



National Collaborating Centre
for Environmental Health

Centre de collaboration nationale
en santé environnementale

National Collaborating Centre for Environmental Health and the National Collaborating Centre for Determinants of Health

Canadian Institute of Public Health Inspectors Annual Educational Conferences 2016

Joint Meeting Report

Background

In September 2016, the National Collaborating Centre for Environmental Health (NCCEH) and the National Collaborating Centre for Determinants of Health (NCCDH), in collaboration with the BC Centre for Disease Control (BCCDC) hosted two sessions about health equity and environmental public health (EPH) practice at the Annual Educational Conference of the Canadian Institute of Public Health Inspectors (CIPHI) in Edmonton, Alberta. This was followed by a workshop at the New Brunswick Branch Education Conference in Fredericton and a presentation at the Nova Scotia Branch Education Conference in Fall River in October 2016. These sessions, including input from participants, are summarized here to provide guidance on priority action areas.

The objectives of these sessions were to:

1. Identify how health equity (HE) and social determinants of health (SDH) fit into a health protection mandate in environmental public health (EPH).
2. Highlight practical ways for EPH practitioners¹ to take action on HE and SDH.
3. Discuss organizational capacity to incorporate HE into environmental public health programs.
4. Identify what is needed to operationalize an equity lens in environmental health practice.

¹ This document focuses on public health inspectors (PHIs) and environmental health officers (EHOs) as the primary frontline EPH practitioners in most regions of Canada.

Workshop Presentations

In each session, the facilitator(s) provided a brief overview of key concepts related to HE and SDH, discussed how health equity relates to EPH practice, and shared a series of tools and resources to support the integration of HE and SDH into organizational planning and frontline practice.

At the National Conference, an interactive World Café-style workshop focused on organizational capacity and included two guest presenters who shared their experiences incorporating health equity into their organizations.

Doug Quibell, from Northern Health in British Columbia, shared his story of a region-wide adoption of a Healthy Communities approach. Many of the acute and chronic diseases prevalent in the region are linked with the SDH. Northern Health focused on community collaboration to address some of the root causes of poor health in that area. Led by a strong executive champion, Partnering for Healthier Communities (P4HC) Committees, co-chaired by representatives from local government and the health authority, were set up across the region. Environmental health officers (EHOs) received support and training to work with communities on issues such as healthy eating, healthy built environments, vulnerable groups, physical activity, and tobacco reduction. Doug concluded his presentation with a list of “10 Conditions for Successful Practice,” which relate to collaboration and engagement, leadership and vision, skills building, policy influence, and ongoing evaluation.

Rabindra (Rob) Mahabeer, from Alberta Health Services (AHS)–Safe Healthy Environments (SHE), presented work done as part of his Master’s thesis on health promotion activities in the context of EPH. He noted that there is no current, overall health promoting policy at AHS–SHE to incorporate health equity or health promotion into the practice of public health inspectors (PHIs), but that they were considering the development of a Safe Healthy Environments (SHE) framework to support such an approach. Rob’s research found that EPH professionals already (or are willing to) engage in health promoting activities, even in the absence of a clear policy framework or training. He also discussed opportunities for PHIs to incorporate more health promotion principles into their regulatory health protection roles, and the importance of management support and a vision that clarifies the ultimate goals of public health work.

The New Brunswick CIPHI conference was a similar World Café-style workshop, with a focus on how HE relates to EPH practice and how HE could be integrated into the work done by PHIs in that province. In addition to the facilitator’s presentations, Janique Robichaud-Savoie and Teri Emrich, from the Office of the Chief Medical Officer of Health (OCMOH), provided an update on an overview of work being undertaken by the Office to integrate health equity within public health in that province. Health equity has been incorporated into the OCMOH work plan, and an action plan was being developed. A 2016 OCMOH report focused on [Health Inequities in New Brunswick](#).

At the Nova Scotia CIPHI conference, BCCDC and NCCDH also gave a presentation about HE as it relates to EPH practice. This included considerations for integrating equity at the organizational level, as well as tools for practitioners and managers who wish to apply an equity lens. We also discussed how HE could be operationalized to support food security, using examples from British Columbia about collaboration between the food safety and food security sectors and support for safe and healthy food donation. Following the presentation, attendees shared additional ideas and examples related to their own practice experience.

Workshop Discussions and Participant Recommendations

In the workshops at the CIPHI National and New Brunswick events, small group discussions explored a series of questions:

1. What opportunities in your health region might be leveraged toward action on HE and SDH?
2. How might PHIs be recognized for time spent working from a HE/SDH perspective?
3. What training would facilitate application of an equity lens in practice?
4. How could PHIs work more closely with EHOs from Health Canada First Nations and Inuit Health Branch or with other public health professionals? (NB only)
5. How could health equity and SDH be worked into CIPHI competencies for environmental public health practice?
6. What kind of management support or regional/provincial policy would help implement an equity lens in practice?

Informal discussions with participants at all three events also contributed to the learnings described below. The ideas generated by participants identified some tangible tools and resources that would support a more equity-oriented EPH practice. They also identified challenges related to the nature of the role as currently defined and managed, as well as some potential best practices that would facilitate the integration of equity into EPH organizations.

Resource needs

Training

- Health equity and SDH should be incorporated into CIPHI Instructional Objectives for **accredited university programs** and be integrated into the curriculum.
- **Practicum** mentors need to be familiar with health equity and SDH so that they can include opportunities for trainees to practice with an equity lens.
- Existing staff—particularly those who did not learn about health equity and SDH during their university training—need **professional development and continuing education** opportunities:
 - CIPHI Continuing Professional Competencies (CPC) credits or other professional development hours (PDH) for participating in health-equity learning opportunities.

- Online skills enhancement resources about health equity and SDH.
- Continuing education offerings for existing PHIs to acquire new equity-oriented information that gets added to university curricula.
- Conference themes and programming around health equity and SDH.
- Cultural competence or cultural safety courses for EPH staff.

Tools and data

- Quantitative and qualitative data would help **identify vulnerable groups** and key SDH - related needs (e.g., poverty, low literacy, language barriers, cultural diversity, education, etc.).
- **Narratives** can be used in addition to data to illustrate how SDH impact people's lives and health status.
- **Evaluation** studies and data about health outcomes should guide practice and policy changes toward effective equity-oriented approaches to EPH practice.

Policy and guidelines

- Policies that take an upstream approach, with increased focus on long-term outcomes and root causes (e.g., SDH), are needed to support an equity lens in practice.
- Frontline practitioners need guidance on the extent to which they can use discretion, i.e., how much can contextual factors influence the application or interpretation of legislation and regulations?
- Risk is typically considered in relation to physical, chemical, or biological "health hazards." There may be value in adopting a broader definition, one that includes health hazards associated with poverty, neighbourhood deficit, or other social determinants of health.

Overcoming challenges to equity-oriented EPH practice

Role of PHIs

- The scope of PHI practice may need to be clarified with respect to action on the SDH:
 - Clarify whether SDH are the purview of specific health promotion staff or part of everyone's role.
 - Where PHIs work – may need to include additional types of premise.
 - What PHIs do – possibly incorporate more health promotion duties in certain settings or more focus on creating health-supporting environments.
 - Integrate language about health equity into protocols and guidelines.
- Time needs to be allotted for action on health equity and SDH, e.g., in the form of dedicated positions, dedicated projects, protected hours to work with vulnerable populations, better planning to minimize administrative tasks, and opportunities to discuss practice challenges with management. Although time-consuming up front, it may improve longer-term outcomes.
- The job title and professional certification as "health inspectors" does not reflect an equity-integrated practice model, which influences who is drawn to the profession and how professionals are perceived by the public. A name change and/or awareness campaign could help change this.

Recognition and support

- Work already being done to support health equity should be recognized and celebrated, e.g., as CIPHI has done by integrating health promotion and health equity into the national conference theme, or by highlighting efforts in newsletters and at staff events.
- PHIs would benefit from dedicated professional development time to build skills related to health equity and SDH.
- Inspection quotas need to be balanced with time spent building relationships and addressing SDH-related issues.

Opportunities to integrate best practices

Leadership support

- Buy-in and support from the executive level will help PHIs recognize health equity and SDH as part of their role, and will imply “permission” for PHIs to incorporate an equity lens.
- Managers and leaders can support staff to participate in training opportunities.
- Upstream initiatives, such as healthy built environments, provide opportunities for PHIs to build relationships and work on broader issues.

Cross-sector collaboration

- PHIs can work with other professionals, such as public health dietitians, nurses, and social workers, to ensure continuity of services.
- Health protection divisions need to collaborate with other agencies, such as local governments, Indigenous communities, federal counterparts, housing and social services, etc., within and outside of public health.
- Environmental health can also include programs that relate to healthy eating, healthy housing, and healthy communities.

Internal collaboration

- It is essential to share information between colleagues and within departments or organizations to highlight the health equity- and SDH-related work being done and so that staff can be aware of what is possible:
 - Share success stories.
 - Discuss experiences and share examples of health equity work and its impact.
- In addition to sharing information, it is important to engage in ongoing evaluation and learning from experience:
 - Increase consistency in approaches to SDH-related issues.
 - Learn which approaches work and which do not, and use that knowledge to improve programing.

Concluding Remarks

These workshops were designed to elicit feedback on how health equity can be incorporated into EPH practice. Through their discussions, participants identified a need for: training and guidance to support a shift in practice, clarification and recognition of their role in responding to the SDH, clear leadership support, and increased collaboration as key elements that will facilitate an equity-oriented EPH practice.

This document is a summary of ideas generated in the workshop, and does not necessarily reflect the views of each individual participant or their organizations. It is intended to serve as a starting point for further discussion and development of resources, and is not a comprehensive overview of how to integrate health equity and the SDH into EPH practice. Please refer to our websites for supplementary resources on this topic:

BCCDC (<http://www.bccdc.ca/health-professionals/professional-resources/health-equity-environmental-health>)

NCCEH (<http://www.ncceh.ca/>)

NCCDH (<http://www.nccdh.ca/>)

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