

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
3 November 2016 / 3 novembre 2016**

**Submitted on October 27, 2016
Soumis le 27 octobre 2016**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2016-OPH-CP-0002

**SUBJECT: HEALTH INEQUITIES IN OTTAWA: IMPLICATIONS FOR ACTION BY
OTTAWA PUBLIC HEALTH**

**OBJET: INÉGALITÉS EN MATIÈRE DE SANTÉ À OTTAWA : PLAN D'ACTION
DE SANTÉ PUBLIQUE OTTAWA**

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa Health Unit:

- 1. Receive for information the technical report titled "Health Equity and Social Determinants of Health in Ottawa", at Document 1;**
- 2. Approve the National Collaborating Centre for Determinants of Health's framework for Public Health Roles to Improve Health Equity as Ottawa Public Health's guide to action on health equity, as described in this report; and**

3. **Approve that Ottawa Public Health enhance the assessment and reporting of health inequities in Ottawa, as described in this report.**

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa :

1. **prenne connaissance du rapport technique intitulé *Health Equity and Social Determinants of Health in Ottawa* (document 1);**
2. **accepte que Santé publique Ottawa utilise le cadre de travail du Centre de collaboration nationale des déterminants de la santé concernant les rôles de la santé publique pour améliorer l'équité en santé comme guide en matière d'équité en santé, ainsi que le décrit le présent rapport;**
3. **accepte que Santé publique Ottawa améliore les processus d'évaluation des inégalités en matière de santé à Ottawa et de production de rapports sur le sujet, ainsi que le décrit le présent rapport.**

EXECUTIVE SUMMARY

Ottawa is generally considered to be an affluent city, with significant advantages related to income, education and employment. Notwithstanding this, differences exist in health status between people and groups because of their different social and economic circumstances.

As part of this report, Ottawa Public Health (OPH) is recommending that the Ottawa Board of Health receive for information the report titled “Health Equity and Social Determinants of Health in Ottawa”, which presents local data showing that in Ottawa, socio-economic position has a strong relationship to mortality and disease and, with some exceptions, to health risks and behaviours.

Health equity work at OPH aligns with the OPH framework, as well as the 2015-2018 strategic priorities related to advancing healthy public policy and developing an adaptive workforce. In order to address health inequities in Ottawa, OPH has adopted the National Collaborating Centre for Determinants of Health’s framework. This selection was based on a review of various models and best practices.

Setting health equity as a goal is gaining support at all levels of government, with the World Health Organization, the Government of Canada, the Government of Ontario and various public health units taking steps to address this issue. However, one of the enduring challenges in addressing health inequalities relates to the availability of

relevant data. To this end, OPH will begin to collect information on clients' and communities' social determinants of health variables and will work with community partners to explore the feasibility of collecting similar data across various health agencies and other social services partners.

SOMMAIRE

Ottawa est généralement perçue comme une ville aisée offrant des avantages non négligeables en matière de revenu, d'éducation et d'emploi. Malgré tout, selon leur situation socioéconomique, toutes les personnes et tous les groupes ne sont pas égaux en ce qui a trait à la santé.

Dans le présent rapport, Santé publique Ottawa (SPO) recommande que le Conseil de santé d'Ottawa prenne connaissance du rapport intitulé *Health Equity and Social Determinants of Health in Ottawa*, lequel présente des données locales révélant qu'il existe à Ottawa un lien étroit entre la situation socioéconomique et la mortalité, la maladie et – sauf exceptions – les comportements et risques liés à la santé.

Les efforts que déploie SPO pour assurer l'équité en santé s'inscrivent dans son cadre de travail et dans les priorités stratégiques pour 2015-2018 (promouvoir une politique publique saine et développer une main-d'œuvre adaptable). Afin de lutter contre les inégalités en matière de santé à Ottawa, SPO a d'ailleurs adopté le cadre de travail du Centre de collaboration nationale des déterminants de la santé. Ce choix a été fait après étude de divers modèles et diverses pratiques exemplaires.

Atteindre l'équité en santé est un objectif qui recueille progressivement l'appui de tous les ordres de gouvernement; l'Organisation mondiale de la Santé, le gouvernement du Canada, le gouvernement de l'Ontario et divers bureaux de santé publique prennent eux aussi des mesures en ce sens. Mais l'une des principales difficultés de la lutte contre l'inégalité réside dans le manque de données de référence. C'est pourquoi SPO entreprendra de recueillir des renseignements sur les variables de déterminants sociaux de la santé de ses clients et des différentes communautés. SPO travaillera également avec des partenaires communautaires pour étudier la possibilité de recueillir des données semblables auprès de divers organismes de soins de santé et d'autres partenaires offrant des services sociaux.

BACKGROUND

Ottawa is generally considered to be an affluent city, with significant advantages related to income, education and employment.¹ Notwithstanding this, differences exist in health

status between people and groups because of their different social and economic circumstances. Ottawa Public Health (OPH) is committed to addressing these health inequities. This report provides a snapshot of the population health impact of the social determinants of health on Ottawa residents, support for health equity action, OPH's current approach to this issue, and proposed recommendations for action moving forward.

People's choices affect their health, and health is not solely determined by people taking responsibility for positive lifestyle choices or accessing quality health care services.² Long before illness, health starts where we live, learn, work and play. Income, employment, housing, education, early child development and social inclusion (ie. social determinants of health) affect people's choices and their opportunities for optimum health.³

Health Status and Social Determinants of Health in Ottawa

The analysis of local data outlined in Document 1 shows that in Ottawa, socio-economic position has a strong relationship to mortality and disease and, with some exceptions, to health risks and behaviours.

Lower income groups have a higher prevalence of diabetes, are more likely to have a hospital visit in a year, and are more likely to die before the age of 75. They are also more likely to self-report poor or fair general health or mental health and more likely to report having two or more chronic conditions. Smoking is more common among those with lower income and this same demographic is less likely to be physically active in leisure time. Those in higher income groups are more likely to exceed low-risk drinking guidelines. The study found no differences among those who are overweight/obese or those without a family physician based on income.

Some measures of health show a gradient, with health status progressively improving as socio-economic status improves. When the data does not show a gradient, those with the least socio-economic advantage have significantly poorer health status than others in the population.

Data analyses such as these offer a small glimpse into the factors, beyond personal choice, that influence individuals' and communities' pathways to health in Ottawa. In fact, there are interactions between different social determinants of health and often little data available to examine links to health and the complexity of their impact over a lifetime. Enhanced data collection will improve our ability to identify and reduce gaps in health equity.

Support for Health Equity Action

Setting health equity as a goal is gaining support at all levels of government. At the international level, a 2008 World Health Organization report, led by Sir Michael Marmot, detailed the relationship between health inequalities and the social determinants of health and called on countries to take action.⁴

Canada is a recognized leader in the area of health promotion and the idea that opportunities for health begin in families, schools, neighbourhoods and jobs, is not new. Key publications such as [Strategies for Population Health: Investing in the Health of Canadians](#) supported public health practitioners in adopting a 'population health' perspective and aimed to increase the health of whole populations while addressing inequities within populations.⁵ A subsequent report by the Chief Public Health Officer titled "[Report on the State of Public Health in Canada](#)" provided evidence of the uneven distribution of health across the population, noting persistent and sizeable gaps in life expectancy, infant mortality, self-reported health, prevalence of chronic diseases, and other health indicators between higher- and lower-income groups, particularly highlighting the disadvantage experienced by Canada's Indigenous peoples and explicitly signalling the importance of reducing health inequities through public health practice.⁶ The federal government supports the National Collaborating Centre for Determinants of Health, which provides evidence-based tools for practitioners.

Progress on health equity is also supported by national organizations such as the [Canadian Medical Association](#)⁷ and the [Canadian Nurses Association](#).⁸ Dr. Jane Philpott, Minister of Health, and Dr. Carolyn Bennett, Minister of Indigenous and Northern Affairs, have both urged action for health equity and addressing the social determinants of health, creating additional opportunities to advance this work.

Provincially, the [Ontario Public Health Standards](#) (OPHS) require public health agencies to address determinants of health and reduce health inequities as part of program planning and service delivery.⁹ Health Quality Ontario, the provincial body leading work to improve the quality of health care in Ontario, released a report on [Income and Health: Opportunities to Achieve Health Equity in Ontario](#),¹⁰ which concurs that equity is one of the six dimensions of quality health care.¹¹ This is consistent with the 2015 [Patients First](#) discussion paper wherein Dr. Eric Hoskins, Minister of Health and Long-Term Care (MOHLTC), outlined a plan to integrate the health care system using a population health and health equity approach to planning and service delivery across the continuum of care.¹² In a letter dated April 20, 2016, found at Document 4, the Minister of Health and

Long-Term Care highlighted the role and expertise of public health units in taking a population health approach and promoting health equity.

Approaches and Promising Practices

An environmental scan by the National Collaborating Centre for Determinants of Health in 2010¹³ suggested that effective action on health equity requires:

- Strong, committed and collaborative leadership;
- Organizational capacity such as epidemiologic capacity for assessment/surveillance; skills/tools for effective communication, community engagement and advocacy;
- Access to high quality data;
- Staff development related to health equity and social determinants of health;
- A clear understanding of public health roles to address health inequities; and
- Willing partners such as equity-seeking groups and community partners.¹⁴

OPH conducted a review of leading approaches and promising practices to health equity action. These included: the National Collaborating Centre for Determinants of Health [public health roles for improving health equity](#)¹⁵; [Marmot's principles and policy objectives](#)¹⁶; [Sudbury District Health Unit's 10 promising practices](#); the [Saskatoon Health Region's approach](#)¹⁷; and the [Tri-Hospital and Toronto Public Health, health equity data collection project](#).¹⁸ The results of this review suggested that there are many commonalities among the approaches and key principles to guide public health practitioners.

DISCUSSION

Advancing work on health equity is grounded by Ottawa Public Health's vision that "All Ottawa's communities and people are healthy, safe and actively engaged in their well-being." Further supported by OPH's foundational principles that promote equitable opportunities for health, evidence-informed decision-making and dedication to excellence and quality improvement, addressing health inequities is an organizational expectation.¹⁹

As a result of deliberate action, OPH has reached a number of key milestones with respect to promoting health equity.²⁰ These include:

- 2011-2014 and 2015-2018 OPH strategic and operational plans with specific health-equity related principles, priorities and performance measures;
- Emphasizing work with identified priority populations and preparing health status reports that reflect a social determinants of health perspective;
- Strengthening and broadening of strategic alliances and partnerships to address health inequities; and
- Establishing a Health Equity Team and Health Equity Leadership Committee to strengthen OPH-wide capacity to address health inequities through concerted action.

Health equity work at OPH currently aligns with the 2015-2018 strategic priorities related to advancing healthy public policy and developing an [adaptive workforce](#). Specific examples of current OPH actions are highlighted within the NCCDH framework in Document 6: A Snapshot of Ottawa Public Health Actions to Improve Health Equity.

In order for OPH to address identified challenges and continue to advance health equity work in Ottawa, the following recommendations are submitted to the Board of Health for the City of Ottawa Health Unit:

1. Receive for information the technical report titled “Health Equity and Social Determinant of Health in Ottawa”, at Document 1.

This locally relevant, comparative data can be used to increase public awareness and support for changes that can improve health equity; to facilitate intersectoral action and policy development; and to enhance tailored action related to staff’s and partners’ operational program planning and service delivery.

2. Approve the National Collaborating Centre for Determinants of Health’s framework for Public Health Roles to Improve Health Equity as Ottawa Public Health’s guide to action on health equity, as described in this report.

OPH has chosen to use as its guide, the [National Collaborating Centre for Determinants of Health framework](#), which consists of four (4) key public health roles.²¹ These roles are defined as follows:

- a) Assess and report** on the existence and impact of health inequities, as well as effective strategies to reduce these inequities;

- b) **Modify and orient** public health programs and services to reduce inequities with an understanding of the unique needs of populations that experience marginalization;
- c) **Partner with other sectors** to identify ways to improve health outcomes for populations that experience marginalization; and
- d) **Participate in policy development** to lead, support and participate with other organizations in policy analysis and development, and in advocacy for improvements in health determinants and inequities.

Effective action to improve health equity requires a long-term organizational commitment to a comprehensive approach that is systematic, intersectoral and embedded in an organization's strategic priorities and performance measures.²²

Therefore, a fifth role has been identified more recently:

- e) **Organization and system development activities to address** the policies, structures, procedures and practices that are required to facilitate/support public health action on health inequities and to manage the required change.²³

As supported by the findings of the NCCDH environmental scan,²⁴ a decision to adopt the NCCDH's framework will positively impact OPH by making it simpler to identify, articulate, and consistently integrate actions to improve health equity when carrying out strategic and operational planning (e.g. needs assessments, priority-setting, resource allocation, establishment of strategic partnerships, leadership and policy initiatives).²⁵

3. Approve that Ottawa Public Health enhance the assessment and reporting of health inequities in Ottawa, as described in this report.

Health Equity Performance Indicator Data

A comprehensive set of evidence-based indicators have been developed to support local public health agencies in their efforts to systematically address health equity, as required by the Ontario Public Health Standards (OPHS) and the Ontario Public Health Organization Standards (OPHOS).²⁶ Following a baseline assessment of these indicators, as identified in the [Health Equity Indicators for Ontario Public Health Agencies User Guide](#), it is recommended that OPH continue ongoing assessments using these measures to guide organization planning for health equity and to monitor/report on progress over time.

Social Determinants of Health Data

According to researchers, while population health survey data helps to identify some inequities in health and health care, the lack of standardized and routinely collected socio-demographic data about who uses services hinders the ability to assess organizational performance and identify health improvements over time.²⁷ Consistent with recommended health equity action in the literature,²⁸ it is proposed that OPH begin to collect information on clients' and communities' social determinants of health variables. An example of how OPH might begin to tackle this challenge is Toronto's unique [We Ask Because We Care](#) research project that involved three hospitals, the Centre for Addictions and Mental Health and Toronto Public Health, in the routine collection of standardized information about income, ethnicity and gender.

Socio-demographic data such as income, ethno-racial identity, and immigrant status is not consistently collected by all health and social service partners, nor linked to population health data. OPH will work with community partners to explore the feasibility of collecting consistent social determinants of health measures across various health agencies and other social services partners. This will facilitate a more comprehensive understanding of local inequities in health services and health outcomes related to income and other social determinants of health and the identification of appropriate actions/support to collectively address these inequities (e.g. Toronto's *We Ask Because We Care* research project).

Sharing this report with partners for discussion, planning and evaluation purposes.

In 2016 the City of Ottawa's Community and Social Services Department hosted a [Community Conversation Forum](#) on health equity.²⁹ Emerging themes included the belief that more work needs to be done to address health inequities in Ottawa, especially for people living in poverty, Indigenous peoples, youth, people experiencing homelessness, racialized groups, and for individuals and families coping with mental health and substance misuse issues. There was also discussion about the fact that addressing the multiple barriers identified requires innovative intersectoral solutions/action. Given the complex, interrelated nature of the social determinants of health, no one sector can have a significant impact on its own. Through active engagement with non-health sector partners, public health can support and amplify action on key determinants of health.³⁰

Ottawa Public Health will focus particular efforts in continuing partnerships in the following key areas to further address health inequities in Ottawa:

- Working with an alliance of local Indigenous and non-Indigenous health sector partners on the development of a strategy intended to address identified health service gaps for First Nations, Inuit and Métis peoples living in Ottawa. Priority actions are intended to have a positive impact on Indigenous health outcomes and complement/advance the mandate of the Champlain Local Health Integration Network (LHIN)'s [Indigenous Health Circle Forum](#), the [Ottawa Aboriginal Coalition \(OAC\)](#), and the [City's Aboriginal Working Committee](#).
- Collaborating with the Ottawa Hospital and the LHIN to facilitate the integration of a health equity lens into local health service planning, delivery, and evaluation.
- Partnering with Ottawa Community Housing (OCH), local tenants, social service providers, and other agencies to explore collective action to improve the overall health and wellbeing of OCH residents. This population is four times more likely to visit an emergency department, nine times more likely to visit an emergency room department for mental health and addictions, and three times more likely to be admitted to hospital compared to the broader Ottawa population.³¹

Identifying opportunities to influence and advance healthy public policies in Ottawa

In collaboration with local community partners currently taking action to promote health equity, such as those identified above, OPH will use the available evidence to inform and advance policies that address the root causes of health inequities related to income, food security; housing and the built environment; employment; and Indigenous health. Where relevant, OPH will promote the integration of a health equity lens in the policy planning process, whether seeking to influence federal, provincial or municipal decisions that impact health.

CONCLUSION

Local data shows that people with lower incomes in Ottawa have poorer health status measures compared to people with higher incomes. Working collaboratively with partners, opportunities exist to use information produced by OPH to help establish a common agenda to promote health equity and increase the consistency and creativity of existing efforts for greater collective impact on health equity.³² OPH is committed to health equity and creating equitable opportunities for health through action.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

OPH consulted a range of key community partners to provide input into the future program directions.

LEGAL IMPLICATIONS

There are no legal impediments to the implementation of the recommendations in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

SUPPORTING DOCUMENTATION

Document 1: Health Equity and the Social Determinants of Health in Ottawa report

Document 2: Health Equity and the Social Determinants of Health in Ottawa -
Infographic

Document 3: Clarifying Health Equity

Document 4: Letter from the Dr. E. Hoskins, Minister of Health and Long-Term Care

Document 5: Framework for Public Health Roles to Improve Health Equity

Document 6: A Snapshot of Ottawa Public Health Actions to Improve Health Equity

DISPOSITION

Ottawa Public Health will implement the recommendations, as outlined in this report.

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² Robert Wood Johnson Foundation. (2010). *A new way to talk about the social determinants of health*. Retrieved July 19, 2016, from <http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023>

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- ⁴ Marmot, M. et al. on behalf of the Commission on the Social Determinants of Health. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. *Lancet*, 372, 1661-1669.
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