing initiatives using an "equity filter," as well as taking a closer look at "best-buy" policies and practices.

A recent report from the New South Wales Chief Health Officer provided data on numerous indicators, including the determinants of health as follows: income by age; income groups by

health area; household income; aged pension, disability and sickness benefits; unemployment and family assistance benefits; housing tenure; unemployment rate; index of relative disadvantage by local government area; index of education and occupation by local government area; social capital; and Aboriginal peoples' socio-economic factors.²⁴ Clearly, identifying and measuring the determinants of health have been front and centre in the New South Wales health promotion agenda.

4.2 Victoria

A “health inequalities” project launched by officials in the state of Victoria provided a clear commitment to reducing health inequities in general, and disadvantage in particular.²⁵ Key goals included providing decent and responsible government; getting back to “the basics” (such as good schools, quality health care, more jobs, and safe streets); and leading the way with education and lifelong learning.^{25, 26}

One important step in this process was to accurately describe social disadvantage and then outline ways to approach the problem — for example, by building knowledge about health equity and then advocating for it across policy areas.²¹ With special funding endorsed by the state’s premier, numerous projects have been undertaken to address the determinants of health and health inequities among residents.²¹

A 2009 report commissioned by the state government — *Are we there yet? Indicators of inequality in health* — provided a set of rigorous indicators that will serve as a baseline for future action.²⁷

4.3 Health Impact Assessment

An important component of Australian activity has been the use of health impact assessment (HIA) — broadly defined as “a combination of procedures, methods and tools by which a policy, a program or a project can be judged or evaluated on the basis of its potential effects on the health of a population.” HIA is most frequently used to assess proposals that are outside the traditional health care sector, and which do not target health as their principal goal.

Australia is recognized as a world leader in the development of HIA. In 1994 the National Health and Medical Research Council released one of the first international guidelines on HIA. Since then every state and territory, along with the federal government, has contributed to its further development.

The Bottom Line: International Experiences in Health Promotion

Our review has shown three common themes in how other nations promote population health and commit to reducing health inequities by addressing the determinants of health (including income, education, housing, and employment):

- **First, there is an explicit governmental commitment to promoting population health through the lens of determinants of health.** This commitment is usually shared with the public through a defining document or set of documents that clearly communicates the rationale for such a commitment. In most countries, this has taken the form of a clear statement about the importance of promoting health equity or fairness when considering the health of the population.
- **Second, any commitment to promoting and implementing the stated agenda involves a whole-of-government approach.** Such commitments are typically contained within a government report or statement that clearly outlines goals and objectives, describes tactics for reaching them, and sets out a timetable.
- **A third unifying theme is a commitment to formally evaluate the success of these initiatives.** This involves recognition that promoting population health via a reduction of health inequities is influenced by government action in a range of policy areas. Systematic attempts are made to ensure that initiatives in these spheres are assessed for their impact on health — using, for example, the HIA approach.

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