Canada’s Action on Social Determinants of Health

Sylvie Stachenko
Deputy Chief Public Health
Public Health Agency of Canada
PAHO Regional Consultation on WHO Commission
July 5-6, Washington, DC
Milestones

• Lalonde Report, 1974
• “Achieving Health for All” (Epp Report), 1986
• Adoption by CDMH of population health approach, 1994
  – Address determinants of health
  – Intervene early in causal stream
  – Multiple strategies
  – Public involvement
  – Work across sectors
• Supportive research infrastructure
  – CPHI, Health Promotion Research Consortium…
• Building Partnerships for health
  – Expanding linkages and collaboration
• Launch of the Public Health Agency, Sept. 2004
Policy Context:

- History of social welfare orientation
  - Progressive tax system
  - Income supports for families with children
  - Protection for workers
  - Supports for education

- Committed to health as a social goal
  - September 2004 10-Year Plan to Strengthen Health Care, First Ministers committed to a health agenda
Policy Context:

- Universal Health service
  - Canada Health Act
- Intersectoral linkages
  - National Children’s Agenda
  - Tobacco Control Strategy
  - Healthy Living Strategy
- Community participation in decision making for health
  - Public Health goals process
Health Investments in SDOH

• Community Based Programs
  – Focus on vulnerable populations, involve populations in identifying need and proposing solutions

• Population Health Fund
  – Supports projects which build community capacity to address the determinants of health

• Research
  – CPHI, Canadian Consortium for Health Promotion Research, CIHR, Centres of Excellence for Children, PRI
Integrated Healthy Living Chronic Disease Strategy

- **Goals**: improve overall health outcomes, and reduce health disparities by addressing common risk factors
- **Includes Inter-sectoral Network**
  - to direct future actions, collaborate, coordinate policy, actions and messages evaluate progress
Integrated Healthy Living Chronic Disease Strategy

Population Approach

- Intersectoral approaches

- Comprehensive, collaborative and in partnership with national, P/T, and NGO/NVO stakeholders

Combined with:

High risk approach and disease specific strategies

- Strategy for high risk groups (eg. obese, aboriginals, marginalized groups)

- Includes primary, secondary and tertiary prevention
National Collaborating Centres

- Synthesize policy relevant knowledge nationally and internationally, identify gaps, promote knowledge translation to policy and practice
- Centres:
  - Social Determinants of Health
  - Public Policy and Risk Assessment
  - Infra-Infrastructure and Tools Development
  - Environment and Health
  - Infectious Disease
  - Aboriginal Health
Continuing Challenges: Aboriginal Health

• **Tradition of Investment:**
  – Recently made significant investments for urgent needs such as early learning and child care, culture and language, housing etc.

• **Aboriginal Health Blueprint, September 2004**
  – Agreement between Aboriginal Leaders and First Ministers to improve access to services and set an agenda for upstream action

• **Northern Dimension Initiative**
  – An international initiative for the promotion of sustainable development through improved health and social wellbeing
Public Health Goals Process: Phase 1

- Consultations with Provinces and Territories, experts and public being held around the country
  - 12 PT roundtables
  - 6 thematic roundtables
  - Web survey
- Discussion shaped by 6 themes based on determinants of health
- Early results: focus on intersectoral action, consider vulnerable populations across goals
- Fall Summit: consensus on goals
Public Health Goals Process: Phase 2

- Reporting to First Ministers
- Development of targets and indicators
- Links to the work of the Public Health Network
Some International Activities

• WHO Commission
  – Supporting 2 Commissioners, 2 Knowledge Hubs
• CARMEN Policy Observatory
• Commitment to MDGs and 3X5
• 19th IUHPE World Conference on Health Promotion and Health Education, Vancouver 2007
Key Learnings

• Leadership and commitment across governments is essential
• Intersectoral action is key to addressing SDOH, but difficult to achieve
• The community is a good locus for intersectoral action
• Dual focus of improving population health and reducing health disparities is critical
• Public involvement (Aboriginal self government, increased sense of control)