**Joint Consortium for School Health Equity Task Group**

**Summary of Findings and Recommendations**

**JCSH 2021-22 Annual Work Plan Report**

Report prepared for JCSH Management Committee (MC) and School Health Coordinator Committee (SHCC) by the equity task group.

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The equity task group was formed to support the following JCSH objective:

**There is a continual exchange of information and knowledge among member jurisdictions related to the connection between health, well-being, and learning outcomes for all students.**

The activity assigned to the equity task group as outlined in the JCSH 2021-22 work plan was:

* Conduct Structural Determinants of Health and Equity Environmental Scans related to the school environment.

The indicators developed to monitor this activity were:

* Develop equity task group
* Identify priority scans
* Begin undertaking scans

**Status Update on Indicators**

As of February 28, 2022 the equity task group was successful in completing all work plan tasks. On October 12, 2021 all members of the MC and SHCC received an email invitation to join the equity task group. Seven participants self-selected to become members of this task group with representation from Saskatchewan, Prince Edward Island, New Brunswick, and Newfoundland Labrador.

The task group met November 16, 2021, January 28, 2022, and February 25, 2022 to discuss the structural determinants of health, priority areas of focus under the determinants, and to share resources for review. The task group communicated through email between meetings. A scan was undertaken to assess if the structural determinants of health are being addressed within the specific environment of schools. An initial scan was also conducted to assess how equity is being addressed in the specific environment of schools. A list of resources and initiatives included in the review are listed at the end of this summary.

**Summary of Findings**

**Background**

**Structural determinants of health** are how social, economic, and political factors influence a person's socioeconomic position which, in turn, plays a role in determining health outcomes. These factors can influence a person's ability to lead a healthy life, influencing things such as quality of housing, opportunities in the built environment that encourage physical activity, and access to healthcare services.

The determinants of health are categorized into two broad types that work together to impact health and well-being. These determinants are:

* structural determinants, which include socioeconomic status and community/societal context, and;
* intermediary determinants, which include the living and working conditions of people

Structural determinants are the ‘root causes’ of health inequities, because they shape the quality of the intermediary determinants experienced by people in their neighbourhoods and communities.

The structural determinants affect whether the resources necessary for health are distributed equally in society, or whether they are unjustly distributed according to race, gender identity, social class, geography, sexualorientation, or other socially defined group of people.

The structural determinants include all social and political mechanisms that generate stratification and social class divisions in society and that define individual socioeconomic position within hierarchies of power, prestige and access to resources. The structural determinants cause and operate through intermediary determinants of health—housing, physical work environment, social support, stress, nutrition and physical activity—to shape health outcomes.

**Intermediary determinants of health** are the social determinants of health - the circumstances in which people are born, grow, live, learn, work, and age, which are shaped by a set of forces beyond the control of the individual. They are ‘downstream’ from the structural determinants. They include the living and working conditions of people, such as their pay, access to housing, or medical care.

**Structural Determinants of Health**

Colonialism Economic Policies Criminal Justice System Social Policies

Governing Process

**ACT ON**

**Intermediary Determinants of Health**

Housing Quality Education Food Security

Income/working conditions Community Design

**LEADING TO**

Stigma Inequity Poorer health outcomes

**AFFECTING**

**Populations disproportionately including individuals who identify as**

Living with Disability Indigenous Racialized Immigrant LGBTQ2+

Living in rural communities Non-resident status Seniors

**Scan**

When reviewing information on the structural determinants of health it was noted that using the school setting as an avenue to address the structural determinants may not be effective. Schools have little control over structures that affect the health of the school community because families are impacted by structures outside of school. Addressing the structural determinants of health would be more effective at a higher level, across multiple systems that can influence these structures. Schools however, would be a beneficiary of changes to the structural determinants of health.

Another point considered is that the mission of the JCSH is to work collaboratively across jurisdictions and between the education and health sectors to support health, well-being and learning of children, youth, and school communities using the JCSH Comprehensive School Health Framework. Using the JCSH as a driver for broad inter-sectorial structural change may be beyond the scope.

The structural determinants of health is not a principal we can apply to a particular setting such as schools but it is good information to consider in terms of decision making. Although schools may not be able to impact the structural determinants of health, they do need to address the impact they have on students. The task group recommends looking at how we can address equity in schools, which includes collecting and using data on health equity. Without data it will be challenging to determine if there are health inequities and if they are improving after intervention.

There has been some research in addressing the social determinants of health inequities in specific settings.

The **social determinants of health inequities** are the structural processes that distribute the determinants of health unequally in society. A review of work around the social determinants of health inequities may give the JCSH some practical applications to address inequities in schools.

**How Can We Address Health Equity in the School Setting?**

One way to address health equity in the school setting is to consider health equity in all policy and programming decisions. This can be done through a focus on Health in All Policies using a Health Equity Impact Assessment to ensure health equity is effectively considered and acted upon within planning and policy development.

**Health in All Policies (HiAP)** is a strategy to assist leaders and policymakers in integrating considerations of health, well-being, and equity during the development, implementation, and evaluation of policies and services. HiAP strategies are meant to ensure that all policies and services from all sectors have beneficial or neutral impacts on the determinants of health.

A **Health Equity Impact Assessment (HEIA)** is a tool used to analyze a decision, program, or policy's potential impact on health disparities and/or on health disadvantaged populations. The HEIA can also bridge relevant sectors to encourage dialogue and collaboration.

**Recommendations for future work for the JCSH equity task group (2022-23)**

* Invite representatives from Indigenous governments/communities to join the JCSH to be involved in decision making.
* Continue knowledge sharing and collaboration between health and education sectors across Canada through the JCSH.
* Consider the structural determinants of health in all decision making.
* Equity task group to focus on social determinants of health inequities in the school setting in 2022-23.
* Determine what Ministries/Districts/Schools want/need to support health equity and if health equity is a priority.
* Complete a scan of how JCSH jurisdictions implement Health in All Policies (HiAP) to address structural/social determinants of health.
* Complete a scan of how JCSH jurisdictions use health impact assessments to support HiAP.
* Determine what data is available on health equity measures for school aged youth across Canada. We can only count what is being counted.
* Conduct a jurisdictional scan of the school development planning and reporting processes in member jurisdictions.
* Determine the feasibility of developing a school/student health equity impact assessment tool to support HiAP for education and health in schools policies/programs/decisions that aligns with school development planning. Can this tool be a component of the revised HSP? How can multiple ministries/departments collaborate to create this tool and collect data? Can the equity tool be linked to the CSH framework?

**Resources**

**Structural/Social Determinants of Health**

1. [Best Brains Exchange proceedings report: Strengthening the structural determinants of health post-COVID-19 (Report)](https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/best-brains-exchange-proceedings-report.html)
2. [WHO Conceptual SDOH framework](https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf)
3. [Frameworks to Address Social Determinants of Health - RHIhub Toolkit (ruralhealthinfo.org)](https://www.ruralhealthinfo.org/toolkits/sdoh/1/frameworks)
4. [Understanding Social Determinants of Health (illinois.gov)](https://dph.illinois.gov/topics-services/life-stages-populations/infant-mortality/toolkit/understanding-sdoh.html))
5. [Structural Determinants of Health Resource Guide](https://samuelmerritt.libguides.com/structuraldeterminants)
6. [The Structural and Social Determinants of the Racial/Ethnic Disparities in the U.S. COVID-19 Pandemic](https://www.atsjournals.org/doi/pdf/10.1164/rccm.202005-1523PP)
7. [Social determinants of health and health inequalities - Canada.ca](https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html)

**Critical Consciousness:**

1. [Critical Consciousness: A critique and critical analysis of the literature](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5892452/)

**Health Equity and Health Equity Impact Assessment**

1. [Health Equity Impact Assessment | Wellesley Institute](https://www.wellesleyinstitute.com/health-equity/heath-equity-impact-assessment/)
2. [Equity Policy Assessment (tdsb.on.ca)](https://www.tdsb.on.ca/About-Us/Policies-Procedures-Forms/Equity-Policy-Assessment)
3. [Health Equity Impact Assessment (HEIA) - Ministry Programs - Health Care Professionals - MOH (gov.on.ca)](https://www.health.gov.on.ca/en/pro/programs/heia/)
4. [Health Equity Tools Inventory 2.0.pdf (uvic.ca)](https://www.uvic.ca/research/projects/elph/assets/docs/Health%20Equity%20Tools%20Inventory%202.0.pdf)
5. [Advancing Efforts to Achieve Health Equity: Equity Metrics for Health Impact Assessment Practice](https://www.mdpi.com/1660-4601/11/11/11054/htm)