



National Collaborating Centre
for Environmental Health

Centre de collaboration nationale
en santé environnementale



National Collaborating Centre
for Determinants of health

Centre de collaboration nationale
des déterminants de la santé

Determinants of health and public health practice: Opportunities for action

**CIPHI Manitoba Branch Workshop
October 8, 2015**

**Dianne Oickle, Knowledge Translation Specialist
National Collaborating Centre for Determinants of Health**

**Karen Rideout, Environmental Health Policy Analyst
Lydia Ma, Manager
National Collaborating Centre for Environmental Health**



National Collaborating Centres for Public Health



Centres de collaboration nationale en santé publique





National Collaborating Centre for Environmental Health

Our focus

Environmental health
practice, programs,
& policy in Canada

Our audience

- Environmental health practitioners and policymakers

Our work

- Synthesize, translate, and facilitate exchange of knowledge
- Identify gaps in research and practice knowledge
- Build capacity through networks



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National Collaborating Centre for Determinants of Health

Our focus

Social determinants of health & health equity

Our audience

- Practitioners, decision makers, & researchers working in public health
- Organizations in Canada's public health sector

Our work

- Translate & share evidence to influence work on the social determinants & health equity



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Today we will explore ...

How social determinants of health (SDH) and health equity impact environmental health practice

The role of environmental health practitioners in dealing with SDH and health inequities

Barriers and facilitators for Public Health Inspectors (PHIs) to addressing SDH and health equity



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Dianne Oickle presented via Skype:
***Overview of a pilot study on equity
and environmental health practice***

A version of this presentation was
presented at the 2015 CIPHI National
Annual Educational Conference.
Click here to view the presentation
slides.



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Pilot study

- Barriers created by SDH
- PHI strategies to respond to barriers

BC consultation

- *Through an equity lens:
A new look at
environmental health*
- 5 RHAs, First Nations Health Authority



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Food premises	Geography Culture SES Language Education Literacy
Drinking water Sewage treatment	Geography SES Education Literacy
Housing	Mental health SES Vulnerable groups
PSEs	Language
Built environment	Vulnerable groups SES



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If they were cooking with meat that they shouldn't be cooking with ... because they caught it, and in a lot of those communities...they couldn't get any other kind of protein.

So I would make it the safest possible for them, instead of saying, no, you can't have it at all.

Photo: FairbanksMike



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FINAL EXAM QUESTION SHEET
FOODSAFE LEVEL 1 (2014 Edition)
PUNJABI EXAM VERSION A



Some language might make sense to chefs who have gone to culinary school, but for the ones who have maybe grade 10 or grade 9 or grade 8 level education, it can be really challenging.



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*Even though the operator did everything they could,
it's still past 30 hours.*



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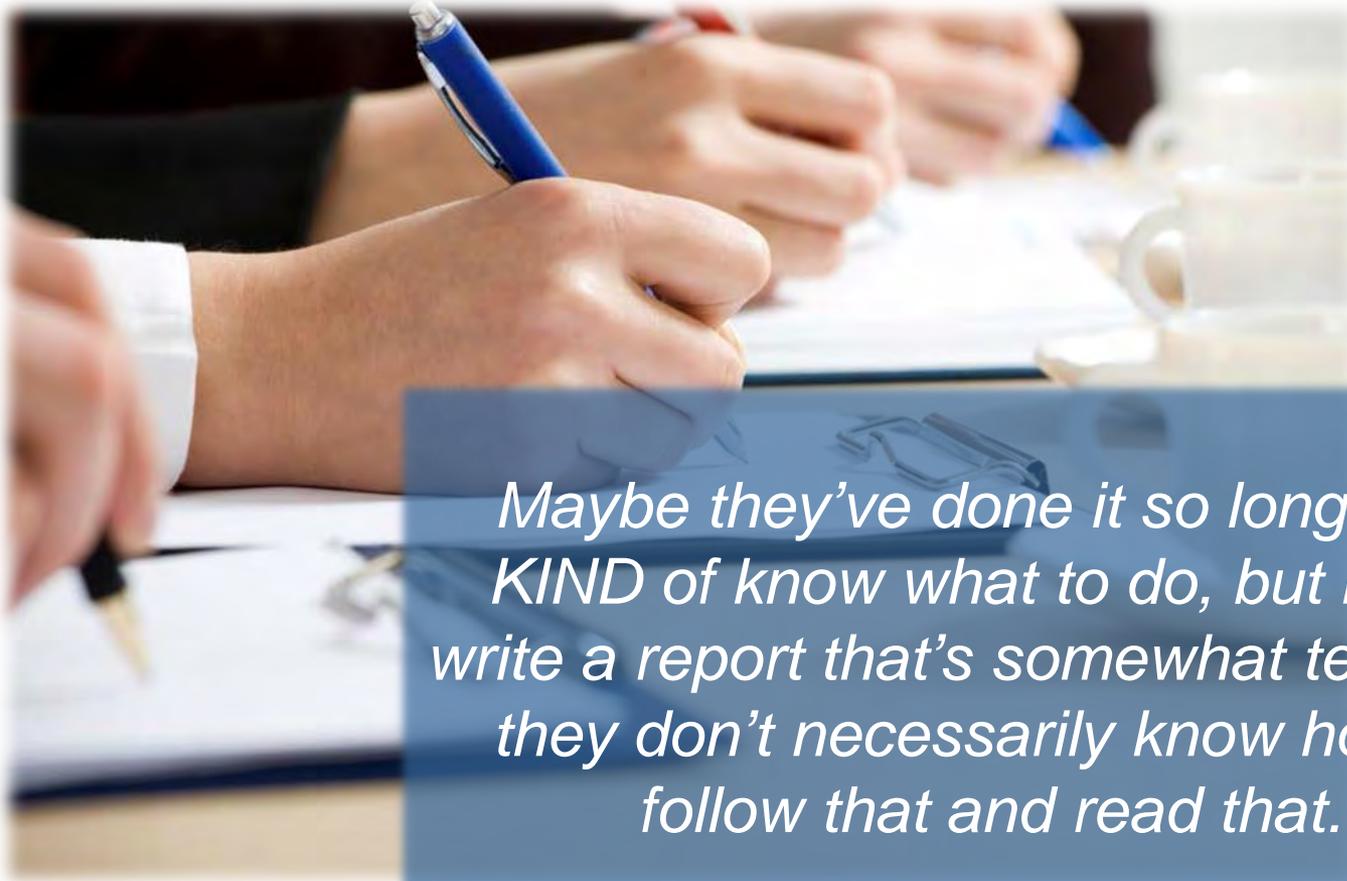
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*Maybe they've done it so long they
KIND of know what to do, but if you
write a report that's somewhat technical
they don't necessarily know how to
follow that and read that.*



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Housing: SES & vulnerability

I mean, it's not a compliance issue, but in order to get these vulnerable people help, the health inspectors also need to know who do they go to?



Housing is an interesting situation, because I think it's pretty clear that it's not us.

We all get sucked into playing the game because we're compassionate people and we want to help.

I feel supported in doing that on an occasional basis...



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I mean, it's not a compliance issue, but in order to get these vulnerable people help, the health inspectors need to follow the rules, we couldn't get this done. But because we've built these relationships, [we help each other].

Sometimes it's under the radar because I'm not sure our managers would be that happy ...

But in the long term, you get the cooperation that's going to move you forward.

Housing is an interesting situation, because I think it's pretty clear that it's not us.

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Collaboration

- Within sector – borrow resources, share ideas
- Across sectors – network and refer

Documentation

- What happened and why, even if you can't address the root problem

One-on-one

- Verbal 'walk-through' of exams and reports
- Communication and relationships

Risk prioritization

- Focus on critical risks vs written rules
- Focus available resources for maximum impact



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- Need leadership + tools/resources
- Costs of action vs costs of inaction
- Changing roles as opportunity for inter-sectoral collaboration
 - built environment teams
 - equity champions
 - e.g., facilitating food safety and food security collaborations in BC
- Work in progress....



Food Safety and Food Security in British Columbia Promoting Effective Inter-Sectoral Collaboration

Promoting Successful Collaborations

The food safety and food security sectors in British Columbia aim to improve the health of the population as it relates to food and eating. Collaboration between the sectors provides opportunities for sharing best practices and addressing common challenges faced by public health dietitians and environmental health officers.

There are many examples of successful collaborations between the food safety and food security sectors in B.C. Joint projects and programs as well as formal collaborative efforts have occurred in the areas of healthy eating in schools, food in childcare facilities, temporary markets and farm gate sales, gleaning and donation, meat regulation, and others.

This resource is intended to provide public health practitioners, decision-makers, and food security organizations with ideas to support future collaborative efforts. It identifies some of the facilitators and barriers to effective collaboration as well as the range of formats that collaboration can take. It is based on a 2015 literature review and key informant interviews with the food safety and food security sectors from the regional health authorities, provincial government, and non-governmental organizations.

Why Collaborate?

Food safety and food security are linked.

- Food safety is a component of food security. Both sectors use a population health approach to consider factors such as poverty, land use and agricultural practices, climate change, capacity building, and sustainability.
- People who are food insecure tend to eat less nutritious and lower quality foods and may not be equipped to store and handle food safely.
- The food safety and food security sectors both have the potential to be affected by issues such as changing demographics, population growth, changing food preferences, and climate change. Collaboration can lead to more effective understanding of and responses to these pressures.
- Collaboration between the two sectors can improve the consistency of interpretation and application of food safety regulations, resulting in more positive outcomes for both sectors.
- Many food security initiatives, such as community kitchens, farmers' markets, and urban agriculture, promote cooking and local food production and processing. This creates opportunities to engage in food safety education and to develop processes that reduce food safety risks.

This project was commissioned by the BC Centre for Disease Control as part of a Population and Public Health Prevention Project called *Through an Equity Lens: A New Lens at Environmental Health and PHSA Population and Public Health*. For more information or for a copy of the full research report, please contact Karan Riboud (Karan.Riboud@bccdc.ca) or Melanie Kurenn (Melanie.Kurenn@phsa.ca) or visit the "Food Access, Food Security & Health" web page at www.bccdc.ca/foodhealth/foodsecurity



www.bccdc.ca/FoodHealth/FoodSecurity



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Panel discussion: Equity in context

Julie Scarpino, PHI

Tim Ness, Senior EHO

Heejune Chang, MOH



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Toward health equity: Practical actions for public health inspectors

Draft framework for action



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Toward health equity:

Practical actions for public health inspectors

1. Learn more about health equity and the SDH
2. Reflect on your practice to identify where equity and SDH impact – or are impacted by – your work
3. Find out who can support your equity work
4. Identify barriers that prevent you from taking action
5. Determine the actions you can take right now
6. Engage your colleagues
7. Consider collaborations outside your department
8. Plan a self check



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Final thoughts ...

Thank you!

And thank you for completing the evaluation form 😊



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