AGENCY PLAN TO ADVANCE HEALTH EQUITY (2013-2016)

"A society is only as healthy
as the least healthy among us."

- The Chief Public Health Officer's Report on the State of Public Health in Canada, 2008

Public Health Agency of Canada

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Executive Summary

In 2011, Canada endorsed the Rio Political Declaration on Social Determinants of Health, ("Rio Declaration") which calls upon nations to measure, understand and reduce health inequities through action on the social determinants of health and assess the impact of those initiatives. The Rio Declaration complements domestic commitments made by federal, provincial and territorial Ministers of Health and provides a global benchmark and framework for action to build on efforts already underway in the Agency.

The *Agency Plan to Advance Health Equity* (the "Plan") outlines the Agency's role in advancing health equity in the context of these commitments, and lays out a road map to achieve specific results over the next three year period (2013-2016). The Plan contributes to Agency action on key corporate risks such as Aboriginal and Northern health inequalities. The proposed areas of emphasis will optimize the impact of current investments and lay the foundation for a sustained, embedded health equity orientation in the future.

This Plan's overarching Goal is that "the Agency contributes more effectively to reducing health inequalities, empowering all Canadians to achieve optimal health", to be realized through focussed action on these three priorities:

- *Use and Strengthen Evidence Base*: Enable consistent collection, robust analysis, and systematic reporting on social determinants of health (SDH) and health inequalities;
- *Build Agency Capacity*: Accelerate the Agency's uptake of health equity considerations by promoting their integration into Agency programs, policies and processes;
- *Engage and Leverage*: Purposefully engage to align and leverage actions within and beyond the health sector to address factors and conditions which underpin health inequalities.

Tangible progress towards the Goal will be visible over the medium-term, when:

- Systematic monitoring and reports on social, economic and geographic variables are available to inform decision-making;
- Agency processes facilitate consideration of health equity in policies and programs e.g. surveillance, science, solicitations for grants and contributions;
- Agency staff actively integrate health equity considerations into policy and programs;
- Policy priorities and programs are informed by health equity considerations;
- Program interventions address underlying causes, where feasible; and
- Strategic partnerships facilitate aligned action on social determinants of health.

These achievements will result in the Agency contributing more effectively to reducing health inequalities, while contributing to the reduction of corporate risks and fulfillment of domestic and international commitments. In the longer term, the Agency will enhance its contributions to empowering all Canadians to achieve optimal health.

The 'Placemat' (Appendix A) provides an at-a-glance overview of the main elements of the Plan, illustrating how the medium-term outcomes will be realized through action on the three Priorities, each of which includes Key Activity Areas which frame the development of specific projects and initiatives. Examples of specific activities to be

undertaken include producing a baseline Pan-Canadian Report on Health Inequalities, integrating health equity considerations into G & C procedures, and documenting integrated approaches to mapping local health and social data through the Canadian Council for Social Determinants of Health.

The Plan is supported by a detailed Implementation Workplan (Appendix C) that identifies the key activities, deliverables, and timelines including a responsible lead and key partners for each activity. While all Agency staff and management will have a critical role to play in implementing the Plan, certain Centres and Directorates lead specific components of the Workplan. The Social Determinants and Science Integration Directorate is the Agency focal point for health equity and will be an enabling resource to others in the Agency in the fulfillment of the Plan. Progress against this Plan will be monitored and reported on an annual basis.

1.0 Introduction

A commitment to health inequalities reduction has been integral to the Public Health Agency of Canada ("the Agency") since its launch in 2004, as seen in the health inequalities focus of the inaugural 2008 Annual Report of the Chief Public Health Officer of Canada[1]. A recent development provides a springboard to refresh and articulate the Agency's approach to health equity: Canada's endorsement of the 2011 Rio Political Declaration on Social Determinants of Health[2], ("Rio Declaration"; "SDH") which guides World Health Organisation member states on addressing SDH and health inequalities.

The Agency Plan to Advance Health Equity (the "Plan") outlines the Agency's role in advancing health equity in the context of that pledge, and lays out a road map to achieve specific results over the next three year period (2013-2016). The Plan capitalizes on the post-Budget 2012 Agency transformation activities and provides guidance on how to integrate health equity considerations in the planning, alignment and delivery of its programs and policies to more strongly contribute to the reduction of health inequalities. It focuses on the building blocks that will enable more effective action on Agency priority files and on mobilizing others to act on key levers that affect health equity. This Plan describes how to marshal and accelerate current efforts so that health equity considerations are more sustainably embedded in the Agency's culture and practice. It will also ensure that equity analyses inform the Agency's work on key priorities.

Health inequalities refer to differences in health status experienced by different groups in society. These can be the result of genetic and biological factors, choices made or by chance, but often they are because of unequal access to key factors that influence health like income, education, employment and social supports.

Health equity refers to the absence of unfair or avoidable or remediable differences in health among populations or groups defined socially, economically, demographically or geographically.

2.0 Rationale for Agency Plan to Advance Health Equity

2.1 Health equity matters

Differences in social, economic and cultural position are known to influence exposure to health hazards and vulnerabilities to health risks. They also affect individuals' abilities and opportunities to make healthy choices and their access to appropriate services and supports. These differences and their determinants have a significant impact on health outcomes, resulting in health inequalities.

Health inequalities exist for many populations in Canada. For example:

- *People living on low-income:* In 2001, people living in Canada's highest income urban neighbourhoods lived an average of three years longer than those in the lowest income neighbourhoods[3].
- *Rural residents:* More than 57% of rural Canadians aged 20 to 64 report being overweight or obese compared to 47% of their urban counterparts[4].
- *Women and men:* Women are more than twice as likely as men to report suffering from depression[5], however four out of five suicides are completed by men[6].
- *Aboriginal and Northern peoples:* Nearly one in five adults from First Nations communities has been diagnosed with diabetes—four times the rate of the general population[7]. Infant mortality rates among Aboriginal peoples and those living in Canada's northern communities are twice as high as the national average[8]. Aboriginal peoples are four times more likely to be living in crowded housing than non-Aboriginal Canadians[9]. Crowded living conditions affect the spread of tuberculosis (TB), and some members of Aboriginal and Northern populations continue to show a substantially higher incidence of TB compared with the Canadian-born non-Aboriginal population.[10]

Health inequalities affect more than the individuals involved. They also carry significant direct and indirect costs to society, such as reduced productivity in the workplace and high levels of health care utilization[11].

2.2 Something can be done

Experiences in Canada and elsewhere demonstrate that health inequalities can be reduced through programs and policies both within and outside the health sector[12]. Applying a deliberate focus on health equity can deliver concrete results across a wide range of public health activities and entry points: at the individual level (mitigating specific health outcomes and their consequences), population or contextual level (to reduce population vulnerabilities or improve social or physical environments), or the societal level (influencing the socio-economic context and position)[13]. The following examples show how health equity can add value at different entry points:

- During the 2009 H1N1 pandemic, close federal collaboration with provinces and territories resulted in a set of vaccine distribution priorities so that those who would benefit most would be the first to receive the influenza vaccine once it became available. Remote and isolated populations were among those given priority, to mitigate the limited access to health services for those affected by illness in these areas.[14]
- A quantitative evaluation of the Agency's Canadian Prenatal Nutrition Program ("CPNP") found that the program successfully reached the target group (women with socio-economic risk factors), and that active participants were more likely to make positive changes to their health practices than those who participated less often, with measurable differences in smoking cessation and breastfeeding for example. Moreover, infants born to actively participating women were less likely to have low birth weights or be pre-term.[15]

Conversely, there is also a risk that well-meaning actions could inadvertently increase health inequalities if differences are not taken into account. For example, a mass media campaign for the general population might be taken up more readily by those who are already more healthy and of higher socio-economic status, thus potentially increasing the health gap. A health equity approach is therefore important to mitigate the risk of potential unintended consequences that could arise from programs and policies that do not take an equity perspective.

> "Health inequities arise from the societal conditions in which people are born, grow, live, work and age, referred to as social determinants of health. These include early years' experiences, education, economic status, employment and decent work, housing and environment, and effective systems of preventing and treating ill health. We are convinced that action on these determinants, both for vulnerable groups and the entire population, is essential to create inclusive, equitable, economically productive and healthy societies."
>
> - Rio Political Declaration on the Social Determinants of Health, 2011[16]

2.3 Canada is committed to advancing health equity

The Agency's authority and legitimacy to act to reduce health inequalities is drawn from legislation, policy and program authorities, and pan-Canadian commitments. It is reflected in Agency documents and Ministerial decisions.

The *Department of Health Act* and the *Public Health Agency of Canada Act* provide legislative authority for the Agency to undertake activities relating to the promotion and preservation of the health of the people of Canada. Government of Canada policy authorities for programs such as the Promotion of Population Health and the Integrated Strategy on Healthy Living and Chronic Disease include reduction of health inequalities as a stated goal. As well, consistent with a health equity perspective, the current federal approach for operationalizing the 2009 Departmental Action Plan on Gender-based Analysis[17] includes consideration of factors in addition to gender such as age, education, language, geography, culture and income.

In the national context, health inequality reduction is a key element of recent public Pan-Canadian commitments including *Creating a Healthier Canada: Making Prevention a Priority - A Declaration on Prevention and Promotion* and *Curbing Childhood Obesity: A Federal-Provincial-Territorial Framework for Action to Promote Healthy Weights*[18]. In the international context, the Minister of Health approved a negotiating mandate for Canada's participation in the 2011 World Conference on Social Determinants of Health. The Conference resulted in the *Rio Political Declaration on Social Determinants of Health* ("Rio Declaration"), which calls upon nations to measure, understand and reduce health inequities through action on the social determinants of health. The Rio Declaration was endorsed by Canada and other World Health Organisation member states in May 2012 at the World Health Assembly[19]. It provides a global benchmark and framework for action to build on efforts already underway in the Agency.

Five key action areas to address health inequities:

"…the representatives of Governments, will strive individually and collectively to develop and support policies, strategies, programmes and action plans, which address social determinants of health" through action in five key action areas:

1. adopt better governance for health and development;
2. promote participation in policy-making and implementation;
3. further reorient the health sector towards reducing health inequities;
4. monitor progress and increase accountability;
5. strengthen global governance and collaboration.

- the Rio Political Declaration on Social Determinants of Health, 2011[20]

2.4 Health equity at the Agency

The Agency's actions are driven by the population health approach, which strives to maintain and improve the health status of the entire population and reduce inequities in health status between population groups. This approach can apply to all of the six key federal public health activity areas of health protection, health surveillance, disease and injury prevention, population health assessment, health promotion, and emergency preparedness and response[21]. In the Agency's 2012-2013 Report on Plans and Priorities, "reduced health inequalities" is one of its strategic outcomes and organizational priorities. Its draft *Strategic Horizons 2013-2018* also includes these interests (see box below).

"The Agency will focus on advancing a number of key priorities under the following strategic directions over the next five years:

- Leadership on health promotion and disease prevention
- Strengthened public health capacity and science leadership
- Enhanced public health security
- Excellence and innovation in management"

"A population health approach and equity analysis will be used systematically in planning the specific focus of these key priorities. By providing a stronger evidence base for taking on important health issues and their determinants, the Agency works to improve population health and well-being and reduce health inequalities. Application of these approaches will include assessing how health status varies across populations and understanding how the determinants of health have direct and indirect consequences on health outcomes."

- **Public Health Agency of Canada - Strategic Horizons 2013-2018**

The Agency has been making progress towards more systematic approaches to understanding and addressing health inequalities in recent years. Key accomplishments include profiling health inequalities as the focus of the 2008 CPHO Annual Report; establishing the Innovation Strategy as a program to develop, adapt, implement and evaluate promising population health interventions; and advancing internal practices in gender based analysis (e.g. by improving sex and gender-based analyses in Cabinet submissions). While these achievements represent important steps forward, much more remains to be done. Further focussed efforts would build on existing strengths and provide greater consistency in approach. Currently, reporting on health inequalities is not always consistent, staff knowledge and skills may be limited on how to address health inequity in practice, health equity is not always visible in policy and program development, and opportunities to engage other sectors are not routinely explored.

Articulating the Agency's Plan at this juncture provides opportunities to integrate within the post Budget 2012[22] Agency transformation activities, e.g. strengthening surveillance, modernizing grants and contributions, and strengthening science capacity and the science-policy interface. A health equity approach also facilitates optimal progress on Government and Agency priorities such as tuberculosis in Aboriginal and Northern communities, and healthy weights, for example by directing limited resources to those who can most benefit.

3.0 Plan overview

This Plan is driven by one overarching Goal and guided by a set of Principles. The Goal is to be realized through action on three Priorities that address evidence, capacity, and engagement. Each Priority includes Key Activity Areas which provide the framework for development of specific projects and initiatives. More detailed activities and deliverables over the three-year period are described in the more comprehensive Implementation Workplan (Table 1). The expected outcomes are described following the Workplan.

The Plan is premised on recognition that it is not feasible to undertake activity on all five Rio Declaration key action areas at once, and that focus and prioritization are needed to demonstrate concrete progress. The Plan's Priorities align with three of the five broad recommendations of the Rio Declaration as well as federal, federal/provincial/territorial, and Agency priorities. By capitalizing on current opportunities and drivers in this way, the Plan can maximize impact in the Canadian context. The Plan will contribute to Agency action on key corporate risks such as Aboriginal and Northern health inequalities. The proposed areas of emphasis will optimize the impact of current investments and lay the foundation for a sustained, embedded health equity orientation in the future.

3.1 Goal

The Goal of this Plan is:

"The Agency contributes more effectively to reducing health inequalities, empowering all Canadians to achieve optimal health"

3.2 Principles

The Plan is guided by three overarching principles, as follows:

Principles	As demonstrated by
Exemplary	• emphasis on integrating health equity into Agency actions to model best practices through focus on levers within the Agency's control and influence
Focussed	• focus on building foundations to support medium-/long-term sustainable outcomes, while adding timely value to current actions on Agency and federal priorities.
Collaborative	• selective engagement within and outside the Agency to advance a common purpose and achieve mutual benefits.

3.3 Plan Priorities and Key Activity Areas

This section describes each Priority and its Key Activity Areas. Appendix A is a "placemat" that illustrates the main components of the Plan in an at-a-glance format.

Priority 1: USE AND STRENGTHEN EVIDENCE BASE:
Enable consistent collection, robust analysis, and regular reporting on health inequalities and key determinants of health

A strong evidence base is fundamental to inform decision-making and enable the Agency to access and share more consistent and detailed information on the scale and scope of the problem (i.e. who is at risk and why, and what is known about how to intervene). The Public Health Network *Indicators of Health Inequalities* report will provide the foundation for systematic monitoring and reporting, to enable future tracking of trends and identification of emerging inequalities[23]. More robust qualitative and quantitative analytical approaches will enable and strengthen targeting of vulnerable populations in specific contexts (e.g. chronic disease prevention, emergencies, pandemics); understanding how certain factors and conditions affect health; and understanding how interventions affect different populations under different conditions. This Priority aligns closely with Key Action Area 4 of the Rio Declaration.

Key Activity Areas:

This Priority will be achieved by activities designed to:

a) Collaborate with key actors so that Canada is able to report regularly on health inequalities;
b) Identify opportunities to strengthen qualitative and quantitative data collection and analysis (e.g.

population health assessment);
c) Develop standards to enhance quality of scientific evidence; and
d) Produce analyses relevant to Agency priorities and emerging inequity issues.

Priority 2: BUILD AGENCY CAPACITY: Accelerate the Agency's uptake of health equity considerations by promoting their integration into Agency programs, policies and processes

For health equity to become embedded in the norms of the Agency, the institutional environment must actively support the practice and application of a health equity perspective. Activities under this Priority serve both current and long-term interests: the former by building skills and resources applicable to current priorities, and the latter by creating supportive environments through inclusion of health equity considerations in key Agency support structures. This Priority will, in effect, ensure that the Agency has the skills and resources to effectively access, assess, and use the evidence base, and is routinely prompted to consider health equity in relevant activities. For example, developing criteria to better recognize promising health inequality reduction practices in the Canadian Best Practices Portal[24] will improve both internal and external access to knowledge about proven health equity interventions. This Priority aligns closely with Key Action Area 3 of the Rio Declaration.

Key Activity Areas:

This Priority will be achieved by activities designed to:
a) Integrate health equity into Agency programs, policies, and processes (e.g. science plans, grants and contributions standard operating procedures);
b) Develop and deliver Agency skill development opportunities and resources on how to apply health equity and SDH in practice;
c) Support development, testing and knowledge transfer of promising practices in health inequalities reduction.

Priority 3: ENGAGE AND LEVERAGE: Purposefully engage to align and leverage actions within and beyond the health sector to address factors and conditions which underpin health inequalities

This Plan focuses on health equity contributions the Agency can make that are within its own control, recognizing that the Agency needs to model best practices to influence others. However, it is also recognized that many of the policy levers to address the underlying determinants of health lie beyond the Agency's mandate, such as regulatory levers that can be effective in equalizing access. Furthermore, many underlying factors lie beyond the scope of the health sector altogether. For example, other sectors' efforts to create jobs, reduce community crime, and improve housing standards may be leveraged to improve health equity. The Agency thus has a role to play in influencing others in the health sector as well as federal and external actors in other sectors. This Priority aligns closely with Key Action Area 1 of the Rio Declaration.

The Canadian Council on Social Determinants of Health (CCSDH), an intersectoral group co-chaired by the Agency, will play a dual role in relation to this Plan: as a mechanism to leverage action on the social determinants of health through its member networks and targeted intersectoral initiatives; and second to advise the Agency on matters relating to the implementation of the Rio Declaration, including planning, monitoring and reporting. The latter role is discussed under Plan Governance and Reporting, below. See Appendix B for a one-page primer on the CCSDH.

Key Activity Areas:

This Priority will be achieved by activities to:

a) *Federal:* Engage select Departments to address factors and conditions underpinning Agency priorities, and bring health perspective to a non-health Government of Canada priority where health equity can be advanced;
b) *FPT:* Support consideration of health equity into the work of relevant Public Health Network Steering Committees and Working Groups;
c) *External:* Support CCSDH in its efforts to facilitate and leverage action relevant to the Rio Declaration.

The Agency will also continue its active contributions to global developments through the Pan-American Health Organisation / World Health Organisation. The Agency has already demonstrated global leadership in this area, having contributed to the WHO Commission on Social Determinants of Health[25] and the 2011 World Conference on Social Determinants of Health in Brazil[26].

3.4 Initial three-year workplan (2013-2016)

The Implementation Workplan outlines key activity areas, deliverables, and timelines to translate the Plan's Priorities into concrete actions and tangible deliverables. It identifies a responsible lead and key partners for each activity. While a number of additional partners will be involved in reviewing and providing feedback on each activity, only those partners involved in developing a given item are identified here. The Implementation Workplan is attached as Appendix C.

3.5 Outcomes

The following lists the expected outcomes that will demonstrate success of the Plan over the medium-term (2013-2016):

- Reports on health as relates to social, economic and geographic variables available to inform decision-making
- Agency staff and processes facilitate consideration of health equity in policies and programs

- Program interventions enabled to address underlying causes, where feasible Strategic partnerships facilitate aligned action on social determinants of health

Select examples of the expected achievements include:

PRIORITY	YEAR ONE	YEAR TWO	YEAR THREE
Use and strengthen evidence base	Evidence briefs prepared on key inequalities related to Agency priorities e.g., mental health promotion	Equity integrated into peer review process for scientific articles for Agency journals	Baseline Pan-Canadian Report on Health Inequalities produced
Build Agency capacity	Health equity considerations integrated into Agency G & C procedures within the G & C transformation process	Criteria developed and applied to recognize health inequality reduction practices to enhance Canadian Best Practices Portal content	Tailored training developed and delivered to various Agency audiences including scientists, policy analysts, managers, and Branch senior management committees
Engage and leverage	Select departments are engaged to align federal investments for prevention and control of tuberculosis in Northern and immigrant populations	Public Health Network Steering Committees and Working Groups enabled to apply health equity considerations	Assessment of health literacy supported as part of HRSD-led Programme for the International Assessment of Adult Competencies

These achievements will result in the Agency contributing more effectively to reducing health inequalities, while contributing to the reduction of corporate risks and fulfillment of domestic and international commitments. In the longer term, the Agency will enhance its contributions to empowering all Canadians to achieve optimal health.

Performance measures, the performance measurement approach, and collection of baseline data will be developed and refined during the first year of implementation.

4.0 Implementation Approach

4.1 Roles and responsibilities

While the Agency plays a leadership role, Canada's pledge to the Rio Declaration is not for the Agency to implement alone. Federally, the Agency will continue to support the Minister's efforts to champion health equity, and collaborate actively with its health portfolio partners, provincial/territorial counterparts, and key national stakeholders to promote alignment and synergistic action within the health sector.

Within the Agency itself, both corporate and program areas will have a role to play in moving this Plan forward. Senior management leadership is integral to its success and implementation, involving individual officials as well as Agency management/governance committees (e.g. Science, Policy, and Management Committee). The following describes the ongoing roles and responsibilities for advancing health equity within the Agency, in addition to any project-specific roles undertaken in the Implementation Workplan.

As Health Equity Champion, the Director-General of the Social Determinants and Science Integration Directorate (SDSID) acts as the Agency focal point for health equity support and resources. This includes being the Agency lead for the implementation of the Health Portfolio Sex and Gender Based Analysis Policy and for implementation of this Plan. As such, SDSID will:

- Be an enabling resource to others in the Agency in the fulfillment of their Plan responsibilities. It will offer advisory support, resources and training, and opportunities to partner on select files or projects;
- Allocate resources to supporting collaborative work with others in the Agency. Memoranda of Understanding may be used to formalize collaborative projects;
- Lead or support several of the specific activities in the Implementation Workplan;
- Be responsible for the performance management framework, ongoing monitoring of progress against the Plan, and reporting to governance bodies; and
- Act as Secretariat for the CCSDH and support the Associate Deputy Minister's co-chairmanship of that body.

Agency senior management (Deputy and Chief Public Health Officers; Associate and Assistant Deputy Ministers) will:

- Champion health equity through visible integration of health equity considerations in reports, speeches, policies and plans;
- Consider health equity impacts in decision-making;
- Set expectations for health equity and SGBA application for policy, program, and support units; and
- Demonstrate integrated leadership by co-Chairing the Canadian Council on SDH (Associate DM).

Directors General and management teams will:

- Support the practice of health equity and sex and gender-based analyses within their areas of responsibility. This includes:
    - Setting expectations for health equity and SGBA application on lead files;
    - Enabling and supporting equity analyses; and
    - Participating in identifying performance measures for this Plan and collecting relevant performance data.
- Consider health equity impacts in decision-making, for example by:
    - Applying health equity considerations to deliberations: performing a challenge function;
    - Requiring evidence of health equity in relevant business cases and documents; and
    - Contributing to Agency reporting on post-Rio Declaration progress to the World Health Assembly.

Agency staff will:

- Seek out and keep abreast of evidence relevant to health equity on their area of focus;
- Incorporate evidence of health equity analysis into relevant work products;
- Access and apply resources available to build relevant skills and knowledge;
- Provide feedback on their use and utility of health equity resources, for continuous improvement; and
- Support management in execution of their roles and responsibilities noted above.

The Public Affairs and Communications Branch will develop communications approaches for key priority activities of the Plan.

4.2 Plan governance and reporting

Progress against the Plan will be reported to the Science, Policy and Management Committee (SPMC) and Executive Committee annually, timed to complement the planning cycle, or more often as may be requested to report on elements of executive interest. Interim updates can be provided to a Tier 3 committee, if so directed by SPMC. In addition, the Chief Public Health Officer and Associate Deputy Minister will be kept informed through the mandated reports of progress on the Rio Declaration to the World Health Organisation in 2013 and 2015.

Progress will also be routinely reported in key corporate planning documents including the Reports on Plans and Priorities, Program Alignment Architecture, and Departmental Performance Reports. As noted above, CCSDH will also play an informal advisory role and bring an external perspective to the Agency's progress in contributing to the key action areas of the Rio Declaration.

5.0 Conclusion

As stated in the Rio Declaration: “Our common values and responsibilities towards humanity move us to fulfil our pledge to act on social determinants of health.”

This Plan has outlined how the Agency will, through a series of actions to be taken over the next three year period, make a significant contribution to fulfilment of Canada’s pledge. Moreover, these actions will help mitigate corporate risks such as Aboriginal and Northern health inequalities, optimize the impact of current investments, and contribute to empowering all Canadians to achieve optimal health.

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Appendix A

Agency Plan to Advance Health Equity – 2013-2016

GOAL: **The Agency contributes more effectively to reducing health inequalities, empowering all Canadians to achieve optimal health**

PRINCIPLES: **Exemplary - Focussed - Collaborative**

HEALTH EQUITY 2013

PRIORITIES

USE AND STRENGTHEN EVIDENCE BASE:

Enable consistent collection, robust analysis, and regular reporting on health inequalities and key determinants of health

BUILD AGENCY CAPACITY:

Accelerate the Agency's uptake of health equity considerations by promoting their integration in Agency programs, policies and processes

ENGAGE AND LEVERAGE:

Purposefully engage to align and leverage actions within and beyond the health sector to address factors and conditions which underpin health inequalities

KEY ACTIVITY AREAS

- Collaborate with key actors so that Canada is able to report regularly on health inequalities
- Identify opportunities to strengthen qualitative and quantitative data collection and analysis
- Develop standards to enhance quality of scientific evidence
- Produce analyses relevant to Agency priorities and emerging inequity issues

- Integrate health equity into Agency programs, policies, and processes (e.g. grants and contributions standard operating procedures)
- Develop and deliver Agency skill development opportunities and resources on how to apply health equity and social determinants of health in practice
- Support development, testing and knowledge transfer of promising practices in health inequalities reduction

- *Federal:* Engage select Departments to address factors and conditions underpinning Agency priorities, and bring health perspective to a non-health led GoC priority where health equity can be advanced
- *FPT:* Support consideration of health equity in the work of relevant Public Health Network Steering Committees and Working Groups
- *External:* Support the Canadian Council on Social Determinants of Health in its efforts to facilitate and leverage action relevant to the Rio Declaration

HEALTH EQUITY 2016

OUTCOMES

- Reports on health as relates to social, economic and geographic variables available to inform decision-making
- Agency staff and processes facilitate consideration of health equity in policies and programs
- Program interventions enabled to address underlying causes, where feasible
- Strategic partnerships facilitate aligned action on social determinants of health

GOVERNANCE / REPORTING: **Senior management oversight / CCSDH external advice / Global reporting**

THE CANADIAN COUNCIL ON SOCIAL DETERMINANTS OF HEALTH

Update as of May 2013

Context:

In 2005, the Public Health Agency of Canada established the Canadian Reference Group (CRG) on Social Determinants of Health to support Canada's participation in the World Health Organization (WHO) Commission on Social Determinants of Health and to outline Commission implications for Canada.

The Commission's report, *Closing the Gap in a Generation*, released in 2008, recognized that effectively working on the causes of health inequalities requires broad intersectoral engagement of policy-makers across government departments at all levels, civil society, Aboriginal Peoples, academic institutions, researchers, business, labour, and public and private sector employers.

Key Developments:

Following the publication of the Commission report, the CRG's mandate was renewed by the Agency in 2009. In its second phase, the CRG (Phase II) broadened its membership to include additional leaders from the public health sector and other key sectors. The CRG has been the only national-level multisectoral group focused on addressing the social determinants of health and health inequalities in Canada.

In 2011, the *Rio Political Declaration on Social Determinants of Health (Rio Declaration)* was adopted. In May 2012, the Declaration was subsequently ratified at the 65th World Health Assembly. WHO Member States, including Canada, committed to develop action plans to address commitments made in the *Rio Declaration*.

This global commitment to reduce health inequalities created an opportunity to strengthen the CRG's mandate by clearly anchoring it in the *Rio Declaration*. In September 2012, members endorsed a dual mandate for the CRG, renamed the Canadian Council on Social Determinants of Health (CCSDH) to: 1) to advise the Agency on matters relating to the implementation of the Rio Declaration, including planning, monitoring and reporting; and 2) to facilitate and leverage action on the social determinants of health through the member networks and targeted intersectoral initiatives. This dual mandate, and the fact that Associate Deputy Minister Krista Outhwaite co-chairs the group, distinguishes the CCSDH from other External Advisory Bodies supported by the Agency.

Appendix C: Implementation Workplan – Agency Plan to Advance Health Equity (2013-2016)

Activity Area	Description/Deliverable	Lead (Support)	Y1 (2013-2014)		Y2 (2014-2015)	Y3 (2015-2016)
Plan Priority 1: USE AND STRENGTHEN EVIDENCE BASE: Enable consistent collection, robust analysis, and regular reporting on health inequalities and key determinants of health						
a) Collaborate with key actors so that Canada is able to report regularly on health inequalities	SDSID - Produce a baseline Pan-Canadian Report on Health Inequalities in collaboration with Statistics Canada and CIHI, based on inequality indicators developed by PHN for release in 2015-16.	HPCDP: SDSID	X		**X**	**X**
	Develop a collaborative approach for regular reporting and related knowledge exchange. Future Reports on Health Inequalities to be produced every 5 years.	HPCDP: SDSID				**X**
	Contribute to baseline Pan-Canadian Report on Health Inequalities as part of ongoing work to track state of and trends in chronic diseases (with ability to disaggregate by sex, geography and demographic variables).	HPCDP: CCDP (SDSID)			**X**	
b) Identify opportunities to strengthen qualitative and quantitative data collection and analysis	Undertake an analysis to prioritize key data gaps identified in the PHN Indicators of Health Inequalities report	HPCDP: SDSID	X			**X**
	Based on key data gaps identified, identify opportunities to fill priority gaps (through alternate indicator, data source or collection) e.g., through development and implementation of Agency surveillance plan	Surveillance leads (SDSID)			**X**	**X**
	Support disaggregation of data in Agency	HPCDP: SDSID			**X**	

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Activity Area	Description/Deliverable	Lead (Support)	Y1 (2013-2014)		Y2 (2014-2015)	Y3 (2015-2016)
	reports to reveal inequalities across specified population groups and support further analysis to better understand observed differences					
	Test and analyze validated scale of experiences of discrimination in CCHS and report relationship between experiences of discrimination and healthy weights, mental health for key populations	HPCDP: SDSID			**X**	
	Explore opportunities to strengthen analysis of health inequalities through population health assessment	BTO (HPCDP: SDSID; EMRA:OPHP)				
c) Develop standards to enhance quality of scientific evidence	Develop standards related to health inequalities, sex and gender and relevant determinants of health for integration in Agency and Branches' science plans	HPCDP: SDSID	Q2			
	• Integrate standards in HPCDP Science Plan	HPCDP: SDSID	X		**X**	
	• Integrate standards in Agency Science Plan	HPCDP: SDSID	X		**X**	
	Integrate an equity assessment process for Agency peer review of research / science projects	HPCDP: SDSID (CSO)			**X**	
	Integrate an equity assessment process for peer review of scientific articles in Agency	HPCDP: SDSID				

Appendix C: Implementation Workplan – Agency Plan to Advance Health Equity (2013-2016)

Activity Area	Description/Deliverable	Lead (Support)	Y1 (2013-2014)		Y2 (2014-2015)	Y3 (2015-2016)
	journals (e.g. Chronic Diseases and Injuries in Canada)					
d) Produce analyses relevant to Agency priorities and emerging inequity issues	Prepare evidence briefs on key inequalities related to Agency priorities e.g., Key health equity considerations for Federal implementation of PHN-HPC plan on mental health Collaborative project related to tuberculosis in the foreign-born (e.g. populations at higher risk) Collaborative project related to human populations vulnerable to an issue at the interface between humans, animals and ecosystems (One Health).	HPCDP: CHP/SDSID IDPC: CMTHIR (IDPC:CCDIC; HPCDP: SDSID) IDPC: CFEZID (HPCDP:SDSID)	Q2		**X** **X** **X**	**X**
Plan Priority 2: BUILD AGENCY CAPACITY: Accelerate the Agency's uptake of health equity considerations by promoting their integration in Agency programs, policies and processes						
a) Integrate health equity into Agency programs, policies, and processes (e.g. grants and contributions standard operating procedures)	<u>Grants and Contributions</u> Within the Gs & Cs transformation process, integrate health equity considerations into Agency procedures prior to the Feb 2014 launch of the common Agency/HC/AANDC platform, where feasible. Develop materials and guides for potential inclusion in ISAs and proposal reviews e.g., Communicable Disease program descriptions	OCFO:CGC (HPCDP: SDSID) IDPC:CCDIC (HPCDP: SDSID)	Q3 Q3			

Appendix C: Implementation Workplan – Agency Plan to Advance Health Equity (2013-2016)

Activity Area	Description/Deliverable	Lead (Support)	Y1 (2013-2014)		Y2 (2014-2015)	Y3 (2015-2016)
	Support development and review of ISAs for Promotion of Population Health G&C programs for SGBA and other health equity considerations	HPCDP: SDSID (All Centres)	X		**X**	**X**
	To develop and subsequently apply an evaluation lens to assess health equity in Agency activities and programs, which would include issues related to sex and gender, Aboriginal and Northern populations and other inequalities as appropriate.	ED (HPCDP: SDSID)	X			
	<u>Policy</u> Support consistent consideration of health equity in policy work ups for the Agency (e.g., policy decks, policy diagnostics) and support related skill development	HPCDP: SDSID (SPIAD)				**X**
	Support health equity as well as sex and gender based analysis for the development of Cabinet and Treasury Board documents, as appropriate	HPCDP: SDSID (SPIAD)				**X**
	<u>Standards and Guidelines</u> Partner to support application of health equity, SGBA considerations into relevant practice standards and guidelines e.g., for STI, BBIs, pandemic planning	HPCDP: SDSID CCDIC, CIRID, (HPCDP: SDSID)	On-going X			**X**

Appendix C: Implementation Workplan – Agency Plan to Advance Health Equity (2013-2016)

Activity Area	Description/Deliverable	Lead (Support)	Y1 (2013-2014)		Y2 (2014-2015)	Y3 (2015-2016)
	<u>Communications</u> Develop a proactive communications approach to engage staff and external stakeholders including integration of health equity messaging into: • media communications products; • stakeholder communications; • internal communications products, supports, and events; • public web presence and outreach products	CPAB: PHD (HPCDP: SDSID)			**X**	**X**
b) Develop and deliver Agency skill development opportunities and resources on how to apply health equity and SDH in practice	Assess Agency learning needs related to health equity, SGBA and determinants of health, Aboriginal cultural safety Analyze results of NCCDH scan of E-Learning courses on SDH and health equity, and identify existing resources appropriate for Agency staff use. Provide tailored training to various Agency audiences including scientists, policy analysts, communications, managers, and Branch senior management committees	HPCDP: SDSID HPCDP: SDSID HPCDP: SDSID (CPAB: PHD)	Q2-3 Q3		**X**	**X** **X**
c) Support development, testing and knowledge transfer of promising practices in health inequalities reduction	Innovation Strategy – Identify effective practices in health inequalities reduction related to promotion of mental health and healthy weights	HPCDP: CHP (SDSID)	X		X	X

Appendix C: Implementation Workplan – Agency Plan to Advance Health Equity (2013-2016)

Activity Area	Description/Deliverable	Lead (Support)	Y1 (2013-2014)		Y2 (2014-2015)	Y3 (2015-2016)
	Develop and apply criteria to recognize proven and promising practices in health inequality reduction and action on SDH to enhance the Canadian Best Practices Portal content	HPCDP: CCDP (SDSID)	Q1-4		X	X
	Test methods and tools for usefulness in supporting health equity consideration, e.g. Review global lessons regarding promoting health through resource and economic development particularly among Indigenous peoples	HPCDP: SDSID (SPIAD: Northern Region)			X	
	Profile relevant research and evidence produced within and outside the Agency using Health Equity Champion awareness series and communication vehicles, HPCDP Science Seminar Series	HPCDP: SDSID (All Centres; CPAB: PHD)	On-going			
	Implement demonstration pilot to improve oral health status of Nunavut children age 0 -7.	COHAO	X		X	
Plan Priority 3: ENGAGE AND LEVERAGE: Purposefully engage to align and leverage actions within and beyond the health sector to address factors and conditions which underpin health inequalities						
a) Federal (Government of Canada)	Engage select Departments to address factors and conditions underpinning Agency priorities e.g., demonstrate opportunities to align federal investments to support prevention and control of TB in	IDPC:CCDIC (HPCDP: SDSID)	Q1			

Appendix C: Implementation Workplan – Agency Plan to Advance Health Equity (2013-2016)

Activity Area	Description/Deliverable	Lead (Support)	Y1 (2013-2014)		Y2 (2014-2015)	Y3 (2015-2016)
	Aboriginal, Northern and new immigrant populations Bring health perspective to a non-health led GOC priority where health equity can be advanced e.g., support assessment of health literacy as part of HRSD led Programme for the International Assessment of Adult Competencies Health and Social Outcomes report (oversampling for key vulnerable groups) e.g. Knowledge translation activities to disseminate and promote Agency/HRSDC Labour Program's collaborative report on best practices in employment-related HIV compassionate care (tbc).	HPCDP: SDSID IDPC:CCDIC (HPCDP: SDSID)	X			**X**
b) FPT (Provinces and Territories)	Support consideration of health equity into the work of relevant Public Health Network Steering Committees and Working Groups, and where appropriate, identify links where health equity considerations could inform the work of other Steering Committees and Task Groups. e.g., Support application of a health equity	HPCDP: SDSID	Q1		**X**	**X**

Appendix C: Implementation Workplan – Agency Plan to Advance Health Equity (2013-2016)

Activity Area	Description/Deliverable	Lead (Support)	Y1 (2013-2014)		Y2 (2014-2015)	Y3 (2015-2016)
	lens to the priority work of the Healthy People and Communities (HPC) Steering Committee by providing advice on health equity lens application and health equity implications of HPC workplan elements Conduct periodic scans of key actions related to health inequalities planning, reporting and interventions to address determinants of health	HPCDP: Regions (SDSID)	On-going			
c) External (Non-Government actors from health, social and private sectors)	Support the Canadian Council on Social Determinants of Health in its efforts to facilitate and leverage action relevant to the Rio Declaration, such as their initiatives to - Document and support integrated approaches to mapping health and social data to inform intersectoral action at local level (Rio #3) - Communicate key messages regarding determinants of health and health inequalities among respective networks - Conduct analyses which support intersectoral action to advance Agency and GOC priorities	HPCDP: SDSID	On-going Q2 Q2 On-going		**X**	**X**
d) Global actors	Support global efforts with WHO and PAHO to advance action on determinants of health and health inequalities e.g., Global Conference on Social	HPCDP: SDSID	On-going			

Appendix C: Implementation Workplan – Agency Plan to Advance Health Equity (2013-2016)

Activity Area	Description/Deliverable	Lead (Support)	Y1 (2013-2014)		Y2 (2014-2015)	Y3 (2015-2016)
	Determinants of Health Prepare reports on Canada's progress on the Rio Declaration	HPCDP: SDSID	**X**		**X**	**X**
Plan implementation						
Consultations, including Agency senior management committees		HPCDP: SDSID	Q1-3			
Consult on performance measures		HPCDP: SDSID (All Centres)	Q1-3			
Collect baseline performance data		HPCDP: SDSID (All Centres)	Q4			
Report annually through Tier 2 and committees and Executive Committee	Report annually, timed to complement the planning cycle		X		**X**	**X**

LEGEND: Acronyms used in this table

ACRONYM	AGENCY ORGANIZATIONAL UNIT
BTO	Business Transformation Office
CPAB	Communications and Public Affairs Branch
CCDIC	Centre for Communicable Diseases and Infection Control
CCDP	Centre for Chronic Disease Prevention
CFEZID	Centre for Food-Borne, Environmental and Zoonotic Infectious Diseases
CGC	Centre for Grants and Contributions
CHP	Centre for Health Promotion
CIRID	Centre for Immunization and Respiratory Infectious Diseases

ACRONYM	OTHER
AANDC	Aboriginal Affairs and Northern Development Canada
BBI	Blood-borne Infections
CCHS	Canadian Community Health Survey
FPT	Federal / Provincial / Territorial
GOC	Government of Canada
HC	Health Canada
HIV	Human immunodeficiency virus
HPC	Healthy People and Communities (Steering Committee)

Appendix C: Implementation Workplan – Agency Plan to Advance Health Equity (2013-2016)

CMTHIR	Centre for Migration and Travel Health and International Relations
COHAO	Canadian Oral Health Advisor Office
CSO	Chief Science Officer
ED	Evaluation Directorate
EMRA	Emergency Management and Regulatory Affairs Branch
HPCDP	Health Promotion and Chronic Disease Prevention Branch
Regions	Regional Operations
IDPC	Infectious Disease Prevention and Control Branch
OCFO	Office of the Chief Financial Officer
OPHP	Office of Public Health Practice
PHD	Public Health Directorate
SDSID	Social Determinants and Science Integration Directorate
SPIAD	Strategic Policy, Planning and International Affairs Branch

HRSDC	Human Resources and Skills Development Canada
NCCDH	National Collaborating Centre for Determinants of Health
PAHO	Pan American Health Organization
PHN	Public Health Network
SDH	Social Determinants of Health
SGBA	Sex and Gender-based Analysis
STI	Sexually Transmitted Infections
TB	Tuberculosis
WHO	World Health Organisation