

# Activities to Address the Social Determinants of Health in Ontario Local Public Health Units

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## Summary Report

Prepared by:  
Joint OPHA/alPHa Working Group on Social Determinants of Health

December 2010



## Acknowledgments

Joint OPHA/alPHa Working Group on Social Determinants of Health

Ontario Public Health Association (OPHA)

Association of Local Public Health Agencies (alPHa)

Working Group members:

Sandra Fitzpatrick, Ontario Society for Nutrition Professionals in Public Health and Public Health Nutritionist, Peel Public Health

Liz Haugh, President, OPHA and Director, Windsor Essex County Health Unit

Sandra Laclé, Chair, Joint Working Group and Director, Sudbury & District Health Unit

Claire Lechner, Social Determinants of Health Co-ordinator, Hamilton Public Health Services

Novella Martinello, Specialist, Kingston, Frontenac and Lennox & Addington Public Health

Rosana Pellizzari, Medical Officer of Health, Peterborough County-City Health Unit

Nancy Ramuscak, Epidemiologist, Peel Public Health

Tino Serapiglia, Vice-President, OPHA

Daniela Seskar-Hencic, Chair, Access, Equity and Social Justice Work Group of OPHA, and Manager, Region of Waterloo Public Health

Valerie Sterling, President, alPHa Board of Directors

Linda Stewart, Executive Director, alPHa

Penny Sutcliffe, Medical Officer of Health, Sudbury & District Health Unit

Carol Timmings, Past President, OPHA and Director, Toronto Public Health

Connie Uetrecht, Executive Director, OPHA

Michelle Manarina, Program Coordinator, OPHA, developed the survey and collated the results.

The report was written by Na-Koshie Lamptey, Associate Medical Officer of Health, Sudbury & District Health Unit. Manon Tessier, Sudbury & District Health Unit, Working Group Recording

Secretary provided formatting assistance. Michael King, Epidemiologist, Sudbury & District Health Unit provided assistance with the tables and graphs. Sandra Siren, Manager Communications,

Sudbury & District Health Unit provided editorial assistance. This work was done under the

guidance and on behalf of the Joint OPHA/alPHa Working Group on Social Determinants of Health.

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## Contact for More Information

Sandra Laclé, Chair, Joint OPHA/alPHa Working Group on Social Determinants of Health  
c/o Sudbury & District Health Unit

1300 Paris Street

Sudbury, ON P3E 3A3

Telephone Number: (705) 522-9200 ext. 392

Email: [lacles@sdhu.com](mailto:lacles@sdhu.com) Web: [www.sdhu.com](http://www.sdhu.com)

This report is available online at [www.opha.on.ca](http://www.opha.on.ca) and [www.alphaweb.org](http://www.alphaweb.org)

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# Executive Summary

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In the summer of 2010, the Joint Association of Local Public Health Agencies/Ontario Public Health Association Working Group on Social Determinants of Health administered an online survey of Ontario's health units to map out the scope of local public health activities and needs in addressing health inequities, social determinants of health (SDOH) and/or poverty reduction.

Twenty-three (64%) Ontario public health units responded and actions on the social determinants of health were evident in the work of the majority of health units across the province.

Virtually all strongly agreed that community engagement, multi-sectoral collaboration, and support for policy advocacy are appropriate domains of public health unit activity on the SDOH. Health units also noted that additional roles in action on the SDOH could be adopted by health units, including increasing awareness of the SDOH and assessing and planning for the health needs and impacts of priority populations. Notably, health units did not see their role limited to their local context. They also mentioned that contribution to the provincial system to build systemic capacity and coordination was also appropriate for health units to consider.

The wide variety of formats and topics that health units are using to communicate about the SDOH demonstrates the vigorous ways in which the SDOH are woven into health unit activity through the essential public health functions of population health assessment and surveillance. Health units are creating reports and research and awareness campaigns on an impressive array of the determinants and populations.

Health units' actions on the SDOH also encompass many strategies to modify interventions for priority populations. These include adapting the types of offered services; reducing income, physical and geographic barriers to access programs; and changing program formats. Health units are also explicitly addressing determinants like social support by fostering supportive social networks and coordinating client care and referrals to other resources. The ability of health units to play that nodal function suggests that health units have a wide span of reach and connectivity into their communities.

When health units were asked about areas requiring support to address the social determinants of health, policy advocacy and staff skill development were listed as the top areas for improvement at the local level. They also noted practical items such as knowledge brokering services, strategies, tools and checklists, and infrastructure to share information. These needs prompt potential for centralized bodies such as alPHA, OPHA the Ontario Agency for Health Protection and Promotion and others, to support learning opportunities to build capacity at the local level.

Health units listed numerous forms of activity with components of the Ontario Poverty Reduction Strategy. In describing public health engagement in the provincial poverty plan, this report is the only one of its kind detailing public health activity with provincial poverty reduction initiatives. It is therefore expected to be informative to the provincial government, the Ontario Agency for Health

Protection and Promotion, the OPHA, alPHa, Council of Medical Officers of Health (COMOH) and all Ontario health units.

In summary, the survey demonstrates strong support for and a wide range of local public health actions underway to address health inequities, SDOH and/or poverty reduction. The survey also provides direction regarding the areas in which local public units require support in order to work more effectively to address SDOH.

Ontario public health units clearly have strong interest and investment in this important area. The public health system and the health of Ontarians would benefit greatly from the leveraging of this energy through provincial leadership and coordination, the development of specific tools and supports and opportunities to learn from each other and from applied research.

# Introduction

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In the summer of 2010, the Joint Association of Local Public Health Agencies (alPHA)/Ontario Public Health Association (OPHA) Working Group on Social Determinants of Health administered an online survey (see Appendix A) of Ontario's health units. The purpose of the survey was to 1) determine activities that health units carry out to address health inequities and social determinants of health (SDOH), 2) highlight public health initiatives to stimulate knowledge/experience exchange among health units, and 3) identify areas where health units could best be supported by the Joint alPHA/OPHA Working Group on Social Determinants of Health. Questions related to key roles, practices and barriers for public health organizations and their staff in taking action on the SDOH were informed by discussion between the Joint Working Group and the National Collaborating Center for Determinants of Health. This survey follows the publication of the *Ontario Public Health Standards 2008*, a guideline that established the determinants of health and reduction of health inequities as fundamental work for public health in Ontario and reinforced the need for evidence-informed public health practice.

This assessment sought to develop a pan-Ontarian picture of the policies and practices that are most often used in different settings and with different high-risk populations. It also sought to increase awareness of public health practices that support initiatives outlined within *Growing Stronger Together: Ontario's Poverty Reduction Plan (2008)* by the Government of Ontario. It also sought to disseminate those findings to increase awareness of these practices and so that practice could be replicated elsewhere where there is an assessed fit for purpose.

A letter of invitation and a link to the online survey was sent to the Medical Officer of Health in each of the 36 Ontario health units. The instructions indicated that one survey for each health unit should be completed by a "response team" made up of key professionals involved in SDOH activities. The survey was available from July 29, 2010, until September 24, 2010.

Of the 36 health units that were invited to participate, 64% (n=23) completed the survey. A summary of the results follows.

# Results

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## Question 1 – Response Rate

More than half (64%) of Ontario health units responded to the survey. A brief follow-up questionnaire was sent to non-responding health units to determine the reasons for not participating. Half of the non-responding health units responded to the questionnaire and cited workload, timing issues or internal communications failures as the reasons for not participating.

## Question 2 – Public Health Unit Roles in Action on the SDOH

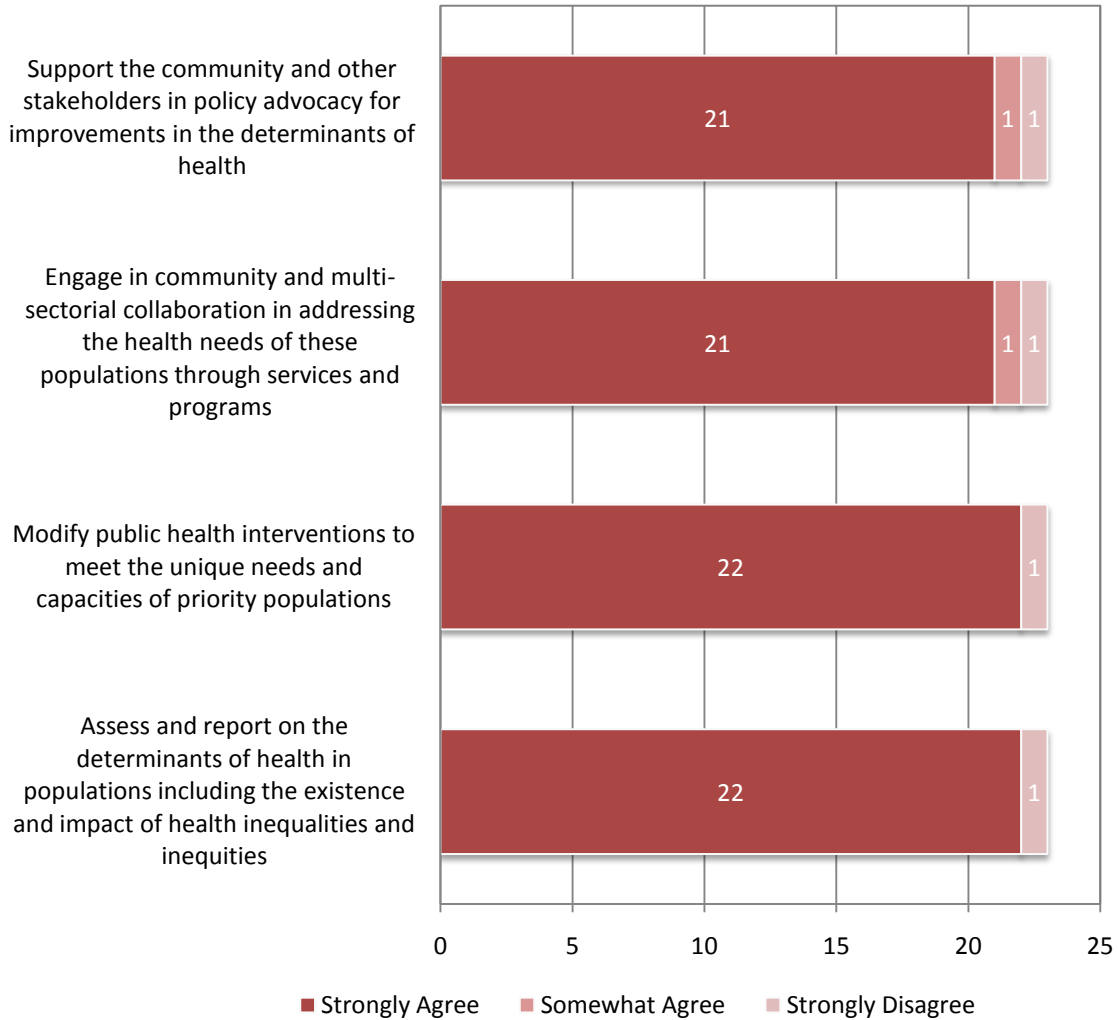
Ninety six percent of responding health units strongly agreed that it is a public health role to assess and report on the determinants of health in populations. This population assessment function is not limited to describing the facts of health inequalities and inequities but also detailing their population impact. Similarly, all but one of the participating health units strongly agreed that it is the role of public health units to modify public health interventions to meet the unique needs and capacities of priority populations.

Responding health units expressed strong support for the statement that it is a public health unit role to engage in community and multi-sectoral collaboration in addressing the needs of populations through services and programs. In addition, participants conveyed strong agreement with supporting the community and other stakeholders in policy advocacy for improvements in the determinants of health. Only two health units selected the response options “somewhat agreement” or “strong disagreement” for community engagement and policy advocacy.

In summary, respondents almost unanimously endorsed that assessment and reporting on the determinants of health and modification of interventions to meet the needs of priority populations were appropriate roles for public health units to employ in action on the SDOH. Almost all of the responding health units (91%) strongly agreed that community engagement, multi-sectoral collaboration, and support for policy advocacy are appropriate roles for public health units in this domain. A small minority of responding health units (4%) moderately endorsed collaboration and policy advocacy or frankly opposed the concept that health units should adopt these roles in addressing SDOH.

## Results

To what extent do you agree that the following are roles for public health units in taking action on the social determinants of health (SDOH)?



### Question 3 – Public Health Unit Roles in Action on the SDOH

The survey asked participants if there were additional important roles for public health units to take action on the SDOH. One health unit did not respond to this question. More than half of the health units (n=13) identified additional roles for health units to consider. The additional roles described by health units include the following (frequency in brackets):

- Increase awareness of SDOH (5)
- Advocate for policy change on SDOH (2)
- Assess and plan for priority populations (2); analyse the differential impact of SDOH on diverse communities
- Use equity health impact assessments or social equity lens in policy and program development (2)
- Evaluation and research on SDOH
- Coordinate and build provincial/local capacity
- Support equity and access to health services

### Question 4 – Examples of Public Health SDOH Action

Health units were asked to identify examples of public health action (practice, policy, and/or research) that they have taken to address the SDOH under four categories of activity. Twenty-two health units provided examples in the responses summarized below (frequency in brackets). These examples provide a “high level” glimpse of how health units are involved in SDOH action:

1) **The following are the examples of the assessment and reporting on the determinants of health in populations including the existence and impact of health inequalities and inequities:**

- Health status reports/Epidemiology reports (11)
- Report cards on SDOH and topics
  - perinatal health, (at-risk) youth/child health, health inequities, drug use and social support and physical environment, tobacco, physical activity, food security, breastfeeding, air quality, poverty reduction, housing, labour force, oral health, housing in the north, neighbourhoods
- Research on priority populations
  - those with lower income (3), (at-risk) youth (2), seniors (2), those with mental illness (2), Anabaptist communities, Aboriginal populations, immigrants, rural communities, those who use injection drugs, perceptions of poverty, and at-risk neighbourhoods; +/- collaboration with academia
- Surveillance through programming
  - CINOT [Children In Need of Treatment emergency dental services program for low income families] , Healthy Babies Healthy Children program/child health, Nutritious Food Basket, sexual health services
- Surveillance through the Rapid Risk Factor Surveillance System (3)
- Incorporation into strategic plan (2)

- Community education and awareness campaigns (2)
  - Board of Health Reports on SDOH
  - Board of Health Working Group
  - Organizational redesign to create an Access and Equity Unit in the health unit
  - Medical Officer of Health presentations to partners (e.g. hospitals)
  - Mapping SDOH with Geographic Information Systems
  - Development of a deprivation index based on a Québec model
  - Literature reviews (built environment)
  - Qualitative research (photography of the lived experience of parents with low income)
  - Analysis and dissemination of Health Alert and Air Quality alerts in relation to at risk neighbourhoods and populations
  - One health unit noted in this section that they do not have an epidemiologist
- 2) **Modification of public health interventions to meet the unique needs and capacities of priority populations:**
- Offering services to meet the needs of priority populations
    - needle exchange (2), infection control for those using injection drugs, prenatal nutrition (2), prenatal classes, community kitchens, food skill programming for low income adults, dental services for low income adults, CINOT [program to clients age up to 18 years, substance misuse information and resources for at-risk youth, small group formats to reach at-risk youth, sexual health services for adolescents and those with multiple gender orientations, immunizations and tuberculosis programming and linkage to broader supports for newcomers, tuberculosis programming for those in homeless shelters, school health programs in priority neighbourhoods
  - Reduced or no fees for services
    - smoking cessation (6), prenatal registration subsidy (2), prenatal vitamins, sexual health services for those without OHIP, birth control, rabies clinics (2), frozen meal subsidy, food handler certification (2), mental health services, emergency dental treatment fund, emergency dental care for Ontario Works [Social Assistance] recipients, car seat and helmet coupons
  - Location or targeting of programming and services for priority populations
    - wellness centre, sexual health services (3), prenatal classes, infant safety equipment, clinics/vaccine clinics, food security and nutrition programs, schools, Best Start hubs, services in shelters for the homeless, parenting program in mental health centre, preschool program at subsidized housing sites
  - Access to income support (e.g. dietary allowance [3], bus/taxi transportation [3])
  - Service coordination (4) and referrals to resources to meet client needs
  - Adaptation of education to small group settings (2)
  - Provision of supportive social networks
  - Development of education resources with ethnic/culturally diverse groups
  - Creation of client-centred environments including physically and wheelchair accessible and welcoming spaces, translation services and provision of literacy materials, and assistance such as help with completion of consent forms

## Results

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### 3) Engagement in community and multi-sectoral collaboration in addressing the health needs of these populations through services and programs:

- Participation in community groups/committees
  - community gardens/kitchens/food boxes (9), oral health coalition (3), positive school coalition, youth development, Healthy Communities Partnership
- Participation in Local Poverty Reduction teams (5)
- Substance misuse services (3)
- CAPC [Community Action Program for Children] and CPNP [Canada Prenatal Nutrition Program] (3)
- School boards and schools (3)
- Social housing, municipalities on tobacco-free spaces and multi-sectoral service hubs (3)
- Homelessness housing group (2), Homeless shelters for immunization
- Participation on Basic Needs Committee (2)
- United Way (2)
- Veterinarians (2)
- Participation in Best Start/Children Services Networks (2)
- Youth engagement in tobacco use (2)
- Participation on Resilience Collaborative/Canadian Index of Wellbeing
- Child Youth Family Services Coalition
- Health Canada
- Immigrant Employment Network, Multicultural Centre for Immigrants for Early Years services, Refugee Health Network
- University and Non Governmental Organization for Tuberculosis screening
- Crime Prevention Council
- Harm Reduction Coalition for research
- Family visitors in Healthy Babies Healthy Children (HBHC) program
- Food banks
- Early Years Centres
- Planning Department (built environment)
- Police
- Teen Centre
- Primary health care providers

### 4) Support the community and other stakeholders in policy advocacy for improvements in the determinants of health. Health units were instructed to provide examples that could include action that addresses the determinants of health as a whole, the framework, or individual determinants alone or in combination:

- Access to food/food security (7)
- Active transportation/transportation access (4)
- Built environment (bike trails, bicycle racks on public transportation) (4)
- Fair wages and employment/employability (4)
- Access to recreation (3)
- Regional Official Plan / Planning department (3)

## Results

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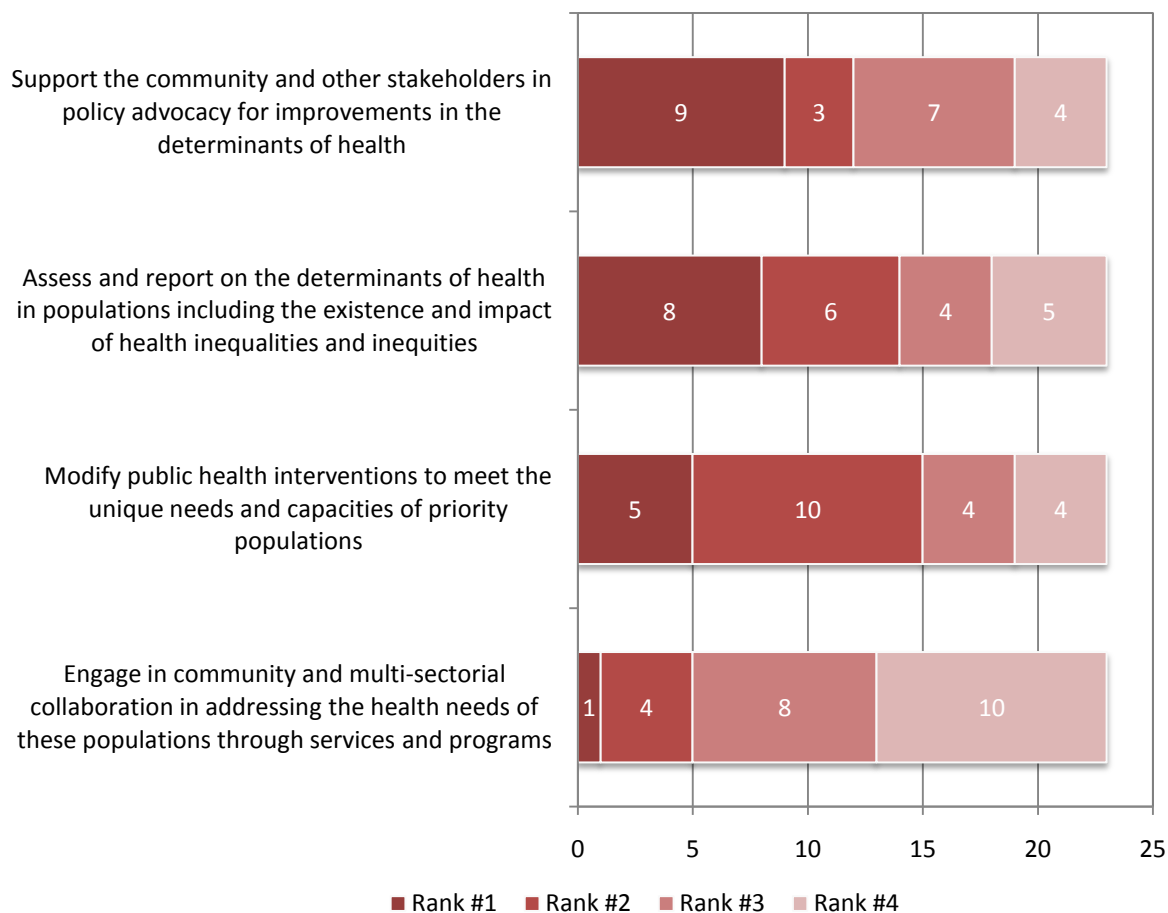
- Tobacco in perinatal populations, smoke-free housing policy, tobacco-free spaces
- Safe housing (2)
- Weather and sun safety (2)
- Child health (2)
- Dental care affordability and access to free dental care for low-income families (2)
- Expanded eligibility for publicly funded services (Human papillomavirus vaccine and Ontario Health Insurance Plan coverage for new immigrants with tuberculosis)
- Workplace health
- Bullying prevention
- Baby-friendly initiative
- School nutrition policy
- Literacy

### Question 5 – Support Required for Public Health SDOH Action

Health units were asked to rank from 1 (would benefit most from support) to 4 (would benefit the least from support) areas in which they would need support to address the SDOH.

The matter which the most health units indicated they would benefit the most from support was, supporting the community and other stakeholders in policy advocacy for improvements in the determinants of health. Nine health units ranked this assistance as the area in which they would benefit most from support. The next most highly ranked need for support was selected by about one third of respondents. Eight health units indicated they would benefit most from support in assessing and reporting on the determinants of health in populations, including inequity and its impact. Overall, when first and second rankings are combined, respondents selected these three areas with similar frequencies. Health units were least likely to select support for engaging in community and multi-sectoral collaboration as the area in which they would most benefit from support. This suggests that there are opportunities for health units to benefit from support to encourage communities in policy advocacy, assess and report on health determinants, and modify public health interventions to meet the needs of priority populations.

**Health Unit Ranking of Areas in which Support would be Most Useful  
(1=Most Useful)**



### Question 6 – Helpful Tools, Strategies, and Resources

Sixteen health units responded to this question that asked them to identify practice tools, strategies, or other resources that they thought would be helpful to other public health units' work to address the SDOH. The types of tools, strategies, and resources suggested included (see Appendix B for precise topics, resources and sources):

- Equity-focused health impact assessment tools/lens/checklists
- Academic articles
- Literature/ Systematic reviews
- Grey literature
- Consensus statements/ Position statements
- Practice guidelines
- Videos
- Factsheets
- Reports on priority populations and areas, resources for working with particular populations, area profiles, neighbourhood level mapping and the "Priority Neighbourhood" based upon socio-economic/health need data
- Data sets and indices
- Do the Math Calculators
- Planning frameworks, practice framework and tools, results-based analysis tool to identify local needs and develop a joint plan of action
- Action plans, operational plans
- Logic models
- Evaluation materials
- Focus groups
- Board game
- Scenarios
- Listserves
- Websites
- Training materials, staff diversity training curriculum
- Engagement frameworks
- National/world agency resources (e.g. National Collaborating Centres for Public Health, Public Health Agency of Canada, World Health Organization)
- Service delivery models
- Job descriptions
- Terms of reference
- Translation experience
- Experiential knowledge

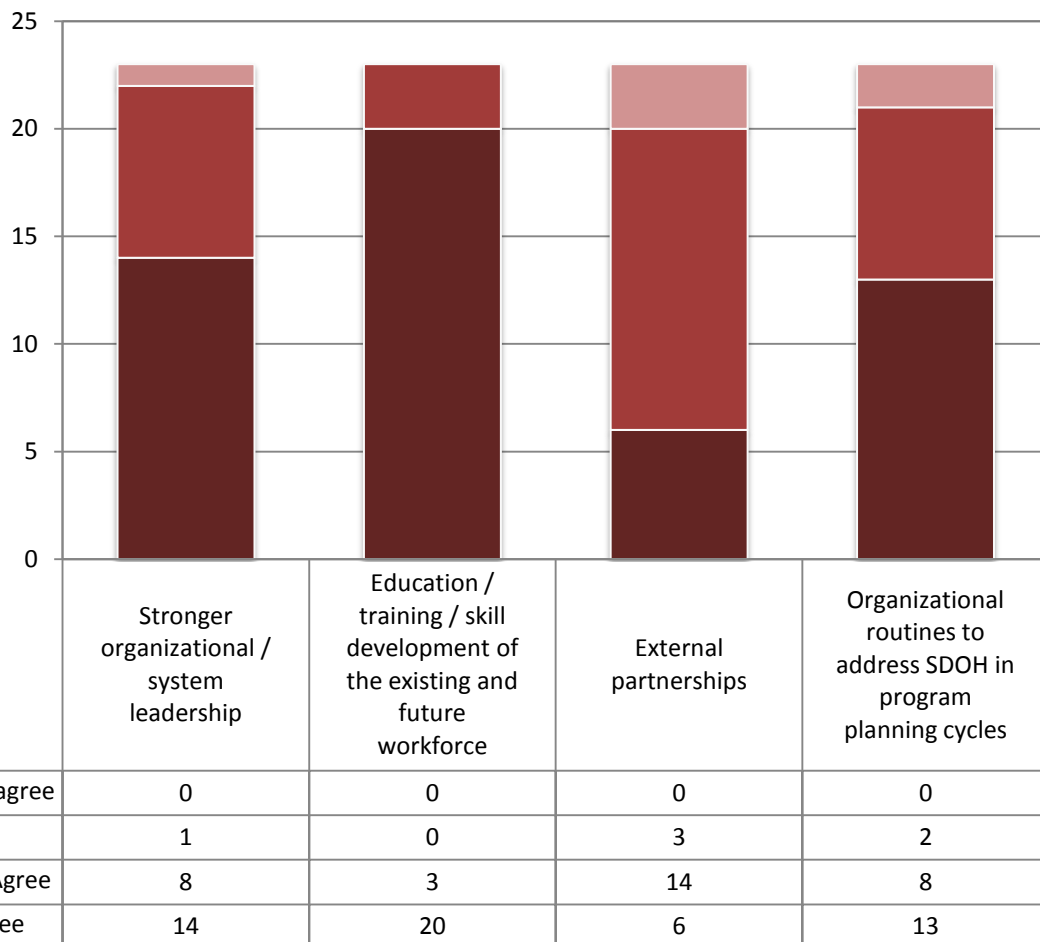
### Question 7 – Key Health Unit Challenges and Gaps

Twenty-three health units identified key challenges/needs/gaps for public health units/staff to better address the SDOH. Most (87%) respondents strongly agreed that education, training, and skill development of the existing and future workforce was a key challenge. The next most commonly expressed challenge was a need for stronger organizational/system leadership. Just over half (56%) of respondents strongly agreed that a key challenge was organizational routines to address SDOH in planning cycles. Ninety percent of respondents strongly agreed or somewhat agreed that all of these areas represented key gaps impacting health unit capacity to address the social determinants of health.

Health units provided more variable responses concerning the nature of need for development of abilities in managing external partnerships. This area received the highest rate of disagreement from respondents (13%) that it was a key gap. Respondents listed additional challenges and gaps in addressing the social determinants of health including (frequency of selection in brackets):

- Access to (local) data (2)
- Human resources (2)
- Increased awareness (2) (+/-of public health role)
- Local public health unit governance (2)
- Lack of simple language to talk about SDOH with the public
- Partnership support
- Reciprocal support for committee participation
- Linkage of information to Ontario Public Health Standards
- Building capacity
- Funding
- Leadership
- Connection to social services

**Key Requirements for Public Health Units to Better Address the SDOH**



### Question 8 – Systemic Needs for Assistance

Health units were asked to rank the top three items from a list of seven items that would be of greatest assistance to strengthen public health organizations’/systems’ actions to address the SDOH.

Health unit respondents prioritized their first choice for systemic assistance in the following list (frequency of selection in brackets):

- Knowledge brokering service (provision of best practice advice tailored to local context) (10)
- Steps/strategies to move awareness to action (10)
- Tools/checklists for addressing SDOH (health impact assessment, program planning framework; conducting situational/needs assessments) (9)
- A support structure for sharing of information and issues among public health staff/organizations (e.g. networks; communities of practice) (7)
- Summaries of existing evidence on the relationship between SDOH and particular health outcomes (e.g. equity-focused health impact assessments) (6)
- Key messages/tools for engaging internal and external stakeholders (including Boards of Health) (5)
- Case studies of public health organizations’ actions to address SDOH (4)

The top three rankings were assigned to knowledge brokering, steps and strategies to move awareness into action, and tools and checklists.

Other themes identified in descending order of frequency included:

- Human (2) and financial resources
- Provincial support structure for joint health unit action
- Assistance with common core indicators set development and monitoring tools
- Tools for action
- Prioritization of SDOH at the ministry level
- Lead agency
- Connection with particular communities (Mennonite, Aboriginal)

## Results

<b>From the list below, rank the top three items that would be of greatest assistance to strengthen public health organizations'/systems' actions to address the SDOH (please rank only 3).</b>			
<b>Answer Options</b>	<b>Rank 1</b>	<b>Rank 2</b>	<b>Rank 3</b>
Case studies of public health organization's actions to address SDOH	1	4	1
Summaries of existing evidence on the relationship between SDOH and particular health outcomes (e.g. equity focused Health Impact Assessments)	2	3	2
Tools/checklists for addressing SDOH (e.g. Health Impact Assessment, program planning framework; conducting situational/needs assessments)	3	4	6
Knowledge brokering service (provision of best practice advice tailored to local context)	7	0	4
A support structure for sharing of information and issues among public health staff/organizations (e.g. networks; communities of practice)	5	3	3
Key messages/tools for engaging internal and external stakeholders (including Boards of Health)	2	4	0
Mentoring by experienced peers	0	0	1
Steps/strategies to move from awareness to action	1	4	6
Other	5	0	0

## Question 9 – Opportunities for the Joint Work Group on SDOH

The purpose of the Joint Work Group on the Social Determinants of Health was identified for health unit respondents. Its purpose is to foster improvements in social inequities in health for the population of Ontario, applying the following strategic approaches:

1. Promoting the inclusion of activities to address the social and economic determinants of health within the mandate of local public health units in Ontario;
2. Identifying, recommending, and supporting the provincial advocacy efforts of ALPHa and OPHA for improvements in inequities in health; and
3. Monitoring advocacy efforts and policy changes at the provincial and national levels that impact inequities in health.

Given this purpose, six of the areas previously identified in Question #8 as areas requiring assistance were also identified by more than three quarters of respondents as activities the Joint Work Group should endeavour to provide. While there was less support for knowledge brokering, 11 respondents still identified this as an activity the Joint Work Group should strive to provide.

Other themes identified by respondents included:

- Funding hiring of personnel with skill set and capacity for the work
- Ontario Agency for Health Protection and Promotion collaboration (knowledge exchange)

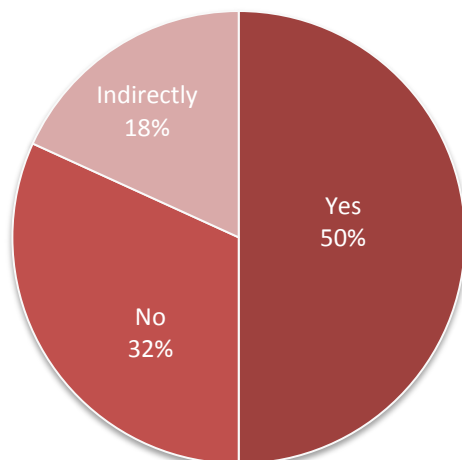
## Results

Which of the items listed in Question #8 do you think the Joint Work Group should endeavour to provide? Check all that apply.	
Answer Options	Response Percent
Case studies of public health organization's actions to address SDOH	74%
Summaries of existing evidence on the relationship between SDOH and particular health outcomes (e.g. equity-focused Health Impact Assessments)	70%
Tools/checklists for addressing SDOH (e.g. Health Impact Assessment, program planning framework, conducting situational/needs assessments)	83%
Knowledge brokering service (provision of best practice advice tailored to local context)	65%
A support structure for sharing of information and issues among public health staff/organizations (e.g. networks, communities of practice)	78%
Key messages/tools for engaging internal and external stakeholders (including Boards of Health)	78%
Mentoring by experienced peers	17%
Steps/strategies to move from awareness to action	65%
Other	9%

### Question 10 – Health Unit Strategic Plans and the SDOH

Fifty percent of respondents identified that SDOH have been identified as a priority in their health unit's strategic plan, while 18% indicated that SDOH have been indirectly identified as a priority. Thirty-two percent of respondents indicated that their health unit's strategic plan had not identified the SDOH as a priority. With a total of 68% of respondents identifying SDOH as a priority, either directly or indirectly, in their strategic plan, health units are well underway to meeting anticipated Board of Health Organizational Standard Performance requirements in this domain.

**Has addressing the SDOH been identified as a priority in your health unit's strategic plan? (n=23)**

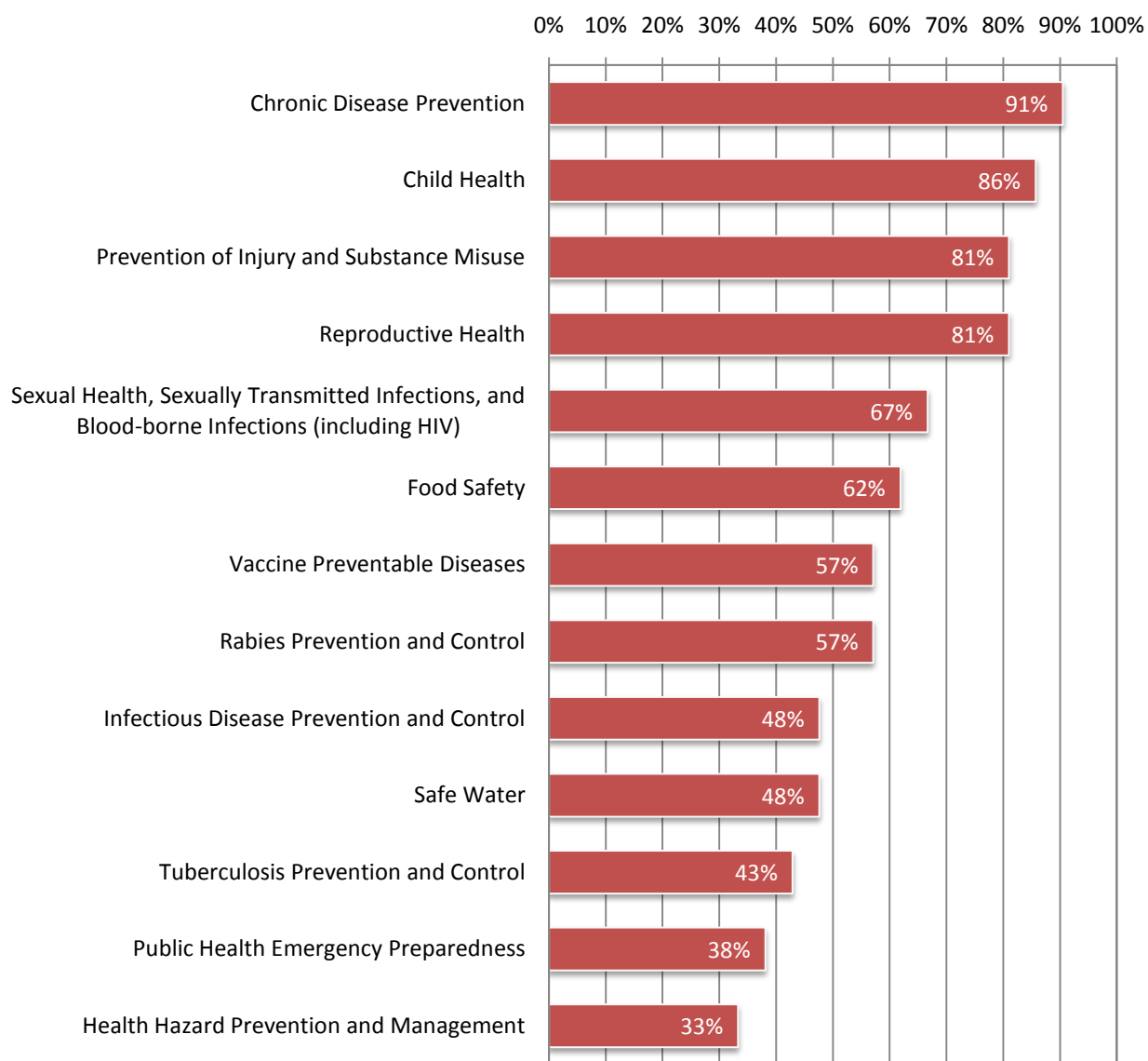


### Question 11 – Local Identification of Priority Populations

Respondents cited efforts by health units to identify local priority populations in all Ontario Public Health Standards program areas. The most frequently mentioned areas for priority population assessment existed in chronic disease prevention, prevention of injury and substance misuse, reproductive health, child health, and sexual health.

Respondents named methods to identify local priority populations. These included situational assessments as part of routine planning; using data from sources such as the Canadian Community Health Survey, Early Development Instrument (EDI), Statistics Canada, and funders; and finally tapping into the information available from partner agencies servicing priority populations.

**Percentage (%) of Health Units Identifying Local Priority Populations, by OPHS Program Area**



### Question 12 – Challenges in Reaching Priority Populations

Many challenges exist in reaching priority populations. Twenty-one respondents identified the following challenges (frequency in brackets):

- Overcoming barriers such as transportation, lack of phone, child care, language and literacy, social isolation (12)
- Engaging/reaching/recruiting members of priority populations (7)
- Tailoring interventions to specific populations. Members of populations with low income may feel uncomfortable in the same program with those who have higher income.  
Diversity of populations
- Identification of priority populations (3)
- Building trusting relationships with priority populations (5)
- Accessing physical locations of priority populations (2)
- Large rural geography challenges the ability to plan and deliver services(e.g. long distance travel) (4)
- Difficulty in reaching sub-populations of priority populations (4)
  - Street involved persons, Aboriginal populations, teens and low-income youth, those on Ontario Works, working poor, single mothers, high-risk seniors living on their own
- Cultural barriers and awareness (4)
- Literacy levels (3)
- Language to relay messages/effective communication (2)
- Resources, budget, and funding (5)
- Expense of service delivery (3)
- Staff capacity (4)
- Balancing ministry priorities
- Waitlists for services
- Planning time
- Limited scope to directly address the basis of inequities
- Data, local and systematic, to follow trends and impact (3)
- Tension/competition between population-based approach and focus on priority populations (2)
- Subsidies for services
- Best practices
- Poor outcomes (tobacco cessation)
- Poor coordination among agencies and internal staff reaching the same families
- Policy advocacy is challenging

### Question 13 – Local Advocacy on the SDOH

Twenty health units provided examples of advocacy efforts related to the SDOH:

- Provincial and or national consultations (6)  
Affordable housing strategy, Nutritious Food Basket Report, Resilience Collaborative, special diet allowance/Put Food in the Budget campaign, adequate income support, Make Poverty History, 25 in 5
- Community committees and coalitions including:  
Basic Needs, Oral Health, Poverty Reduction Coalition, Healthy School Nutrition, Community Gardens, Healthy Communities Initiative, Regional Food Summit, Community Services Committee, Housing network, Smoke-free housing, Regional Immigrant Employment Network, Dental Coalition
- Advocacy on food security (7); Do the Math Challenge (3); Distributing Nutritious Food Basket results (6)
- Support for subsidies (bike helmets, car seats, nicotine replacement therapy)
- Council presentations; all-candidates meetings on poverty and social issues (3)
- Media releases, newspaper advertisements, television/posters/brochures/displays (3)
- Board of Health motions/resolutions (2)
- Position papers and focused reports (2) (e.g. child poverty, SDOH)
- Input into Municipal/Regional Official or Transportation plan (2)
- Letter to Premier, presentations to members of federal/provincial parliament (2)
- Postcard signing
- Input into workplace policy
- Incorporation of SDOH in strategic planning (2)
- Health Impact of Poverty initiative
- Youth inclusion
- Smoke-free playgrounds
- Advocacy for services in underserved areas
- Advocacy for expanded access to services (dental for low-income populations; access to Ontario Health Insurance Plan for new immigrants)
- Advocacy for increases to the minimum wage and social assistance rates
- Lecture series (Hastings Lecture to highlight SDOH)

### Question 14 – Community Partnerships

Twenty health units identified the types of community partnerships, committees and coalitions (e.g. education, business, political, NGOs, health, etc.) they are involved with to address the SDOH (frequency in brackets):

- Non-Governmental Organizations
  - Social Planning council (4), Best Start/Better Beginnings (3), Early Years Service Integration Committee (3), Community fairs, Triple Parenting, Children’s Aid Society, Fight against Impaired Driving, Ontario Safer Bars, Biosphere Reserve, Social Services, Lung Association, Rotary Club, YMCA, United Way (2), Academic Research Partners
- Health
  - Hospital (4), Substance Use Prevention Coalition (3), Community Health Centre (2), Family Health Centre/Team (2), Local Health Integration Network, multi-health unit working groups, Community Mental Health Program, Residential Energy Efficiency Program
- Municipal
  - School boards (7), Council (2), By law and Building, Libraries, Housing, Parks & Recreation, Police and Fire (2), Planning Department
- Community
  - Basic Needs Committee (2), Chamber of Commerce (2), Seniors Safety Gathering, Family Resource programs, Development and Community Planning groups, Canadian Prenatal Nutrition Committee, PROMPT (municipal, legal, consumer, community agency committee), Community Living, Members of federal/provincial parliament, faith organizations (2), volunteers, Immigrant Employment Network, Neighbourhood Associations, Community Centres, Food roundtable, festivals, Garden council, Healthy Communities Coalition, Safe Communities, Poverty Reduction Network, Food Security Working Group, Neighbourhood Hub, Children’s Alliance, Recreation groups, Youth Coalitions, Workplaces, First Nations, child care agencies

# Health Unit Involvement in Ontario's Poverty Reduction Strategy Programs (Questions 15 – 21)

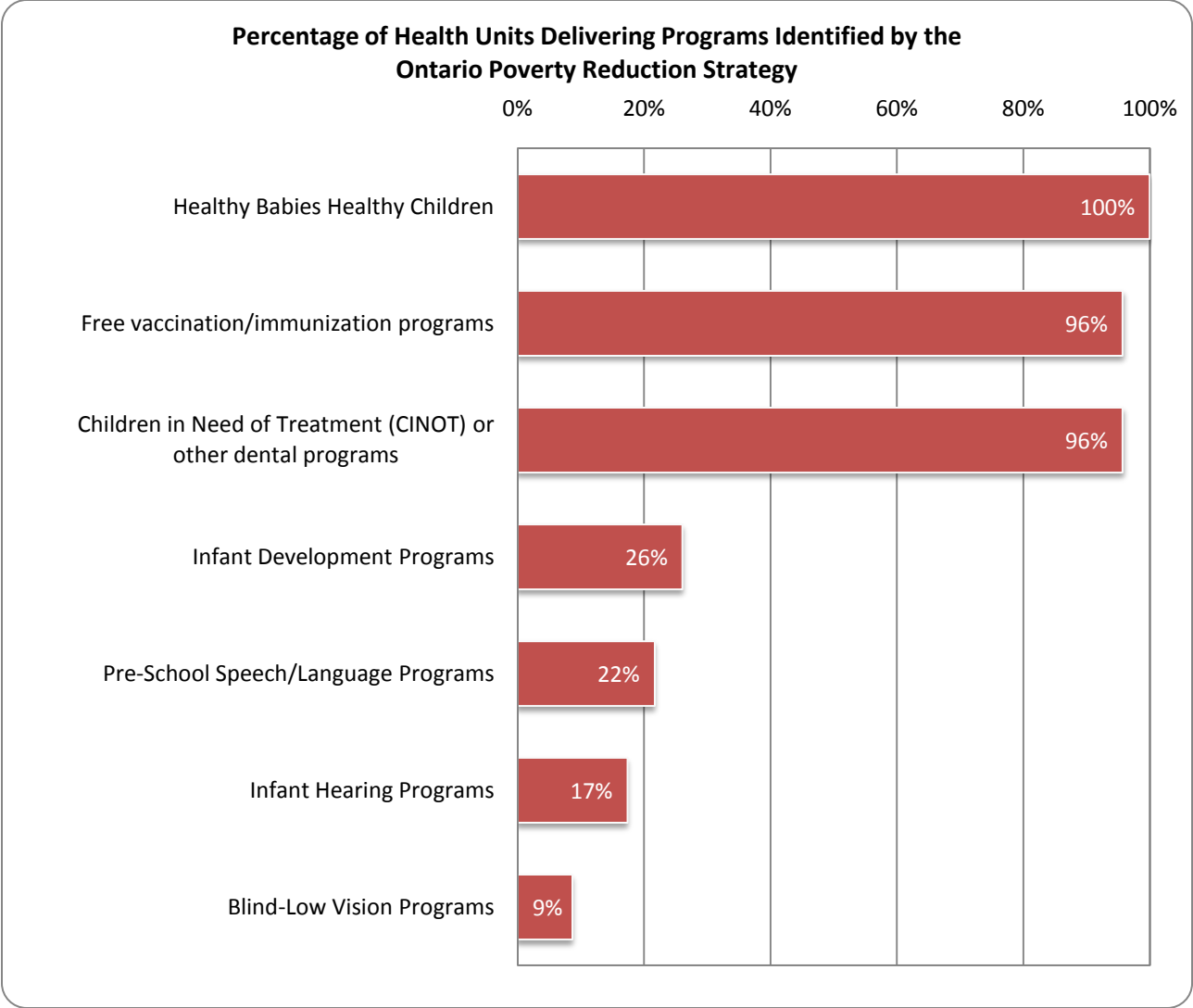
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## Question 15 – Ontario's Poverty Reduction Strategy Programs Delivered by Health Units

All responding health units reported that public health delivers elements of the seven programs identified in Ontario's Poverty Reduction Strategy. One hundred percent of participating health units indicated that they provide Healthy Babies Healthy Children programming and 96 % indicated that they provide free vaccination/immunization programs and the Children in Need of Treatment or other dental programs. Health units offer other programs less often: just over a quarter deliver Infant Development programs while about 20% or less provide Pre-School Speech and Language programs, Infant Hearing and/or Blind Low Vision programs.

Challenges health units face in delivering these programs to meet the needs of priority populations included:

- Limited funding (10)
- Geography and isolation, remoteness, northern/rural (5)
- Transportation (4)
- Demand capacity imbalance/waitlists (4)
- Awareness among professionals and community (2)
- Difficulty contacting clients (2), Lack of phone/insecure housing
- Child care (2)
- Population growth (2)
- Language
- Ministry forms in unclear language
- Finding common goals among partner agencies
- Limited primary care support resulting in increased public health role in service delivery
- Access to service providers
- Staff training for work with marginalized groups
- Time
- Long-term commitment
- Moving from program-centred to a client-centred system under the Ontario Public Health Standards



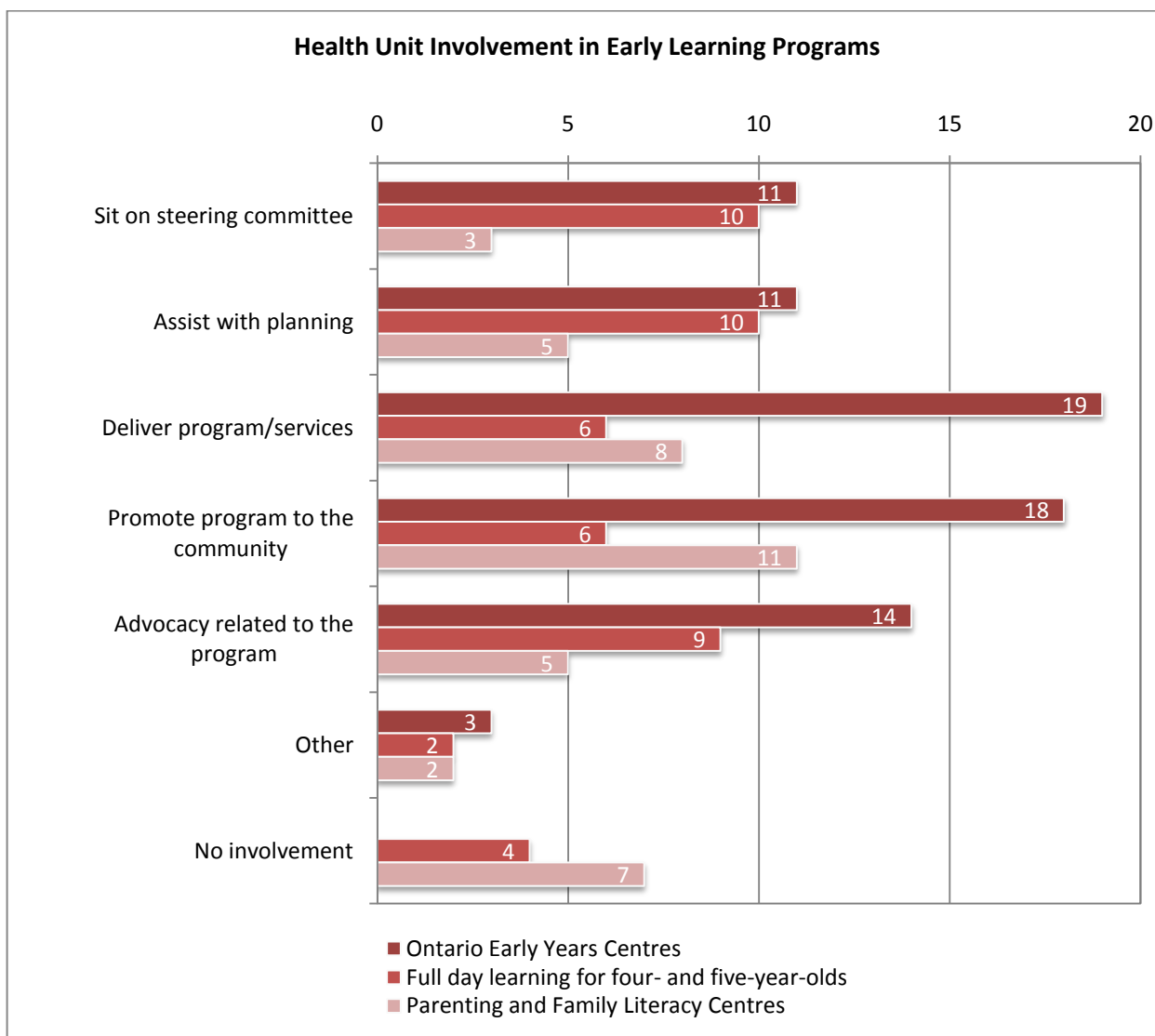
### Question 16 – Health Unit Involvement in Early Learning Programs

Twenty-two health units described their involvement in the Early Learning programs as articulated in Ontario’s Poverty Reduction Strategy. All health units have involvement with Ontario Early Years Centres. This involvement ranges from sitting on steering committees, assisting with planning, delivering programs, promoting the program in the community, and advocacy related to the program. A large majority (82%) of responding health units are involved with full-day learning for four-and five-year-olds with 45% of the respondents sitting on steering committees and assisting in planning. Although 32% indicated no involvement with Parenting and Family Literacy Centres, half of the health units promoted these programs to the community.

## Results

Other areas of involvement described by participants included:

- staff training
- partner
- engagement with subcommittee planning



### Question 17 – Health Unit Involvement in School Poverty Reduction Programs

The number of respondents who identified health unit involvement in the school programs has been identified below. (A description of these programs can be found on pages 10-13 of Ontario's Poverty Reduction Strategy.). Involvement ranged from sitting on steering committees, assisting with planning, delivering programs, promoting the program, and advocacy related to the program.

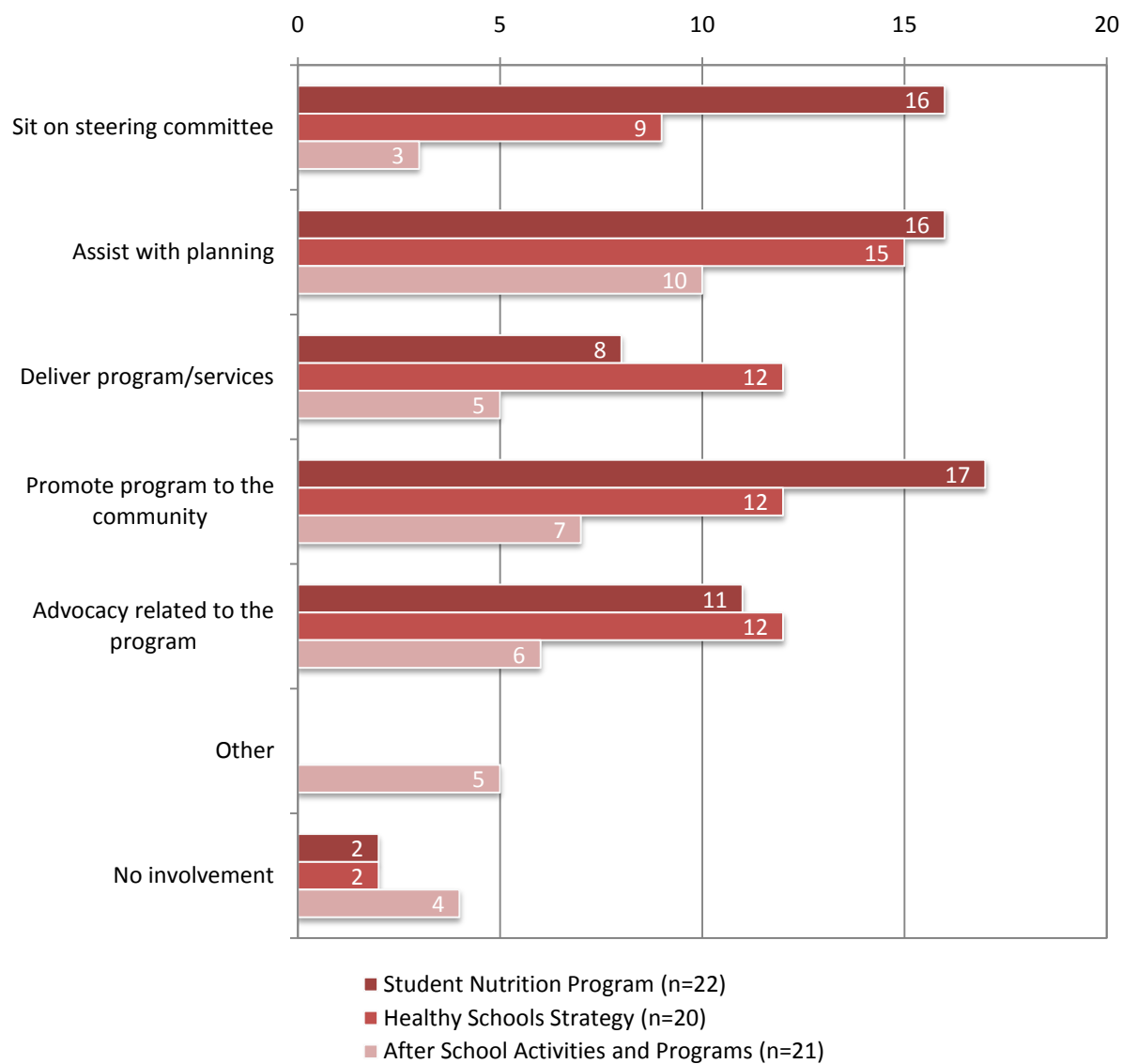
- Student Nutrition Program (20)
- Healthy Schools Strategy (18)
- After School Activities and Programs (17)
- Mental Health and Addictions Strategy (12)
- Youth Opportunities Strategy (8)
- Student Success Teams (7)
- Safe Schools Action Team (7)
- Access to School Activities (7)
- Parent Engagement Office (4)
- Literacy and Numeracy Secretariat (LNS) through the Ontario Focused Intervention Partnership (2)

Other involvement identified by respondents included:

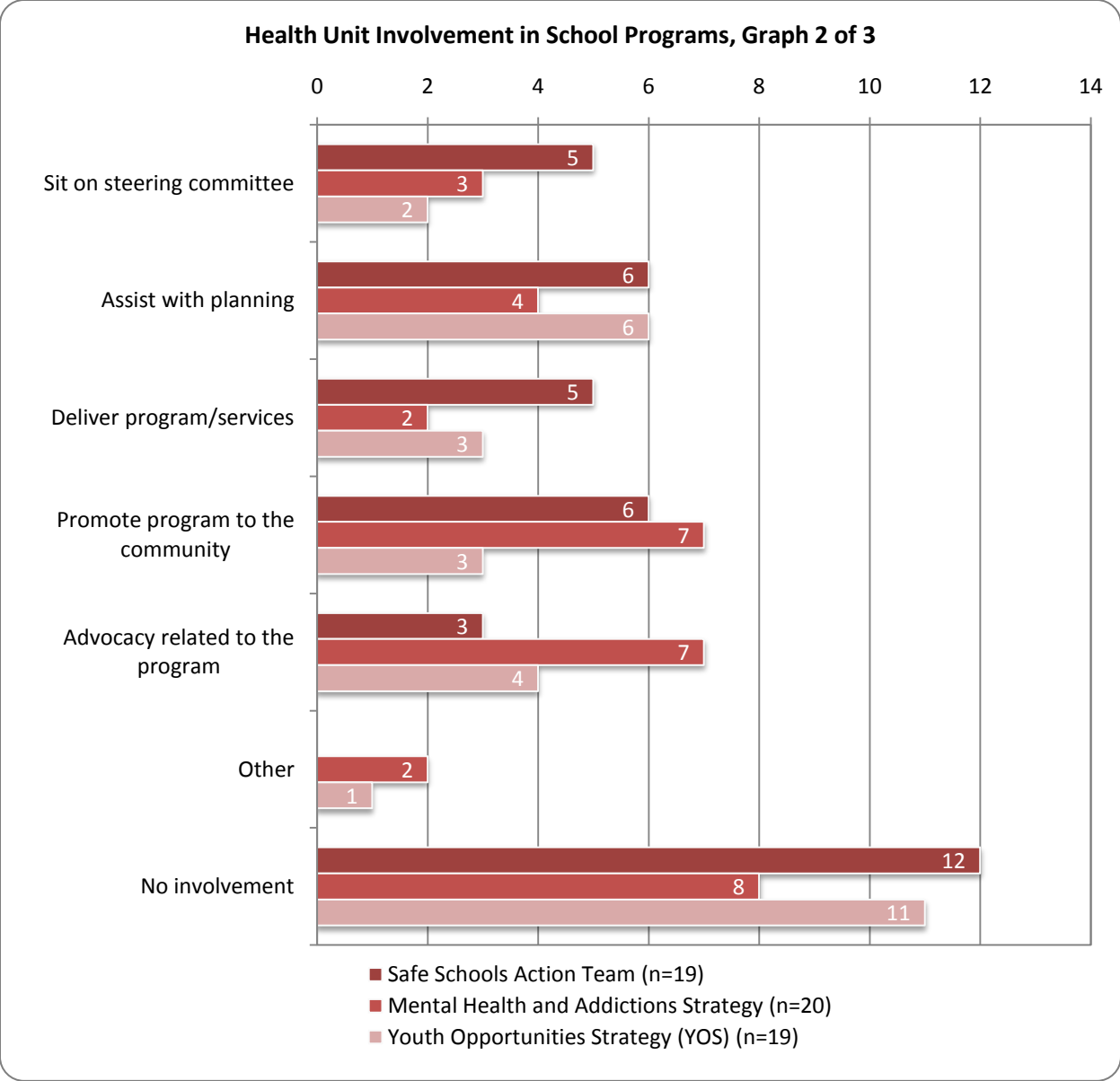
- program development in healthy eating, physical activity, and tobacco (3)
- specific staff liaise with school boards
- promote and refer schools and parents to community mental health
- organized workshops in mental health for school staff and community agencies
- promote universal access to school programs for healthy food and recreation
- train the trainer sessions for after school programs
- support upon request
- student placements at the health unit
- inspections of after school sites
- mental health research
- peripheral involvement due to challenging rollout of initiative
- lead in planning

Health unit involvement with the School Poverty Reduction Strategies is variable, with the strongest levels of involvement reported in more traditional program areas, such as nutrition and healthy schools.

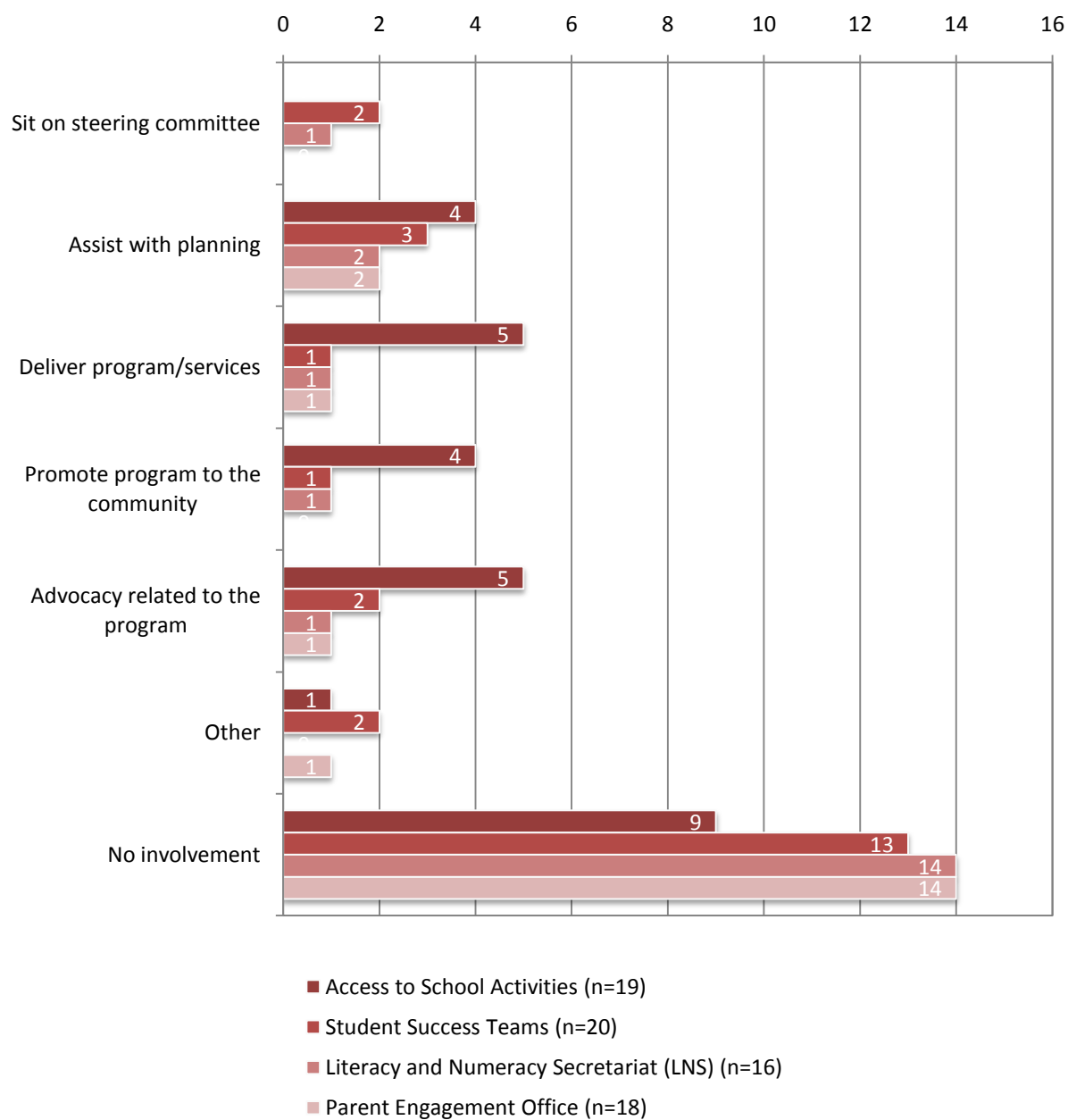
Health Unit Involvement in School Programs, Graph 1 of 3



Results



Health Unit Involvement in School Programs, Graph 3 of 3



Note: Not all responding health units provided answers for each program; frequencies within each program therefore do not all sum to the same number.

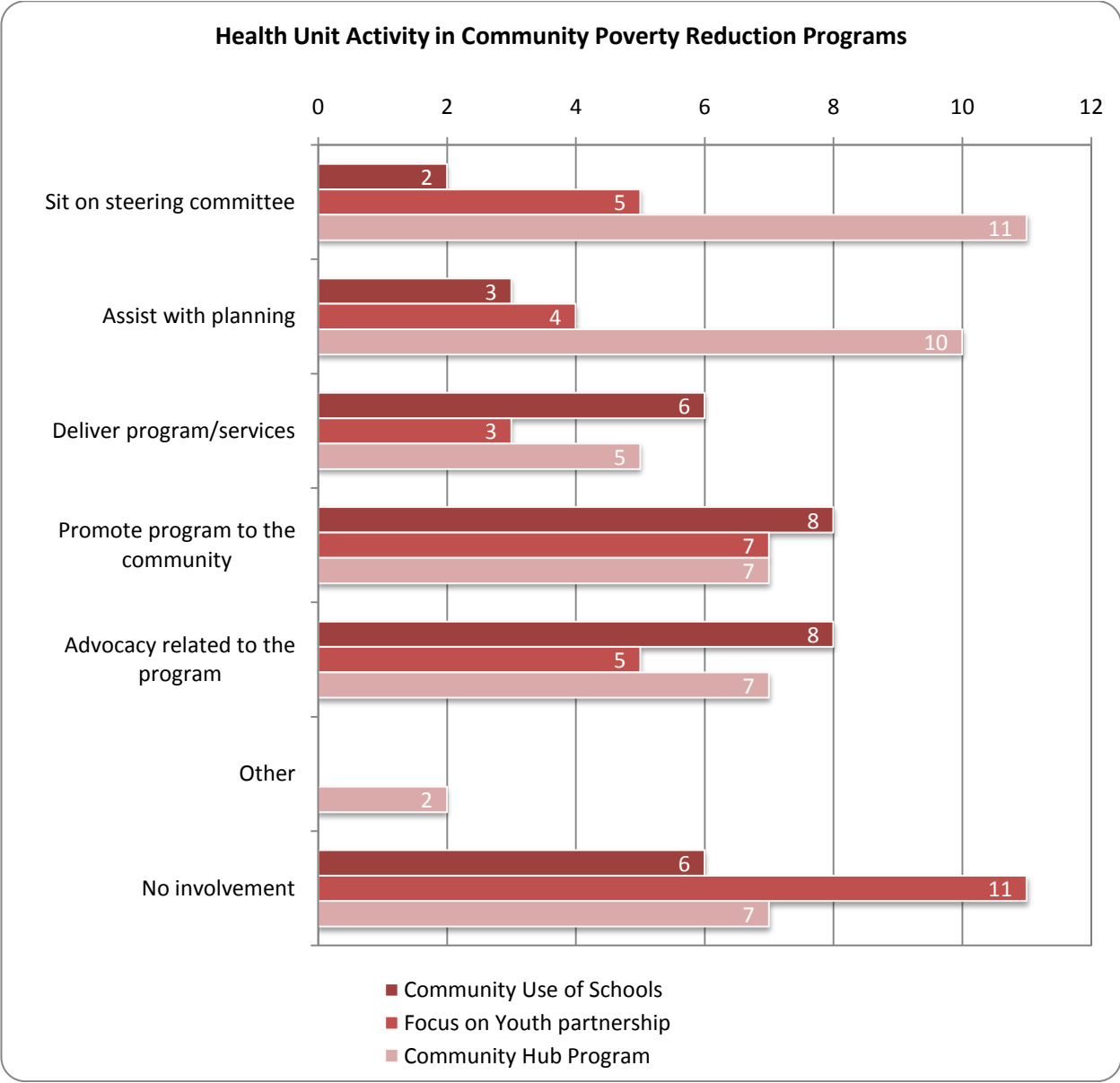
Results

### Question 18 – Health Unit Activity in Community Poverty Reduction Programs

Health units were asked to explain their involvement in community programs noted in Ontario’s Poverty Reduction Strategy, namely the Community Use of Schools, Community Hub, and Focus on Youth Partnership. More than two thirds of respondents were involved with Community Use of Schools and the Community Hubs. Respondents described many roles that health units assume ranging from sitting on a steering committee to promoting the program.

Other identified involvement included:

- School team involvement in professional development for local promotion and planning
- Community Hub model support without provincial funding



### Question 19 – Health Unit Activity in Other Poverty Reduction Programs

The survey queried participants about health unit activities in other programs related to Ontario's Poverty Reduction Strategy. Involvement included:

- CINOT expansion/dental services for low-income families (6)
- local/provincial Poverty Reduction Working Group (2)
- programming: immunization, low-cost birth control and education, child health (2)
- planning for: full-day learning for 4/5-year-olds, child care, student nutrition, mental health promotion
- inspection of housing
- data gathering
- Canada Prenatal Nutrition Program
- Community Opportunities Fund
- Canadian Mental Health Association
- Bridges Out of Poverty Training
- local food security initiatives; sourcing funding for food skills programs

### Question 20 – Ontario Poverty Reduction Program Funding

The survey asked respondents if they had any involvement with projects funded by particular grants such as the Urban and Priority High Schools and the Community Opportunities Fund. Only two health units indicated involvement with Parents Reaching Out Grants. No health unit indicated involvement with the other grants mentioned in Ontario's Poverty Reduction Strategy, in particular the Learning Opportunities Grants, Urban and Priority High Schools, or the Community Opportunities Fund.

Health unit project activity with the Parents Reaching Out Grants included:

- priority primary and elementary schools
- assisting schools to obtain grants
- promotion of positive body image in youth

## Question 21 – Advocacy on the Ontario Poverty Reduction Strategy

The initiatives below were identified in Ontario's Poverty Reduction Strategy. Ten respondents to the question indicated the initiatives where their health unit advocated (e.g. formal Board statements, input of staff members to community consultations, direct advocacy as a health unit only, or indirectly as part of a community network).

**For which of the following initiatives has your health unit advocated (e.g. formal Board statements, input of staff members to community consultations, direct advocacy as a health unit only, or indirectly as part of a community network).  
Check all that apply.**

Answer Options	Response Percent	Response Count (n=14)
Student assistance programs (grants, loans, etc.)	7%	1
Skills to Job Action Plan	14%	2
Increase minimum wage	86%	12
Hire new Employment Standards Officers	0%	0
New legislation to improve access to temporary help agencies	7%	1
Increase funding for the Provincial Rent Bank Program	29%	4
Expand OSIFA loan eligibility	0%	0
Develop long-term affordable housing strategy	79%	11
Post-secondary earnings exemption	0%	0
Extend Up-Front Child Care Benefit	14%	2
Extend time period to request internal review	0%	0
Creation of an independent Social Policy Institute	7%	1
Development of Sustainable Procurement Strategy	7%	1
Social Innovation Generation (SiG)	0%	0
Development of Social Venture Capital Fund	7%	1

Specific activities related to the above initiatives were described by the respondents as:

- Participation in federal/provincial/local consultations on housing (4)
- Advocacy for increased funding to Provincial Rent Bank program (2)
- Support of community coalitions with access to data (2)
- Development of local reports on Child Poverty and Poverty Report Card
- Meeting with local Member of Provincial Parliament
- Letter to Premier
- Job Action Plan
- Advocacy for OAHPP to be designated the policy institute

## Question 22 – SDOH Measures and Instruments

All 23 respondents indicated that they were currently using or would like to use specific population health measures to inform their work. The most popular instruments in use are the Early Development Instrument, Birth Weights, and the Low-Income Measure. Survey participants cited interest in working with Graduation Rates, the Ontario Housing Measure and the Deprivation Index. The following indicators and instruments and their frequency of current use by respondents are listed below:

<b>Does your health unit use any of the following measures to inform their work? Check all that apply. (n=23)</b>				
<b>Answer Options</b>	<b>Currently using</b>	<b>Not using, but would like to use</b>	<b>Not interested in using</b>	<b>Not sure</b>
Early Development Instrument (School Readiness)	17	5	0	1
EQAO Score (Educational Progress)	4	9	4	5
Graduation Rates (High School Graduation Rates)	9	10	1	3
Healthy Birth Weights (Birth Weights)	22	1	0	0
Low Income Measure: 40% (Depth of Poverty)	9	12	0	0
Low Income Measure: 50% (Low Income Measure)	11	10	0	0
Housing Measure (Ontario Housing Measure)	7	14	1	1
Deprivation Index (Standard of Living)	4	16	0	1

Other measures used by health units included:

- Low-Income Cut-off
- Rapid Risk Factor Surveillance System
- Canadian Community Health Survey
- Deprivation Index developed by the Institut national de santé publique du Québec

## Question 23 – Use of SDOH Measures and Instruments

For the measures mentioned in question #22 that are currently being used by health units, respondents described how the instruments were deployed to inform their work:

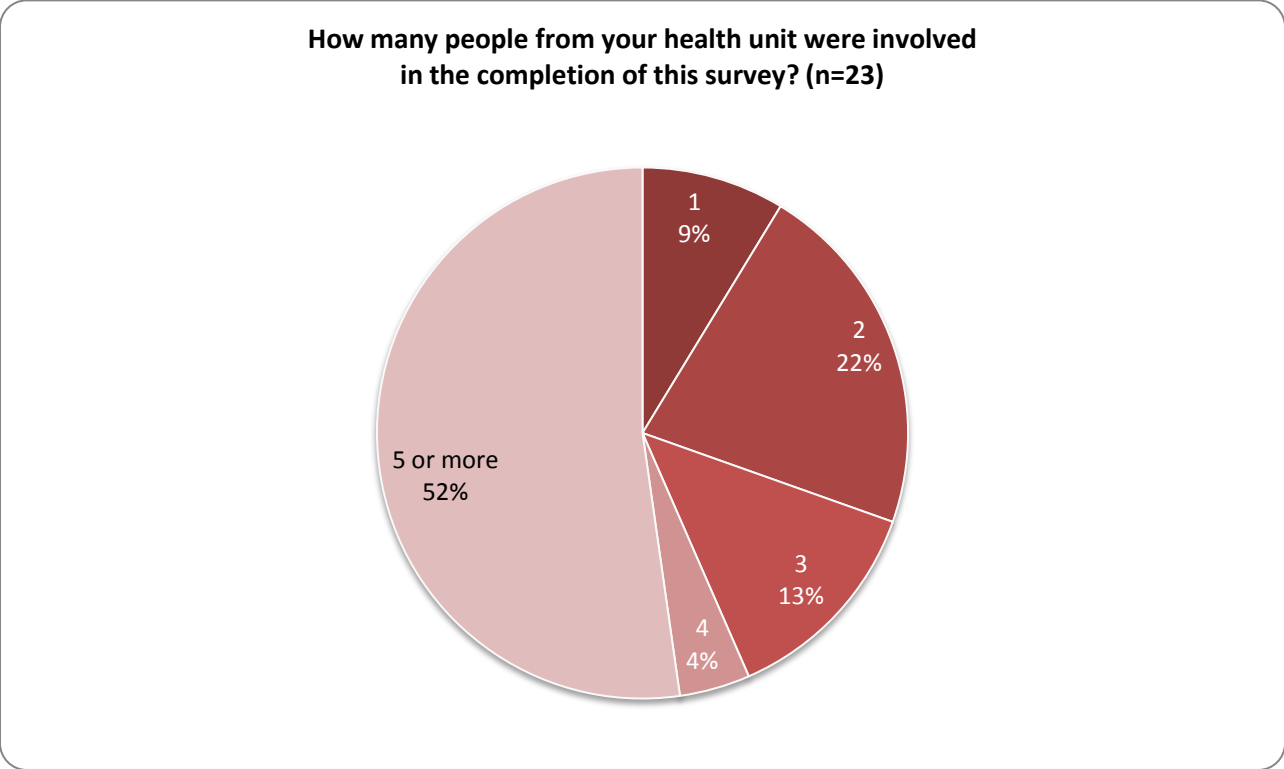
- Identification of priority populations (7)
  - EDI used to determine location of Best Start Hubs (4), Income and housing indicators for planning and identification of demographics and priority populations, EDI for Healthy schools programs (2), Rapid Risk Factor Surveillance System/Canadian Community Healthy Survey

**Results**

- Monitoring of trends/outcomes (6)
- Increasing awareness (7)
  - graduation rates and EDI/advocacy Low income cut-offs, low-income measure/housing
- Program planning justification (6) (Birth weights used to support need for prenatal education/parent support groups/dental program)
- Resource allocation (4)
- Mapping of service availability
- Targeting of needs assessment
- Program description
- Program evaluation

**Question 24 – Health Unit Survey Completion by Staff**

More than half (n=12) of respondents indicated that five or more people from their health unit participated in the completion of the survey. Only a single health unit reported that the survey was completed by one individual.



## Question 25 – Positions Involved in Survey Response

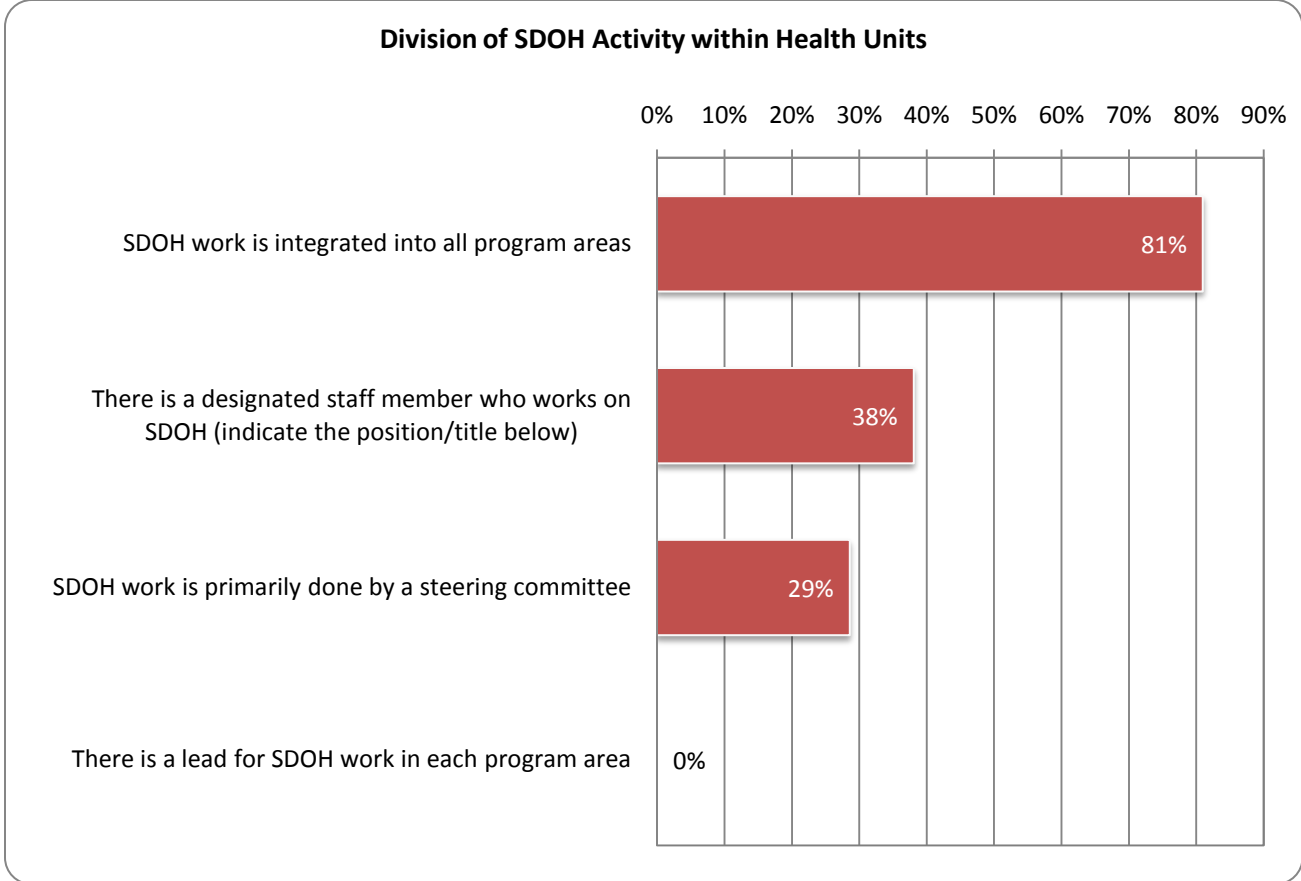
Multiple public health staff participated in the completion of this survey at the local health unit level. Eighteen health unit responses identified the following participants:

<b>Which of the following positions were involved with the completion of this survey? Check all that apply.</b>		
	<b>%</b>	<b>Count</b>
<b>MOH/AMOH</b>	30	7
<b>Director</b>	65	15
<b>Manager</b>	65	15
<b>Staff</b>	52	9
<b>Other</b>	9	2

Participants listed other types of respondents: epidemiologists (2), consultants/senior advisors, health promoters, and public health nutritionist.

## Question 26 – Division of SDOH Activity Within Health Units

More than 80% of survey respondents indicated that work related to SDOH is integrated into all program areas at their health unit. Almost 30% indicated that work is primarily done by a steering committee and almost 40% revealed that there is a designated staff member who works on the SDOH. These identified leads hold position titles such as: Health Promoter (2), Policy and Planning Specialist/Research and Policy Analyst (2), Steering Committee, Public Health Nutritionist, Community Developer and Senior Advisor. No health units have a lead for SDOH work within each program area.



## Discussion

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Actions on the social determinants of health were evident in the work of the majority of health units across the province. With almost two thirds of health units responding to this survey, virtually all strongly agreed that community engagement, multi-sectoral collaboration, and support for policy advocacy are appropriate domains of public health unit activity on the SDOH. Health units also volunteered that additional roles in action on the SDOH could be adopted by health units, including increasing awareness of the SDOH and assessing and planning for the health needs and impacts of priority populations. In particular, the use of equity-focused health impact assessments and a social equity lens in policy and program development were mentioned as a particular operational strategy. Notably, health units did not see their role limited to their local context. They also mentioned that contribution to the provincial system to build systemic capacity and coordination was also appropriate for health units to consider.

The wide variety of formats and topics that health units are using to communicate about the SDOH demonstrates the vigorous ways in which the SDOH are woven into health unit activity through the essential public health functions of population health assessment and surveillance. Health units are creating reports and research and awareness campaigns on an impressive array of the determinants and populations. Notably, one respondent mentioned that they do not have an epidemiologist. The absence of this important public health human resource would limit a health unit's ability to evaluate, analyze, and publicize local issues on the determinants of health. Nevertheless, increased knowledge of the impact of the SDOH is likely a desired interim state to build the case for decisive action on reducing health inequity. Health units involved in raising the awareness of the SDOH will need to have a vision of how they will measure the success and impact of campaigns to increase the profile of the SDOH.

In addition to population assessment and surveillance, health units' actions on the SDOH encompass many strategies to modify interventions for priority populations. These include adapting the types of offered services; reducing income, physical and geographic barriers to access programs; and changing program formats. Health units are also explicitly addressing determinants like social support by fostering supportive social networks and coordinating client care and referrals to other resources. The ability of health units to play that nodal function suggests that health units have a wide span of reach and connectivity into their communities. Illustratively, respondents listed many partners and coalitions they engage with in multi-sectoral collaboration. These cooperative ventures cover many health issues and include multiple types of organizations at different levels of scope including local, provincial and national initiatives. The prominence of food-oriented initiatives such as community gardens/kitchens/food boxes and food security as an advocacy issue suggests that public health activity in this sphere has gained considerable momentum recently. Many advocacy issues listed by respondents stem from the environmental health realm, including housing, transportation, the built environment, and protection from weather and the elements. In combination with the previously mentioned activities on income support and food security, health

units seem to be prioritizing collaborative work to address the fundamentally basic needs (food, shelter, income) of their populations.

When health units were asked about areas requiring support to address the social determinants of health, policy advocacy and staff skill development were listed as the top areas for improvement at the local level. This need prompts potential for centralized bodies like the Ontario Public Health Association, the Association of Local Public Health Agencies, or the Ontario Agency for Health Protection and Promotion to submit learning programs to build advocacy capacity at the local level. In addition, the public health field can explore the meaning of “public health support to the community” because this could involve a number of enabling activities such as assistance with proposal writing and grant requests and action planning. Finally, the low rate of selection of community engagement, multi-sectoral collaboration, and partnership as needing improvement, indicates that these are areas of self perceived strength for health units.

Indications of what health units specifically need to advance their work on the SDOH is evident in the practical items health units requested for assistance, such as knowledge brokering services, strategies, tools and checklists, and infrastructure to share information. Respondents saw the Joint Work Group on the Social Determinants of Health as a potential resource for outputs in these areas. Despite the many challenges health units listed as barriers to reaching priority populations and addressing the SDOH, they still listed numerous community partnerships and forms of activity with components of the Ontario Poverty Reduction Strategy.

Finally, health units are experimenting with a number of population health measures to inform their work on the SDOH. These measures are used to identify priority populations, monitor trends and outcomes, inform program planning and targeted resource allocation, and increase awareness. The sources for some of this data traditionally lie in sectors outside of health. Therefore, improving surveillance and population health assessment on the SDOH will necessitate enhanced relationships with agencies in domains such as housing, education, social and economic development, and planning.

# Limitations

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Although more than 60% of Ontario public health units responded to this survey, conclusions may be limited by systematic differences between participants and health units that chose not to respond. Similarly, although a health unit's staff could collaborate to answer the survey, a particular respondent may not be aware of all of the actions in which their health unit is engaged to address the social determinants of health. To prompt complete answers, most of the questions allowed respondents to select more than one option. Despite many areas of apparent consensus between participating health units, the large diversity of geography, population, and resources across health unit catchments can limit the appropriateness or feasibility of a particular action to address the social determinants of health.

# Conclusions

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Although there was some clustering of answers on actions that public health units are taking on the SDOH, there was also a large range, which suggests that health units may obtain new ideas to augment their current activities by reading the breadth of activities of their peers.

Health units are engaged with a wide variety of community partners. These examples might also spark some new opportunities for coalition building or programming.

The array of tools used in practice by responding health units could form a useful library for practitioners. It is likely that not everybody working on the SDOH is aware of every listed resource, so the compendium created by this survey should be disseminated broadly. The development of a tool box and an electronic portal would aid in sharing resources, tools, practices and in knowledge brokering.

The language and concepts around the SDOH are complex. Some respondents noted that simple language needs to be created to communicate these large ideas to different audiences. However, there seems to be some discrepancies among health units' understanding of "the population health approach". Some respondents reported a focus on priority populations as contradictory to population health. This suggests that there is room for developing or disseminating common definitions and understanding of the constructs of population health and the SDOH.

This report describes public health engagement in the provincial poverty plan. This survey summary is the only report of its kind detailing local public health activity with provincial poverty reduction initiatives and therefore can inform the provincial government, the Ontario Agency for Health Protection and Promotion, the OPHA, alpha, Council of Medical Officers of Health (COMOH), Boards of Health and all Ontario health units.

A possible role for public health includes building community capacity for policy advocacy, which could involve a number of community enabling activities.

Systematic and coordinated assistance to health units to advance their work on reducing social inequities in health can involve concrete services and items such as knowledge brokering services, specific implementation strategies and tools or checklists and infrastructure to share information. Respondents specifically mentioned health equity impact assessments, social equity lenses for policy, and program development.

Sources for some of the “social” data that are determinants of health inequities lie in sectors outside of health. Therefore, improving surveillance and population health assessment on the SDOH will necessitate enhanced relationships with agencies in domains such as housing, education, social and economic development, and planning.

## Next Steps

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- The report will be shared with all Ontario health units.
- This report will be widely disseminated to the public health community, including the Chief Medical Officer of Health, the Ministry of Health Promotion and Sport, the Ministry of Health and Long-Term Care, the Ministry of Education, the Ministry of Children and Youth Services, the Ontario Agency for Health Protection and Promotion, alPHa, COMO, Boards of Health and OPHA. The Joint Working Group on Social Determinants of Health will seek opportunities for discussion of system-wide supports to advance local health unit and public health professional associations’ work on reducing social inequities.
- The Joint Working Group on Social Determinants of Health will request a meeting with the Chief Medical Officer of Health to discuss public health practice implications arising from this report.
- The Joint Working Group on Social Determinants of Health will request a meeting with the Minister responsible for Ontario’s Poverty Reduction Strategy to discuss and highlight the significant actions of public health to mitigate or eliminate social conditions that produce inequities in health.

# Appendix A – Survey Questions

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1. For which of the following health units do you work?
2. To what extent do you agree that the following are roles for public health units in taking action on the social determinants of health (SDOH)?
  - Assess and report on the determinants of health in populations including the existence and impact of health inequalities and inequities
  - Modify public health interventions to meet the unique needs and capacities of priority populations
  - Engage in community and multi-sectoral collaboration in addressing the health needs of these populations through services and programs
  - Support the community and other stakeholders in policy advocacy for improvements in the determinants of health
3. In addition to those listed in Question #2, do you believe there are additional important roles for public health units in taking action on the SDOH?
4. Please identify examples of public health action (practice, policy, and/or research) your health unit has taken to address the SDOH in each of the four areas below:
  - (1) Assess and report on the determinants of health in populations including the existence and impact of health inequalities and inequities
  - (2) Modify public health interventions to meet the unique needs and capacities of priority populations
  - (3) Engage in community and multi-sectoral collaboration in addressing the health needs of these populations through services and programs
  - (4) Support the community and other stakeholders in policy advocacy for improvements in the determinants of health

These examples could include action that addresses the determinants of health as a whole, the framework, or individual determinants alone or in combination. Please provide specific example(s) – (e.g., name/type of initiative, name of project leader, name of report, etc.)

5. In which of the following areas does your health unit need the most support? Please rank the four roles according to how much your health unit would benefit from additional support. (1 = would benefit the most from support in this area, 4 = would benefit the least from support in this area)
  - (1) Assess and report on the determinants of health in populations including the existence and impact of health inequalities and inequities
  - (2) Modify public health interventions to meet the unique needs and capacities of priority populations
  - (3) Engage in community and multi-sectoral collaboration in addressing the health needs of these populations through services and programs
  - (4) Support the community and other stakeholders in policy advocacy for improvements in the determinants of health
6. Please list any practice tools, strategies or other resources that you are aware of and think would be helpful to other public health units' work to address the SDOH? (where possible - include the name and how to access)
7. What are the key challenges/needs/gaps for public health units/staff to better address the SDOH?
  - Stronger organizational/system leadership? (e.g. explicit expectations for public health units to address SDOH; identification of SDOH action as priority; resource allocation targeted to SDOH work)
  - Education/training/skill development of the existing and future workforce? (e.g. in applying SDOH-based frameworks and tools; conducting SDOH-based analysis; establishing priorities)

- External partnerships? (e.g. skills to engage partners; areas for joint action)
- Organizational routines to address SDOH in program planning cycles? (e.g. application of equity lens to steps of planning cycle; integrating SDOH activities into organization)
- Other (please specify)

8. From the list below, rank the top 3 items which would be of greatest assistance to strengthen public health organizations'/systems' actions to address the SDOH? (please rank only 3)

- Case studies of public health organization's actions to address SDOH
- Summaries of existing evidence on the relationship between SDOH and particular health outcomes (e.g., equity focused Health Impact Assessments)
- Tools/checklists for addressing SDOH (e.g., Health Impact Assessment, program planning framework; conducting situational/needs assessments)
- Knowledge brokering service (provision of best practice advice tailored to local context)
- A support structure for sharing of information and issues among public health staff/organizations (e.g., networks; communities of practice)
- Key messages/tools for engaging internal and external stakeholders (Including Boards of Health)
- Mentoring by experienced peers
- Steps/strategies to move from awareness to action
- Other (please specify)

9. The purpose of the Joint Work Group on the Social Determinants of Health is to foster improvements in social inequities in health for the population of Ontario, applying the following strategic approaches:

- (1) Promoting the inclusion of activities to address the social and economic determinants of health within the mandate of local public health units in Ontario;
- (2) Identifying, recommending and supporting the provincial advocacy efforts of ALPHA and OPHA for improvements in inequities in health; and
- (3) Monitoring advocacy efforts and policy changes at the provincial and national level that impact inequities in health.

Given this purpose, which of the items listed in Question #8 do you think the Joint Work Group should endeavor to provide? Check all that apply.

- Case studies of public health organization's actions to address SDOH
- Summaries of existing evidence on the relationship between SDOH and particular health outcomes (e.g., equity focused Health Impact Assessments)
- Tools/checklists for addressing SDOH (e.g., Health Impact Assessment, program planning framework; conducting situational/needs assessments)
- Knowledge brokering service (provision of best practice advice tailored to local context)
- A support structure for sharing of information and issues among public health staff/organizations (e.g., networks; communities of practice)
- Key messages/tools for engaging internal and external stakeholders (Including Boards of Health)
- Mentoring by experienced peers
- Steps/strategies to move from awareness to action
- Other (please specify)

10. Has addressing the SDOH been identified as a priority in your health unit's strategic plan?

11. Describe any efforts by your health unit to identify local priority populations in each of the following program areas:

- Chronic Disease Prevention
- Prevention of Injury and Substance Misuse
- Reproductive Health
- Child Health

- Infectious Disease Prevention and Control
- Rabies Prevention and Control
- Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)
- Tuberculosis Prevention and Control
- Vaccine Preventable Diseases
- Food Safety
- Safe Water
- Health Hazard Prevention and Management
- Public Health Emergency Preparedness

12. What challenges exist in reaching priority populations and in which program areas?
13. Describe any advocacy efforts by your health unit related to the SDOH (e.g.: “Put Food in the Budget”).
14. Which types of community partnerships (e.g. education, business, political, NGOs, health, etc.) is your health unit involved with to address the SDOH? Describe the extent of this involvement.
15. Which of the following programs does your health unit deliver? Check all that apply. (A description of these programs can be found on pages 8-11 of "Ontario's Poverty Reduction Strategy.")

- Healthy Babies Healthy Children
- Free vaccination/immunization programs
- Blind-Low Vision Programs
- Pre-School Speech/Language Programs
- Infant Development Programs
- Infant Hearing Programs
- Children in Need of Treatment (CINOT) or other dental programs

What challenges does your health unit face in delivering these programs to meet the needs of priority populations?

16. Which of the following best describes your health unit’s involvement in the early learning programs below? Check all that apply. (A description of these programs can be found on page 9 of "Ontario's Poverty Reduction Strategy.")
- Ontario Early Years Centres
  - Parenting and Family
  - Literacy Centres
  - Full day learning for four and five-year-olds

If you selected "other" for any of the above, please describe your involvement.

17. Which of the following best describes your health unit’s involvement in the school programs below? Check all that apply. (A description of these programs can be found on pages 10-13 of "Ontario's Poverty Reduction Strategy.")

- Student Nutrition Program
- Healthy Schools Strategy
- After School Activities and Programs
- Mental Health and Addictions Strategy
- Youth Opportunities Strategy (YOS)
- Literacy and Numeracy
- Secretariat (LNS) through the Ontario Focused Intervention Partnership (OFIP)
- Student Success Teams
- Safe Schools Action Team
- Access to School Activities
- Parent Engagement Office

If you selected "other" for any of the above, please describe your involvement.

18. Which of the following best describes your health unit's involvement in the community programs below? Include activities that you would consider to be supportive of these initiatives. Check all that apply. (A description of these programs can be found on page 20 of "Ontario's Poverty Reduction Strategy.")

- Community Use of Schools
- Focus on Youth partnership
- Community Hub Program

If you selected "other" for any of the above, please describe your involvement

19. Please describe your involvement in any other programs related to Ontario's Poverty Reduction Strategy.

20. Has your health unit been involved in projects funded by any of the following? Check all that apply. (A description of these programs can be found on page 12 of "Ontario's Poverty Reduction Strategy.")

- Learning Opportunities Grants
- Urban and Priority High Schools
- Parents Reaching Out Grants
- Community Opportunities Fund

For those selected, please describe the project/s.

21. For the following initiatives, health units are unlikely to be directly involved, but may have an advocacy role. The initiatives below were identified in "Ontario's Poverty Reduction Strategy."

For which of the following initiatives has your health unit advocated (e.g., formal Board statements, input of staff members to community consultations, direct advocacy as a health unit only, or indirectly as part of a community network). Check all that apply.

- Student assistance programs (grants, loans, etc.)
- Skills to Job Action Plan
- Increase minimum wage
- Hire new Employment Standards Officers
- New legislation to improve access to temporary help agencies
- Increase funding for the Provincial Rent Bank Program
- Expand OSIFA loan eligibility
- Develop long-term affordable housing strategy
- Post-secondary earnings exemption
- Extend Up-Front Child Care Benefit
- Extend time period to request internal review
- Creation of an independent Social Policy Institute
- Development of Sustainable Procurement Strategy
- Social Innovation Generation (SiG)
- Development of Social Venture Capital Fund

22. Does your health unit use any of the following measures to inform their work? Check all that apply.

- Early Development Instrument (School Readiness)
- EQAO Score (Educational Progress)
- Graduation Rates (High School Graduation Rates)
- Healthy Birth Weights (Birth Weights)
- Low Income Measure: 40% (Depth of Poverty)
- Low Income Measure: 50% (Low Income Measure)
- Housing Measure (Ontario Housing Measure)
- Deprivation Index (Standard of Living)
- Other (please specify)

23. For the measures in question #22 that you are currently using, please describe how they are used to inform your work (e.g., for what specific interventions?).
24. How many people from your health unit were involved in the completion of this survey?
25. Which of the following positions were involved with the completion of this survey? Check all that apply.
26. Who is involved in work related to SDOH at your health unit? Check all that apply.
- SDOH work is integrated into all program areas
  - There is a lead for SDOH work in each program area
  - SDOH work is primarily done by a steering committee
  - There is a designated staff member who works on SDOH (indicate the position/title below)

# Appendix B – Tools and Resources

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“25 in 5” Network for Poverty Reduction

<http://www.25in5.ca/aboutus.html>

Bambra, Gibson, Sowden, Wright, Whitehead & Petticrew (2010). Tackling the wider social determinants of health and health inequalities: evidence from systematic reviews. *J Epidemiol Community Health*, 64:284-291

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921286/?tool=pubmed>

Best Start Resource Center: How to Work with Series

- Rural Populations [http://beststart.org/resources/howto/pdf/rural\\_manual\\_fnl\\_web.pdf](http://beststart.org/resources/howto/pdf/rural_manual_fnl_web.pdf)
- Francophones [http://www.beststart.org/resources/howto/pdf/Francophones\\_manual\\_en.pdf](http://www.beststart.org/resources/howto/pdf/Francophones_manual_en.pdf)
- Populations at Higher Risk [http://www.beststart.org/resources/howto/pdf/HowTOGuide\\_2c.pdf](http://www.beststart.org/resources/howto/pdf/HowTOGuide_2c.pdf)
- Working with Youth <http://www.beststart.org/resources/howto/pdf/YOUTH.pdf>
- Working with Coalitions <http://www.beststart.org/resources/howto/pdf/COALITIONS.pdf>

Bridges Out Of Poverty Training

[http://www.ahaprocess.com/Community\\_Programs/](http://www.ahaprocess.com/Community_Programs/)

City of Toronto Public Health

- Staff Diversity Training Curriculum (available upon request) <http://www.toronto.ca/health/>
- Practice Framework (available upon request) <http://www.toronto.ca/health/>

Do the Math

<http://dothemath.thestop.org/dothemathchallenge.php>

European Portal for Action on Health Equity: DETERMINE

<http://www.health-inequalities.eu/>

Hamilton Public Health Services Position Statement on the Social Determinants of Health (2009)

<http://www.hamilton.ca/NR/rdonlyres/B9A5AD7E-CB58-4BA3-8F5D-1F5D51A54233/0/Apr27BOH09008SocialDeterminantsofHealthPositionStatement.pdf>

Health Canada

- Lalonde Report (1973-1974) <http://www.hc-sc.gc.ca/hcs-sss/com/fed/lalonde-eng.php>
- Determinants of Health Working Group Synthesis Report [http://www.hc-sc.gc.ca/hcs-sss/pubs/renewal-renouv/1997-nfoh-fnss-v2/legacy\\_heritage4-eng.php](http://www.hc-sc.gc.ca/hcs-sss/pubs/renewal-renouv/1997-nfoh-fnss-v2/legacy_heritage4-eng.php)

Health Nexus: The Social Determinants of Health – 25 resources to support your work

[http://www.healthnexus.ca/events/25th\\_anniversary/november.html](http://www.healthnexus.ca/events/25th_anniversary/november.html)

iEngage Bullying Prevention

<http://www.iengage.ca/iengage/home>

Institut national de santé publique du Québec (INSPQ)

<http://www.inspq.qc.ca/english/default.asp>

Invest in Kids

<http://www.investinkids.ca/>

## Lambton Circles

<http://www.lambtoncircles.com/>

## Middlesex London Health Unit

- Adventures in...Sex City (Sex Squad) <http://www.healthunit.com/sectionList.aspx?sectionID=378>
- RUCS Protocol (Routine Universal Comprehensive Screening for Woman Abuse) <http://www.healthunit.com/articlesPDF/10819.pdf>

## Motivational Interviewing

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1463134/>

## Moving Forward

[http://www.womenmovingforwardcanada.org/index.php?option=com\\_content&view=section&id=31&Itemid=76](http://www.womenmovingforwardcanada.org/index.php?option=com_content&view=section&id=31&Itemid=76)

## National Collaborating Centers

- Healthy Public Policy <http://www.nccph.ca/en/index.aspx?sortcode=2.0.1.5.7>
- Determinants of Health <http://nccdh.ca/>
- Aboriginal Health <http://www.nccph.ca/en/index.aspx?sortcode=2.0.1.5.6>
- Methods and Tools <http://www.nccmt.ca/>
- World Health Organization: Commission on Social Determinants of Health - final report [http://whqlibdoc.who.int/publications/2008/9789241563703\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf)

## National Collaborating Centre for Determinants of Health

<http://www.nccdh.ca/index.html>

## National Institute of Building Sciences: Planning and Conducting Integrated Designs Charrettes – For example a Community Gardens Integrated Design Charrette (focus group)

<http://www.wbdg.org/resources/charrettes.php>

## North Bay Parry Sound District Health Unit and North Bay and Area Social Planning Council

- “Poverty Reduction in Nipissing District: Perspectives and Priorities” May 2008 [http://www.healthunit.biz/docs/Reports/PCWG%20POVERTY%20REPORT%20-%20Final%20\(2\).pdf](http://www.healthunit.biz/docs/Reports/PCWG%20POVERTY%20REPORT%20-%20Final%20(2).pdf)
- “Poverty in Our Community: An Unsettling Reality” (video), November 2009 <http://www.northbayandareasp.com/resources.html>
- “Ontario’s Long-Term Affordable Housing Strategy”, December 2009 <http://www.northbayandareasp.com/resources.html>
- “Poverty Fact Sheet” February 2010 <http://www.northbayandareasp.com/resources.html>
- “The District of Parry Sound Speaks Out on Poverty: A Call to Action”, June 2010 [http://www.healthunit.biz/docs/Reports/dpsprn\\_June\\_2010.pdf](http://www.healthunit.biz/docs/Reports/dpsprn_June_2010.pdf)

## North Western Health Unit

- Health Equity Lens – draft (available on request) <http://www.nwhu.on.ca/>
- Rationale Document ((available on request) <http://www.nwhu.on.ca/>

## Nutritious Food Basket Protocol (2008)

[http://www.health.gov.on.ca/english/providers/program/pubhealth/oph\\_standards/ophs/progstds/protocols/nutritious\\_food\\_basket.pdf](http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/protocols/nutritious_food_basket.pdf)

## Nutritious Food Basket Survey Final Report (2007)

[http://www.alphaweb.org/docs/lib\\_011550748.pdf](http://www.alphaweb.org/docs/lib_011550748.pdf)

Offord Center for Child Studies, McMaster University: The Social Risk Index

<http://www.apheo.ca/resources/events/2010/Session4B%20-%20Raos.pdf>

Oliver S., Kavanagh, J., Caird, J., Lorenc, T., Oliver, K., Harden, A., Thomas, J., Greaves, A., Oakley A. (2008). Health Promotion, inequities and young people's health: A systematic review of research. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

<http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=2410>

Ontario Agency for Health Protection and Promotion

- Dialogue on Reducing Health Inequities

<http://www.oahpp.ca/fr/resources/documents/presentations/2010apr27/Dialogue%20on%20Reducing%20Health%20Inequities%20Dr%20Heather%20Manson.pdf>

- Health in All Policies Roundtable <http://www.oahpp.ca/about/calendar/20100924.html>

- Public Health Dental Symposium: Protecting, Promoting, and Building Equity in Oral Health in Ontario [http://www.oahpp.ca/resources/documents/presentations/2010mar30/3\\_Quinonez.pdf](http://www.oahpp.ca/resources/documents/presentations/2010mar30/3_Quinonez.pdf)

Ontario Health Promotion E-Bulletin

<http://www.ohpe.ca/>

Ontario Ministry of Education: Elementary and Secondary School profiles

- [http://www.edu.gov.on.ca/eng/sift/schoolProfile.asp?SCH\\_NUMBER=165484&x=12&y=15](http://www.edu.gov.on.ca/eng/sift/schoolProfile.asp?SCH_NUMBER=165484&x=12&y=15)

- [http://www.edu.gov.on.ca/eng/sift/schoolProfileSec.asp?SCH\\_NUMBER=914010&x=15&y=18](http://www.edu.gov.on.ca/eng/sift/schoolProfileSec.asp?SCH_NUMBER=914010&x=15&y=18)

Ontario Society of Nutrition Professional in Public Health (OSNPPH)

[www.osnpph.on.ca](http://www.osnpph.on.ca)

OPHA Food Security work group: Various resources

[http://www.opha.on.ca/our\\_voice/workgroups/food\\_security.shtml](http://www.opha.on.ca/our_voice/workgroups/food_security.shtml)

Patychuk & Seskar-Hencic. (2008). First Steps to Equity: Ideas and strategies for health equity in Ontario, 2008-2010.

[www.healthnexus.ca/policy/firststeps\\_healthyequity.pdf](http://www.healthnexus.ca/policy/firststeps_healthyequity.pdf)

Perth District Health Unit

- Terms of Reference of SDOH Committee (available upon request) <http://www.pdhu.on.ca/>

- Logic Model and Operational Plan - Poverty and Health Program (available upon request) <http://www.pdhu.on.ca/>

Province of Ontario: With Our Best Future in Mind, Charles Pascal, Special Advisor on Early Learning

[http://www.ontario.ca/en/initiatives/early\\_learning/ONT06\\_018865](http://www.ontario.ca/en/initiatives/early_learning/ONT06_018865)

Public Health Agency of Canada

<http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php>

<http://www.phac-aspc.gc.ca/ph-sp/determinants/link-con-eng.php#related>

Reeve & Rossiter. (2007). The Last Straw: A Board Game on the Social Determinants of Health

<http://www.thelaststraw.ca/>

## Region of Waterloo Public Health

- Access and Equity Review Tool – Appendix E  
[http://www.region.waterloo.on.ca/web/health.nsf/vwSiteMap/88EA895777E8A8AC8525717E0066B449/\\$file/Access&Equity.PDF?openelement](http://www.region.waterloo.on.ca/web/health.nsf/vwSiteMap/88EA895777E8A8AC8525717E0066B449/$file/Access&Equity.PDF?openelement)
- Why We Need to Work with Priority Populations and How this Relates to Population Health  
[http://www.health.gov.on.ca/english/providers/program/pubhealth/oph\\_standards/ophs/progstds%5Cpdfs%5Cpopulation\\_healthy\\_summary.pdf](http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds%5Cpdfs%5Cpopulation_healthy_summary.pdf)
- A Process to Determine Priority Neighbourhoods <http://www.region.waterloo.on.ca/phpdf/Link4.pdf>
- Evidence and Practice-based Planning Framework with a focus on health inequities  
[http://www.region.waterloo.on.ca/web/health.nsf/DocID/FD80C0D143A204F78525761D0061829A/\\$file/EPPF\\_maindoc.pdf?openelement](http://www.region.waterloo.on.ca/web/health.nsf/DocID/FD80C0D143A204F78525761D0061829A/$file/EPPF_maindoc.pdf?openelement)
- Tobacco Treatment for new Canadians  
[http://www.otru.org/pdf/learn/LEARN\\_Tobacco\\_Treatment\\_for\\_New\\_Canadians.pdf](http://www.otru.org/pdf/learn/LEARN_Tobacco_Treatment_for_New_Canadians.pdf)
- Project Health Toolkit <http://www.projecthealth.ca/>

## Region of Waterloo Public Health and the OPHA Access and Equity Social Justice Committee How do I address health inequities in my program development?

<http://www.opha.on.ca/resources/docs/OPHA-HealthInequitiesWkshp.pdf>

## Registered Nurses' Association of Ontario: Best Practice Guidelines

<http://www.rnao.org/Page.asp?PageID=861&SiteNodeID=133>  
[http://www.rnao.org/Storage/12/655\\_BPG\\_Women\\_Abuse.pdf](http://www.rnao.org/Storage/12/655_BPG_Women_Abuse.pdf)

## Results Based Accountability

[www.raguide.org](http://www.raguide.org)

## Smoking Cessation: TEACH model

<http://www.teachproject.ca/about.htm>

## Sudbury & District Health Unit

- Local Public Health Practices to Reduce Social Inequities in Health Progress Report 2
- [http://www.sdhu.com/uploads/content/listings/EXTRAPROGRESSREPORT2SDHUJULY2009\\_EXTERNAL.PDF](http://www.sdhu.com/uploads/content/listings/EXTRAPROGRESSREPORT2SDHUJULY2009_EXTERNAL.PDF)
- Local Public Health Practices to Reduce Social Inequities in Health Final Report
- <http://www.sdhu.com/uploads/content/listings/FINALIPPRSDHUMAY2010.PDF>
- OPHS Planning Path Pilot Version 2010
- [http://www.sdhu.com/uploads/content/listings/OPHSPLANNINGPATHPUBLICVERSION\\_FEB2010.PDF](http://www.sdhu.com/uploads/content/listings/OPHSPLANNINGPATHPUBLICVERSION_FEB2010.PDF)
- Determinants of Health Position Statement (2005)
- [http://www.sdhu.com/uploads/content/listings/POSITIONSTATEMENT\\_DETERMINANTSOFHEALTH\\_MAY2005A1.PDF](http://www.sdhu.com/uploads/content/listings/POSITIONSTATEMENT_DETERMINANTSOFHEALTH_MAY2005A1.PDF)
- Overview of the Health Equity Mapping Project
- [http://www.sdhu.com/uploads/content/listings/OVERVIEWOFTHEHEALTHEQUITYMAPPINGPROJECT\\_JANUARY2009\\_FINAL.PDF](http://www.sdhu.com/uploads/content/listings/OVERVIEWOFTHEHEALTHEQUITYMAPPINGPROJECT_JANUARY2009_FINAL.PDF)

## The Canadian Nurses Association

- Position Statement on Determinants of Health
- [http://www.cna-aicc.ca/CNA/documents/pdf/publications/PS\\_Determinants\\_of\\_Health\\_e.pdf](http://www.cna-aicc.ca/CNA/documents/pdf/publications/PS_Determinants_of_Health_e.pdf)
- Social Determinants of Health and Nursing
- [http://www.cna-aicc.ca/CNA/documents/pdf/publications/BG8\\_Social\\_Determinants\\_e.pdf](http://www.cna-aicc.ca/CNA/documents/pdf/publications/BG8_Social_Determinants_e.pdf)

## The Institute of Public Health in Ireland (2008): Reports

<http://www.publichealth.ie/iphwork/policyandprogrammedevelopmentandevaluation/healthinequalities>

## Tri-County Dental Health Coalition – Volunteer Dental Program

<http://www.dentalhealthcouncil.org/programs.html>

## World Health Organization

- Closing the gap in a generation: Health equity through action on the social determinants of health  
[http://www.who.int/social\\_determinants/thecommission/finalreport/en/index.html](http://www.who.int/social_determinants/thecommission/finalreport/en/index.html)
- Social Determinants Themes (former Knowledge Networks)  
[http://www.who.int/social\\_determinants/themes/en/index.html](http://www.who.int/social_determinants/themes/en/index.html)

## Wellesley Institute

- Health Equity Impact Assessment - A Tool for Driving Equity into Action  
<http://www.slideshare.net/WellesleyInstitute/health-equity-impact-assessment-a-tool-for-driving-equity-into-action-may-182010-4156165>
- Social Determinants of Health for Health Inequities - A Road Map for Health Equity  
<http://www.slideshare.net/WellesleyInstitute/social-determinants-of-health-inequalities-into-policy-action>

## York University

- Social Determinants of Health listserv <https://listserv.yorku.ca/archives/sdoh.html>
- Health Promotion on the Internet listserv (Click4HP) <https://listserv.yorku.ca/archives/click4hp.html>

# Appendix C – Glossary of Acronyms, Terms, and Public Health Programs

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## Best Start

Best Start is an initiative of the Government of Ontario. It is a plan to strengthen healthy development, early learning and child care services during a child's first years so that children are ready to learn by the time they start Grade 1.

## Board of Health

A Board of Health is established under the Health Protection and Promotion Act, 1990. The Board receives its authority under this Act and superintends, provides, or ensures the provision of the health programs and services required by this Act.

## CINOT [Children in Need of Treatment Program]

CINOT is a program of the Ontario Ministry of Health Promotion and Sport. This program is administered by Boards of Health and provides emergency dental care and out-of-hospital anesthetic coverage for low-income children aged 17 years and under.

## CAPC [Community Action Program for Children]

CAPC is jointly managed by the federal government and provincial /territorial governments. CAPC provides funding to deliver programs that address the health and development of children (0-6 years) who are living in conditions of risk.

## CPNP [Canada Prenatal Nutrition Program]

CPNP is a federally funded program that funds community groups to develop programs for vulnerable pregnant women to reduce health disparities.

## CAS [Children's Aid Society]

Each of Ontario's 53 Children's Aid Societies provides child protection services as governed by the Child and Family Services Act.

## Food Security

Food security exists when people have access to adequate, safe, affordable, nutritious food to meet dietary needs and food preferences. Food security is a basic human right of individuals and communities, and connects us to our families, our cultures, and our traditions. Promotion of food security requires a comprehensive approach that includes all components of the food system, from producers to consumers, and promotes regional food self-reliance.

## HBHC [Healthy Babies Healthy Children]

The Healthy Babies Healthy Children program is funded by the Ministry of Health and Long-Term Care, Government of Ontario. The program is delivered by all 36 public health units and offers families with newborns information on parenting and child development and connects families with community services, as needed.

## Healthy Communities Fund – Partnership Stream

The Healthy Communities Fund is an initiative of the Ministry of Health Promotion and Sport, Government of Ontario. The Fund has three components, including the Partnership Stream. This Fund provides resources for community priority setting and mobilization for policy change and creates an environment that promotes health. The priority areas of focus include physical activity, injury prevention, healthy eating, mental health, reducing tobacco use and exposure, and preventing alcohol and substance misuse.

### **LHIN [Local Health Integration Network]**

In Ontario health care services are planned, funded and managed through LHINs. The authority to manage local health systems is through the Local Health System Integration Act, 2006. LHIN mandates, however, do not include public health or physician resources.

### **MOH [Medical Officer of Health]**

Medical officers of health uphold provincial public health legislation and oversee the administration and delivery of public health services in their jurisdiction.

### **MOHLTC [Ministry of Health and Long-Term Care]**

The Ministry of Health and Long-Term Care is frequently referred to as the Ministry of Health.

### **Make Poverty History**

Make Poverty History is part of the “Global Call to Action against Poverty”. The Make Poverty History campaign was launched in Canada in 2005.

### **25 in 5 Network**

With a goal of reducing poverty by 25% in five years, this Network for Poverty Reduction consists of more than 100 Toronto and provincially-based individuals and organizations with a goal of poverty elimination.

### **Nutritious Food Basket**

The Nutritious Food Basket is a standardized food costing tool that measures the real cost of healthy eating. Ontario public health units collect data from grocery stores each year to monitor the cost of eating nutritious food. The data is part of the Ontario Public Health Standards. The information is used to support and promote the development of food security policies.

### **OAHPP [Ontario Agency for Health Protection and Promotion]**

The OAHPP was established under the authority of the Health System Improvements Act, 2007. The OAHPP provides research, scientific, and technical advice and support to protect and promote the health of Ontarians and reduce inequities in health.

### **OHIP [Ontario Health Insurance Plan]**

OHIP is a provincially funded health coverage plan available to Ontario residents.

### **OPHS [Ontario Public Health Standards]**

The OPHS are the guidelines for the provision of mandatory public health programs and services. These guidelines are provided to Boards of Health by the Minister of Health and Long-Term Care under the authority of the Health Protection and Promotion Act, 1990.

### **OW [Ontario Works]**

Under the authority of the Ontario Works Act, OW provides temporary financial assistance and employment assistance to individuals in need in Ontario.

### **RRFSS [Rapid Risk Factor Surveillance System]**

RRFSS is a telephone survey used to gather surveillance data on public health issues in Ontario.

### **SDOH [Social determinants of health]**

The SDOH are those social conditions under which people live and that determine their health. These societal risk conditions rather than individual risk factors include education, income, social inclusion, housing, food security, transportation, etc.

## Priority Populations

Priority populations are those population groups at risk of socially produced health inequities.

## Service Coordination

Service Coordination Programs provide service coordination, frequently in support of families and individuals with a developmental disability.

## Triple P

Triple P is used in reference to the Positive Parenting Program®. Triple P is an evidence-informed program that provides effective parenting support and intervention for families and caregivers in many different circumstances. Triple P has five levels of intervention. Support may be provided through group and/or individual interventions.