

# RIO POLITICAL DECLARATION ON SOCIAL DETERMINANTS OF HEALTH:

## A Selection of Canadian Actions 2013



*To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.*

— Public Health Agency of Canada

Également disponible en français sous le titre :  
Déclaration politique de Rio sur les déterminants sociaux de la santé : aperçu de mesures canadiennes  
2013

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Pub. 130049  
Cat. HP35-41/2013E  
ISBN 978-1-100-22296-7

# ACKNOWLEDGEMENTS

In drafting this report, the Public Health Agency of Canada benefitted from the input provided by a number of organizations. The Agency would like to recognize these groups for their support, and thank them for their contributions:

Aboriginal Affairs and Northern Development Canada

Canadian International Development Agency

Citizenship and Immigration Canada

Health Canada

Employment and Social Development Canada

The Canadian Council on Social Determinants of Health

The Pan-Canadian Public Health Network

# EXECUTIVE SUMMARY

In May 2012, Canada and other United Nations Member States endorsed the *Rio Political Declaration on Social Determinants of Health (Rio Declaration)*. This report begins to document Canadian actions to meet *Rio Declaration* commitments in five key areas: governance for health and development, participation in policy processes, health sector reorientation, global governance and collaboration, and monitoring and accountability. This 2013 report is a foundation for Canada's response to comprehensive member state reporting anticipated in 2015.

The report provides an overview of key elements of the political and social context in Canada, including existing social protections that support the health of Canadians. Some of the ways in which governments, communities, civil society and others are working to address social determinants of health are considered, along with pressing challenges that remain with respect to persistent inequalities facing Aboriginal peoples and lower income Canadians. Building on this context, a selection of Canadian actions on health inequalities are presented under each of the five *Rio Declaration* themes. These examples capture interventions or approaches for which there is evidence of their impact on social determinants of health and health inequalities. Examples include:

- The institutionalization of Health Impact Assessment in Québec, and the contributions of the Canadian Council on Social Determinants of Health to intersectoral action on health determinants.
- New models of Indigenous health and political governance in British Columbia and Nunavut, and innovative community-based health and social research.
- Efforts to integrate equity into health systems at the national, provincial and local levels, including through partnerships with the private sector.
- New funding models that emphasize demonstrable results and strategic partnerships to mobilize action across sectors.
- Integrated surveillance, research and knowledge translation at the Saskatoon Public Health Observatory in Saskatchewan, and research to test the effectiveness of interventions.

Consistent with its commitment to support the *Rio Declaration*, Canada will continue to invest in existing evidence-based health and social supports, while also addressing outstanding challenges such as the poor health of Indigenous peoples. Health practitioners also need to better understand how to address health equity, and stronger cross-government and cross-sector partnerships are needed to better leverage action on shared priorities. Some specific areas of planned focus consistent with *Rio Declaration* commitments include: a pan-Canadian monitoring report on health inequalities, integrating health equity into the strategic plan of Canada's national health research funding agency, and continuing to expand opportunities for new approaches to Indigenous health governance.

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## 1. INTRODUCTION

In May 2012, Canada and other United Nations Member States endorsed the *Rio Political Declaration on Social Determinants of Health (Rio Declaration)*. The Declaration reflects a global commitment to address health inequities by acting on social, economic, environmental and other factors that shape health – what are collectively known as social determinants of health. Consistent with the *Rio Declaration*, Canada is committed to improving health by acting on these health determinants. Governments, communities, civil society organizations, businesses and individuals are working together to support vulnerable groups, build the knowledge base through research and evaluation, raise awareness of the importance of equity for health, and foster cooperation and collaboration between sectors and across nations.

Following the endorsement of the *Rio Declaration* by the World Health Assembly, this report documents some Canadian actions that are contributing to meeting *Rio Declaration* commitments in five key areas: governance for health and development, participation in policy processes, health sector reorientation, global governance and collaboration, and monitoring and accountability. This report will serve as a foundation for Canada's response to comprehensive member state reporting anticipated in 2015. It is also a starting point for developing a process to engage key government, health and community partners in the *Rio Declaration* reporting process, including the Pan-Canadian Public Health Network and the Canadian Council on Social Determinants of Health.

## 2. CANADIAN CONTEXT

Canada is a large, culturally and linguistically diverse nation. Approximately four percent of the 35 million people who reside in Canada are Aboriginal, and 20 percent are foreign born. Canada has a federal system of government, with a division of powers between a national government and provincial/territorial governments. Responsibility for health and social services is shared between these levels of government, with provinces/territories having the largest role in delivery. Canada has a strong commitment to supporting political participation through democratic elections at all levels of government.

Civil society organizations play a growing role in addressing social determinants of health and health inequalities in Canada. Activities include delivering programs and services (particularly those targeted to vulnerable populations), building partnerships across sectors, creating and disseminating knowledge, raising public awareness, and developing and advocating for policy solutions. Partnerships with the Government of Canada and the private sector are also helping to build greater awareness within the business community of the importance of a healthy and productive population, and contributing to innovation in research and service delivery.

Policies and programs that foster good health have been in place in Canada for decades, and new approaches and interventions are continually being developed. While Canadians generally enjoy good health and health outcomes are improving overall, health inequalities also persist and in some cases these inequalities are still growing. For example, life expectancy in Canada has increased by more than 30 years over the past century (83 years for women and 79 years for men), but the life expectancy of Aboriginal people and low income Canadians remains lower than the general population. This pattern is also reflected in mortality rates, and in the prevalence of many diseases including cardiovascular disease, heart disease and diabetes. New immigrants to Canada and Canadians living in rural and remote communities are also more likely to experience health inequalities. Canada understands that more work is needed to address the significant challenges that remain in building a healthier population.

Canada has a well-established system of social protections that supports Canadians to realize their full potential. Central to this system is publicly funded health care for medically necessary services, which has been shown to help reduce health inequalities based on socioeconomic status. Other social supports include public pensions and primary and secondary education, supports for workers who lose their jobs or are injured, income assistance for those temporarily or permanently unable to work, income supports for families with children and low wage workers, and some child care and early education services. Many of these programs include a particular emphasis on assisting Canadians who are more likely to be socially and/or economically vulnerable, such as Aboriginal peoples, seniors, persons with disabilities and low-income families. In recent years, many provinces and territories have also adopted poverty reduction strategies, recognizing that poverty has both a human and an economic cost for Canadian communities.

There is growing recognition in Canada that addressing social determinants of health requires action both inside and outside of the health sector. This is reflected in *Creating a Healthier Canada: Making Prevention a Priority – A Declaration on Prevention and Promotion*. Signed in September 2010 by federal, provincial and territorial Ministers of Health and Health Promotion/Healthy Living<sup>1</sup>, the Declaration explicitly acknowledges the need for intersectoral action on health determinants. Signatories agree to work together and with others to prioritize promoting health and preventing disease, disability and injury. A commitment to cross-sector cooperation is also reflected in the fact that health and health inequalities can be considered in the Government of Canada's interdepartmental consultation processes, including at Cabinet and Deputy Minister level committees.

Canada is also witnessing increased attention to health inequalities within health and public health systems. There is greater awareness of connections between health inequalities and access to primary care and health prevention/promotion services, patterns of ill health, and the distribution and cost of health and social services. Health

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<sup>1</sup> The province of Québec is not a signatory to the Declaration.



equity is being explicitly incorporated into health planning and decision-making structures in some jurisdictions and organizations. These efforts are supported by research and knowledge exchange on effective tools and practices to assess conditions that create inequity and by developing services to reduce them.

Health equity remains a pressing challenge for the global community. Along with other nations, Canada is working to identify and address serious global health challenges. Government, civil society, researchers and the private sector provide development assistance, support for multilateral initiatives, research and capacity building, and support for emergency and health services.

Canada has a strong research infrastructure that is integral to building the knowledge base on health and social determinants of health, and sharing this knowledge with diverse stakeholders for the benefit of Canada and the global community. Universities and affiliated research institutes, non-profit organizations, and research funding agencies inside and outside of government all help to build a vibrant research community. Efforts are also being made to foster stronger collaboration between researchers, policy-makers and practitioners, resulting in partnerships that have helped to catalyze action on many health equity issues.

### 3. SELECTION OF CANADIAN ACTIVITIES

The *Rio Declaration* sets out actions to address health inequities in five thematic areas: governance for health and development, participation in policy processes, health sector reorientation, global governance and collaboration, and

#### **Key Public Health Milestones for Canada**

- **1974:** *A New Perspective on the Health of Canadians*. This report identified prevention as a priority and defined health as being about more than health care.
- **1978:** *Alma Ata Declaration*. Proposed health as a human right and called upon every nation to provide 'Health for All'.
- **1986:** *Achieving Health for All: A Framework for Health Promotion*. Recognized that promoting health implies a commitment to reducing health inequities.
- **1986:** *Ottawa Charter for Health Promotion*. A road map for pursuit of the *Alma Ata Declaration*.
- **1998:** Canadian cities begin to focus on health inequalities. Reports on health status and inequalities became fairly common.
- **2004:** Creation of the Public Health Agency of Canada.
- **2005:** Creation of National Collaborating Centres for Public Health as a way to translate research on public health into practice.
- **2008:** World Health Organization Commission on Social Determinants of Health report, *Closing the Gap in a Generation*.
- **2008:** *Addressing Health Inequalities*, the first report on the State of Public Health in Canada by the Chief Public Health Officer.
- **2009:** *A Healthy, Productive Canada: A Determinant of Health Approach*, a report by Senate Subcommittee on Population Health.
- **2010:** *Creating a Healthier Canada: Making Prevention a Priority – A Declaration on Prevention and Promotion*, signed by federal, provincial and territorial Ministers of Health and Health Promotion/Healthy Living.
- **2011:** *Rio Political Declaration on Social Determinants of Health*.



monitoring and accountability. There is a wide range of existing policies, programs and activities in Canada that are consistent with *Rio Declaration* commitments in each of these areas. This section briefly reviews some examples under each theme. Examples were selected to reflect some of the actions underway in different parts of Canada, at different levels (national, provincial/territorial, local), and to capture a few of the interventions or approaches for which there is evidence of their impact on social determinants of health and health inequalities.

## Adopt better governance for health and development

Commitments under this theme of the *Rio Declaration* point to the need for governance approaches that are inclusive of diverse sectors and voices, and that ensure measurable results. Partnerships and engagement are important to building a broad foundation for action, along with research, monitoring, knowledge exchange and capacity building tools to support partner participation. Social protections, particularly for vulnerable populations, are also emphasized.

### Health Impact Assessment (HIA) in Québec

HIA is a tool to systemically evaluate the potential effects of a policy or program on the health of a population and the distribution of these effects across the population. HIA can identify how a proposed policy promotes health or creates health risks, as well as possible positive or negative impacts on health equity.

The use of HIA is growing in Canada. Organizations like the National Collaborating Centre on Healthy Public Policy and the Canadian Public Health Association are testing the application of HIA, evaluating its potential, and developing tools that examine local health impacts. The most comprehensive action on HIA in Canada is within the province of Québec. The Québec Ministry of Health and Social Services has institutionalized the practice of HIA for all government actions anticipated to affect health. This innovative approach is supported by legislation in Québec<sup>2</sup> that empowers the Minister to proactively provide advice to other departments to ensure that the health and welfare of the population are considered in their policy initiatives.

### The Canadian Council on Social Determinants of Health (CCSDH)

The CCSDH is an intersectoral forum that provides advice to the Public Health Agency of Canada on implementing the *Rio Declaration*. This includes planning, monitoring and reporting, as well as facilitating collaborative action on social determinants of health by leveraging member networks and targeted intersectoral initiatives. The CCSDH grew out of the Canadian Reference Group on Social Determinants of Health, which was originally established to inform Canada's contribution to the World Health Organization (WHO) Commission on Social Determinants of Health. Recognizing the continued value of a diverse, partnership-driven group to address health determinants, the Public

<sup>2</sup> Loi sur la santé publique (Public Health Act).

Health Agency of Canada and Canadian Reference Group members worked together to update the mandate and activities in 2012. Current CCSDH members represent sectors across various levels of government, civil society, Aboriginal peoples, labour, and academia. Members are selected in part to provide access to their diverse national networks in order to facilitate rapid and broad dissemination of CCSDH information and materials.

## Promote participation in policy-making and implementation

Under this theme, the *Rio Declaration* speaks to the need for accessible and transparent decision-making at all levels of health and health governance. This includes empowering individuals, communities and civil society to engage in policy processes, promoting mechanisms to support participation, and sharing information about effective practices. Particular attention is given to the participation of Indigenous populations, and the importance of fostering participation in developing countries.

### **Tripartite Framework Agreement on First Nations Health Governance in British Columbia**

Indigenous peoples in Canada tend to have poorer health than the general Canadian population, with shorter life expectancies, higher rates of many infectious and chronic diseases, and greater risk of socioeconomic disadvantage associated with poorer health. Improving the health of Indigenous peoples (First Nations, Inuit and Métis) is a key challenge for Canada.

In 2011, the Government of Canada, province of British Columbia (BC) and First Nations leaders signed the Tripartite Framework Agreement on First Nations Health Governance. The agreement creates a unique health governance structure to better support health for First Nations people in BC. This structure includes a new First Nations Health Authority that will plan, design, manage and deliver health programs for First Nations people in BC. The Health Authority will work with the provincial government to create a more integrated health care system that incorporates First Nations knowledge, values practices, and models of health and well-being to support culturally competent care. The governance model also includes the creation of a Health Directors Association to represent health directors and managers working in First Nations communities which will serve as an advisory body in research, policy and program planning.

### **Nunavut Social Development Council (NSDC)**

Established in 1999, Nunavut is the largest and newest territory in Canada. The majority of the population (about 80 percent) is Inuit. The formation of Nunavut was the largest Aboriginal land claim settlement in Canada to date, and is a significant contribution towards building self-determination for Inuit people. The territorial government operates by consensus, and is committed to reflecting the priorities, culture

and traditions of the Inuit. Support from the Nunavut Social Development Council (NSDC) is instrumental to this goal.

The NSDC is responsible for promoting the social and cultural development goals of Inuit. The NSDC works together with the territorial government in the design and implementation of social and cultural development policies and programs, and produces an annual report on the Status of Inuit Culture and Society. The NSDC is a part of Nunavut Tunngavik Incorporated (NTI), the organization tasked with ensuring that commitments made under the Nunavut Land Claims Agreement are carried out. The NTI's department of Social and Cultural Development is responsible for delivering on the mandate of the NSDC.

### **The Wellesley Institute**

The Wellesley Institute is a non-profit research and policy institute in the City of Toronto that focuses on advancing population health. The Institute seeks to drive change on social determinants of health through applied research, effective policy solutions, knowledge mobilization and innovation, and assisting communities to mobilize around health choices. Innovative projects such as the “Making the Connections” exhibit encourage visitors to think about the inter-connections between aspects of society that influence health – income, housing, education, food security, neighbourhood and sense of community. The Wellesley Institute is also supporting innovation in research methods. The Wellesley Urban Health Model captures the dynamic interaction between health and social determinants, and simulates alternative futures over a period of thirty years to increase understanding of which policy interventions will have the most impact on improving health outcomes.

## **Further reorient the health sector towards reducing health inequities**

The commitments under this theme of the *Rio Declaration* highlight the need for effective health and public health systems that address social determinants and health equity. This includes building capacity for partnerships and collaboration across all levels of government and all sectors. This theme emphasizes universal and equitable access to health care and disease prevention and health promotion services, secure health financing, and the importance of integrating equity as a priority in health systems in order to achieve health for all.

### **Integrating health equity into health systems**

Efforts to integrate equity into health systems are expanding in Canada. For example, public health standards in the provinces of Nova Scotia and Ontario require that health equity be considered in planning and managing services. In Nova Scotia, health equity and social justice are embedded as a foundational standard. All health units in Ontario are expected to describe how equity issues will be addressed in the delivery and outcomes of programs and services.

One health unit in Ontario that is a leader in integrating health equity into its activities is the Sudbury and District Health Unit (SDHU). To support the goal of reducing social inequities in health at the local level, the SDHU has created a ten year action plan organized around identified promising practices. Other activities include a health equity mapping project to assess SDHU activities within the context of health determinants and health equity and an exploration of inequities in health outcomes across Sudbury.

Some health jurisdictions are working to better integrate health equity into their health care systems. Alberta Health Services is the regional health authority with responsibility for health service delivery for the province of Alberta. This organization has a mandate, structure, and resources to support the integration of health equity perspectives at provincial, regional, and local levels. Alberta Health Services is well positioned to improve population level health outcomes of its 3.8 million residents by furthering the goal of reducing health inequities. Other Canadian provinces are implementing Health Equity Impact Assessments as a means of embedding health equity perspectives, such as Ontario (to support hospital planning) and Manitoba (to prioritize access to vaccines and parenting programs).

The Public Health Agency of Canada funds six National Collaborating Centres (NCCs) for Public Health, a unique model for translating research into practice. The centres are responsible for synthesizing, translating and sharing knowledge to make information more accessible for policy-makers, program managers and practitioners. Specific areas for focus for NCCs include Aboriginal Health, Determinants of Health and Healthy Public Policy.

### Frontline Health

The Frontline Health: Beyond Health Care initiative is being implemented by the Canadian Public Health Association (CPHA). This initiative aims to mobilize and equip the public health community and the general public to implement innovative initiatives to improve health and address health equity through the social determinants of health. Using a web based platform, it facilitates the exchange of real-life experiences, tools and resources about initiatives implemented by communities and their health and social service organizations. These experiences are drawn from sites across Canada, touching on a wide range of social determinants of health-related issues. This initiative is a partnership between the CPHA and a private sector organization<sup>3</sup>.

## Strengthen global governance and collaboration

Within this theme, *Rio Declaration* commitments speak to the need for international cooperation to achieve both health and development goals. This includes support for social protection floors, employment protections, capacity building, and fostering cooperation between nations. The continued role of the WHO in global governance is

<sup>3</sup> Frontline Health receives funding from AstraZeneca Canada.

recognized, particularly with respect to promoting alignment across UN agencies and commitments.

### **United Nations Declaration on Non-Communicable Disease Prevention and Control**

Canada recognizes that adequately addressing the risk factors for non-communicable diseases (NCD) and securing effective prevention and control needs to include efforts from sectors beyond health. This requires the active participation and leadership of individuals and communities, non-governmental organizations, researchers, educators, industry and employers, health care providers, governments and the international community. To this end, Canada supports the need for collaborative and intersectoral approaches to address health inequalities and social determinants of health.

In support of commitments in the NCD Declaration, the Public Health Agency of Canada is advancing new funding models focused on achieving demonstrable results and building strategic partnerships, in particular with the private sector. Funded projects will develop innovative and integrated approaches to promoting healthy living, preventing chronic disease and addressing common risk factors, including specific strategies to address priority issues of diabetes, cancer, cardiovascular disease and tobacco. Initiatives are required to include multi-sectoral partnerships and have potential to be scaled-up into other parts of Canada.

## **Monitor progress and increase accountability**

This theme of the *Rio Declaration* recognizes that documenting progress in addressing social determinants of health requires effective monitoring and reporting. Commitments under this theme call for establishing or strengthening monitoring systems, developing evidence-based indicators, promoting research, sharing methods and results, and increasing the accessibility of monitoring and reporting tools. This includes using intersectoral mechanisms like Health in All Policies to increase collective accountability for health and social outcomes.

### **Saskatoon Public Health Observatory**

The Saskatoon Public Health Observatory (PHO) in the province of Saskatchewan is a leader in Canada on implementing an integrated approach to monitoring public health outcomes and health inequalities. The PHO links surveillance, research, knowledge translation and dissemination activities to present to governments, practitioners, civil society organizations and the general public a comprehensive understanding of the health status of Saskatoon residents. The PHO supports the collection and dissemination of evidence-based findings to mobilize action, inform policy development, support decision-making and influence service delivery. It also makes available meaningful, comparative local data to help advance local health priorities, and has become a strong and respected independent source of information.



### Intervention research: testing what works

In 2012, the Canadian Institutes of Health Research (CIHR) announced the Pathways to Health Equity for Aboriginal Peoples initiative. This initiative supports research on ways to implement and scale up interventions and programs that will improve health equity across diverse Aboriginal communities. The Pathways initiative focuses on four specific areas identified as priorities by Aboriginal communities, federal and provincial/territorial governments: suicide prevention, tuberculosis, oral health and diabetes. Along with partners, CIHR's Institute of Population and Public Health also funds population health intervention research to promote health and health equity. Eleven projects have been funded for five years across Canada.

The Public Health Agency of Canada funds the Innovation Strategy, a program that supports community-led intervention research projects that apply proven and promising population health interventions. Projects not only assess the outcomes of the funded intervention, but also the context-specific factors that contribute to successful implementation and the impact of the intervention on complex public health issues. Projects must address healthy weights and mental health promotion, and are required to include health equity and sex and gender based analysis in the project design. The Innovation Strategy projects focus on children, youth and families.

## 4. ADVANCING CANADA'S PLEDGE TO THE *RIO DECLARATION*

Canada has made significant progress in addressing health inequalities and building a healthier population, as evidenced by general improvements in life expectancy, mortality rates, and other measures. However, many health inequalities still remain, indicating that more work is needed. Canadians with lower incomes are more likely to experience health inequalities, including lone parents and their children, Aboriginal peoples living on and off reserves and persons with disabilities. People living in Canada's highest income urban neighbourhoods live an average of three years longer than those in the lowest income neighbourhoods. Residents of rural and remote communities also disproportionately face health inequalities, including in access to health services. Infant mortality rates are thirty per cent higher in rural areas compared to the national average.

The persistently poorer health of many populations in Canada, including Aboriginal peoples and children living in disadvantaged conditions, is a pressing challenge. Canada's health systems and institutional structures could better address health inequalities and social determinants of health, including supporting practitioners to recognize and understand what can be done to address these issues. Stronger connections could be established across local, provincial/ territorial and federal health and social infrastructure to better leverage action and support collaboration on shared priorities. This includes developing improved monitoring and evaluation approaches that permit reporting on diverse outcomes across sectors. Further learning on what

works in particular contexts and for particular populations is also needed, as well as ways in which successful initiatives can be scaled-up to create broader action on social determinants of health and health inequalities.

Canada will continue to invest in existing evidence-based health and social supports, while also exploring the potential for new and innovative solutions. Some specific areas of planned focus aligned with the *Rio Declaration* are outlined below:

- The Public Health Agency of Canada, Statistics Canada and the Canadian Population Health Initiative of the Canadian Institute for Health Information are working together to draft a pan-Canadian report to monitor action on health inequalities. The first report will provide a baseline for tracking progress on health inequalities over time, based on a set of core indicators.
- The Canadian Institutes of Health Research have included health inequities faced by Aboriginal peoples and other vulnerable populations in their strategic plan as a cross-cutting health research priority. This commitment will help to pave the way future investments in research to better understand and address health equity in Canada.
- Following the example in the province of British Columbia with the Tripartite Framework Agreement, Aboriginal leaders and Canadian governments are exploring opportunities for implementing a new approach to First Nations health governance in other jurisdictions to extend control over the design and delivery of health services to more Aboriginal peoples.

Canada has and will continue to support the WHO in its work on social determinants of health. All United Nations Member States that endorsed the *Rio Political Declaration on Social Determinants of Health* committed to report to the WHO on progress towards implementing *Rio Declaration* commitments in 2015. While the specific nature of Member State reporting is to be determined, Canada is considering options for leveraging this global reporting commitment to identify opportunities for action at home and abroad. Canada is also interested in promoting an exchange of learnings from the reporting process between Member States. Canada looks forward to future opportunities to review actions taken to reduce health inequalities and address social determinants of health.

## 5. MOVING FORWARD

Progress has been made in Canada on addressing social determinants of health and health inequalities, and there is clear momentum for this action to continue. Governments, communities, civil society and others will continue to work together to build bridges and create connections between promising approaches in different parts of the country, in different sectors, led by different organizations. Through these efforts, we will be better able to share knowledge and lessons learned to foster stronger cooperation and collaboration.



## APPENDIX A – SUMMARY OF SELECTED CANADIAN EXAMPLES

<i>Rio Declaration</i> Article	Canadian Example
<p><b>11. Adopt better governance for health and development</b></p> <p>Commitments under this theme of the <i>Rio Declaration</i> highlight the need for governance approaches that are inclusive of diverse sectors and voices, and that ensure measurable results. Partnerships and engagement are important to building a broad foundation for action, along with research, monitoring, knowledge exchange and capacity building tools to support partner participation. Social protections, particularly for vulnerable populations, are also emphasized.</p>	<p><b>Health Impact Assessment in Québec</b>  <a href="https://www.inspq.qc.ca/pdf/publications/1482_EIS_GuidesOutils_VA.pdf">https://www.inspq.qc.ca/pdf/publications/1482_EIS_GuidesOutils_VA.pdf</a></p> <p><b>The Canadian Council on Social Determinants of Health</b>  <a href="http://www.phac-aspc.gc.ca/sdh-dss/crg-grc-eng.php">http://www.phac-aspc.gc.ca/sdh-dss/crg-grc-eng.php</a></p>
<p><b>12. Promote participation in policy-making and implementation</b></p> <p>This theme speaks to the need for accessible and transparent decision-making at all levels of health and health governance. This includes empowering individuals, communities and civil society to engage in policy processes, promoting mechanisms to support participation, and sharing information about effective practices. Particular attention is given to the participation of Indigenous populations, and the importance of fostering participation in developing countries.</p>	<p><b>Tripartite Framework Agreement on First Nations Health Governance in British Columbia</b>  <a href="http://www.gov.bc.ca/arr/social/down/transformativ_change_accord.pdf">http://www.gov.bc.ca/arr/social/down/transformativ_change_accord.pdf</a></p> <p><b>Nunavut Social Development Council (NSDC)</b>  <a href="http://www.tunngavik.com/files/2012/11/2010-11-SICS-Annual-Report-Eng.pdf">http://www.tunngavik.com/files/2012/11/2010-11-SICS-Annual-Report-Eng.pdf</a></p> <p><b>The Wellesley Institute</b>  <a href="http://www.wellesleyinstitute.com/our-work/research-methods-tools/systems-thinking/wellesley-urban-health-model/">http://www.wellesleyinstitute.com/our-work/research-methods-tools/systems-thinking/wellesley-urban-health-model/</a></p>

<b><i>Rio Declaration</i> Article</b>	<b>Canadian Example</b>
<p><b>13. Further reorient the health sector towards reducing health inequities</b></p> <p>The commitments under this theme of the <i>Rio Declaration</i> highlight the need for effective health and public health systems that address social determinants and health equity. This includes building capacity for partnerships and collaboration across all levels of government and all sectors.</p> <p>This section emphasizes universal and equitable access to health care and health prevention/promotion services, secure health financing, and the importance of integrating equity as a priority in health systems in order to achieve health for all.</p>	<p><b>Integrating Health Equity Into Health Systems</b></p> <ul style="list-style-type: none"> <li>• Nova Scotia Health Equity <a href="http://www.gov.ns.ca/hpp/yourmove/Public_Health_Standards_EN.pdf">http://www.gov.ns.ca/hpp/yourmove/Public_Health_Standards_EN.pdf</a></li> <li>• Sudbury and District Health Unit (SDHU) <a href="http://www.sdhu.com/content/healthy_living/folder.asp?folder=3225&amp;lang=0">http://www.sdhu.com/content/healthy_living/folder.asp?folder=3225&amp;lang=0</a></li> <li>• Alberta Health Services <a href="http://www.albertahealthservices.ca/poph/hi-poph-surv-shsa-tpgwg-glossary-methods.pdf">http://www.albertahealthservices.ca/poph/hi-poph-surv-shsa-tpgwg-glossary-methods.pdf</a></li> <li>• National Collaborating Centres on Public Health <a href="http://www.phac-aspc.gc.ca/php-ppsp/ncc-eng.php">http://www.phac-aspc.gc.ca/php-ppsp/ncc-eng.php</a></li> <li>• Frontline Health <a href="http://www.cpha.ca/en/programs/social-determinants/frontlinehealth.aspx">http://www.cpha.ca/en/programs/social-determinants/frontlinehealth.aspx</a></li> </ul>
<p><b>14. Strengthen global governance and collaboration</b></p> <p>Within this theme, <i>Rio Declaration</i> commitments speak to the need for international cooperation to achieve both health and development goals. This includes support for social protection floors, employment protections, capacity building, and fostering cooperation between nations.</p> <p>The continued role of the WHO in global governance is recognized, particularly with respect to promoting alignment across UN agencies and commitments.</p>	<p><b>United Nations Declaration on Non-Communicable Disease Prevention and Control</b> <a href="http://www.who.int/nmh/events/2013/revised_draft_ncd_action_plan.pdf">http://www.who.int/nmh/events/2013/revised_draft_ncd_action_plan.pdf</a></p>

<i><b>Rio Declaration Article</b></i>	<b>Canadian Example</b>
<p><b>15. Monitor progress and increase accountability</b></p> <p>This section of the <i>Rio Declaration</i> recognizes that documenting progress in addressing social determinants of health requires effective monitoring and reporting. As such, it calls for establishing or strengthening monitoring systems, developing evidence-based indicators, promoting research, sharing methods and results, and increasing the accessibility of monitoring and reporting tools. This includes using intersectoral mechanisms like Health in All Policies to increase collective accountability for health and social outcomes.</p>	<p><b>Saskatoon Public Health Observatory</b>  <a href="http://www.saskatoonhealthregion.ca/your_health/ps_public_health_pho_about.htm">www.saskatoonhealthregion.ca/your_health/ps_public_health_pho_about.htm</a></p> <p><b>Intervention research: testing what works</b></p> <ul style="list-style-type: none"> <li>• Canadian Institutes of Health Research (CIHR) Pathways to Health Equity for Aboriginal Peoples initiative.  <a href="http://www.cihr-irsc.gc.ca/e/45406.html">http://www.cihr-irsc.gc.ca/e/45406.html</a></li> <li>• Innovation Strategy, Public Health Agency of Canada  <a href="http://www.phac-aspc.gc.ca/ph-sp/fund-fonds/index-eng.php">http://www.phac-aspc.gc.ca/ph-sp/fund-fonds/index-eng.php</a></li> </ul>

## REFERENCES

Chief Public Health Officer (CPHO) of Canada. Report on the State of Public Health in Canada: Influencing Health – The Importance of Sex and Gender. Ottawa: Public Health Agency of Canada, 2012. Available from: <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2012/index-eng.php>

Chief Public Health Officer (CPHO) of Canada. Report on the State of Public Health in Canada : Addressing Health Inequalities. Ottawa: Public Health Agency of Canada, 2008. Available from: <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2008/fr-rc/pdf/CPHO-Report-e.pdf>.

Creating a Healthier Canada: Making Prevention a Priority - A Declaration on Prevention and Promotion from Canada's Ministers of Health and Health Promotion/Healthy Living. Ottawa, 2010. Available from: <http://www.phac-aspc.gc.ca/hpps/hl-mvs/declaration/pdf/dpp-eng.pdf>.

Public Health Agency of Canada. Reducing Health Inequalities: A Challenge For Our Times, 2011. Available from: [http://publications.gc.ca/collections/collection\\_2012/aspc-phac/HP35-22-2011-eng.pdf](http://publications.gc.ca/collections/collection_2012/aspc-phac/HP35-22-2011-eng.pdf).

Senate Subcommittee on Population Health. A healthy, productive Canada: A determinant of health approach, 2009. Available from: <http://www.parl.gc.ca/Content/SEN/Committee/402/popu/rep/rephealth1jun09-e.pdf>.

World Health Organization. Rio Political Declaration on Social Determinants of Health, 2011. Available from: [http://www.who.int/sdhconference/declaration/Rio\\_political\\_declaration.pdf](http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf)