

Canada and the WHO Commission on Social Determinants of Health

8th Meeting of Commissioners

June 9, 2007

Vancouver, BC

Canadian Reference Group on Social Determinants of Health

Mandate:

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

Composition:

- Commissioner & KN Hub leads
- Federal government departments
- Provincial representatives
- Academics
- NGOs

Status of action on SDOH in Canada

At the launch of the Commission...

Knowledge

- Strong knowledge translation infrastructure
- Good knowledge of SDOH and health disparities in Canada

Action

- Relatively Strong macro policy foundation (social safety net)
- Good integration of SDOH principles into programming (children, diabetes, HIV)
- Some action across government departments on specific initiatives (family violence), particularly at PT levels

Areas for Improvement

- Insufficient evidence on effectiveness of interventions
- Insufficient capacity to work proactively across government departments on SDOH

CRG Key Areas of Activity

Building knowledge base:

- Canadian and global experiences with intersectoral action
- Aboriginal self determination and health
- Work of the Knowledge Network Hubs

Making the case – politicians & public:

- Civil society awareness and engagement plan for Canada
- Economic case for upstream investment

Mechanisms for change:

- Senate sub-committee on Population Health

Intersectoral Action

What we are doing

Leading global case study synthesis

Contributing 8 Canadian case studies

- Vancouver Agreement (urban development)
- Family Violence Prevention
- Homelessness Partnership Initiative
- Gender Based Analysis
- First Nations Self Government Agreements
- Manitoba Child Health
- Saskatchewan Human Service Integration Networks (Health and social service case management)
- Québec Public Health Law (Health Impact Assessment)

Intersectoral action

What we are Learning

- Requires trust, effective committee structure, time
- Often more effective, practical when driven by community needs
- Facilitated by 'activist leaders', interdepartmental committees with shared leadership, support from centre of government, shared funding, acknowledgement that no single sector can address issue
- Other sectors brought on board when health sector offers to support their agenda

Aboriginal Work

Working group membership

- Comprised of reps from National Aboriginal organizations, National Collaborating Centre on Aboriginal Health

Mandate

- Advancing policy approaches most likely to mitigate risk and address determinants of Aboriginal peoples' health

Activities

- Hosted roundtable & stakeholder meeting, crafted 3 policy papers

Key Recommendations

- Recommend progress towards self determination

Civil Society Engagement

Roundtable discussion with over 50 organizations

- National, regional, local, private and public
- Interests included poverty, environment, housing, social planning, think tanks, Aboriginal organizations, small business etc.

What we heard

- Language of social determinants does not resonate
- Looking for support to work collectively, opportunities to share resources and experiences
- Have had many successes at community level – looking for opportunities to share these with policy makers

Next Steps

- Support umbrella organization to host steering group & develop civil society network
- Pursue opportunities for virtual and real exchange of knowledge, success stories among civil society and between government and civil society

Economic Arguments

What we are doing

- Working with global partners to identify economic benefits of 'upstream investment'
- Hosted roundtable discussion among experts in Canada

What we are Learning

- Main arguments are that ill health is a drain on productivity & human capital
- Insufficient evidence that upstream investment reduces health care costs
- Research is needed on economics of prevention (most studies are health care based)

CRG Products

- *Crossing sectors: Experiences in intersectoral action, public policy and health*
- *Canadian Experiences with Intersectoral Action to Address Determinants of Health*
- *Social Determinants of Health: First Nations, Métis and Inuit Perspectives*
- *What We Heard: A Dialogue on Social Determinants of Health with Canadian Civil Society*

Expected outcomes from CRG engagement with CSDH

- Recommended infrastructure, mechanisms, processes, & interventions for countries to address SDOH
- Roles for various actors and sectors
- Best investments to reduce health inequalities
- Economic case for investing in SDOH
- Research agenda to fill critical knowledge gaps
- Policy options for addressing SDOH for Aboriginal peoples
- Commitment to monitoring & publicizing progress reports
- Global movement and call to action

Next Steps for Public Health Agency of Canada

- CPHO report focussed on health inequalities
- Continue to develop capacity in the following areas:
 - Working proactively across government departments
 - Measuring health impacts of social policies
 - Evaluating effectiveness of interventions
 - Responding to determinants of Aboriginal peoples' health
 - Imbedding SDOH in policy files
- Respond to CSDH and & Senate committee recommendations

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