

Equity-integrated environmental health practice: Facilitators and barriers

Executive Summary

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The [BC Centre for Disease Control \(BCCDC\)](#) is putting a focus on the social determinants of health through a project called [Through an equity lens: a new look at environmental health](#). This report builds on previous work and collaboration between BCCDC and the National Collaborating Centres for Environmental Health ([NCCEH](#)) and Determinants of Health ([NCCDH](#)) to summarize barriers and facilitators to equity-integrated environmental public health (EPH) practice and showcase the success stories of environmental health practitioners who have applied an equity lens in their practices.

This project aims to support environmental health officers (EHOs), as well as managers and senior leadership, by illustrating the use of an equity lens in practice. It aims to:

- (1) Increase understanding of what equity-integrated EPH practice could look like
- (2) Highlight promising approaches for health authorities wishing to integrate health equity into EPH practice
- (3) Provide practitioners who are already applying an equity lens with the language to describe it

Environmental health practitioners are in a good position to respond to number of health inequities: differences in health status that are considered to be modifiable and unjust. Inequities relate to the determinants of health, which include social, economic, and environmental circumstances. Some of these can be improved through the enforcement of environmental regulations, while others require advocacy and health promotion efforts to support healthier environmental conditions.

In the context of an EHO, facilitators and barriers to applying an equity lens can be identified as either systemic or individual.

Systemic facilitators include:

- 1) legislative power and policy
- 2) organizational support/leadership
- 3) organizational structure
- 4) intra- and inter-agency collaboration
- 5) external partnerships
- 6) equity tools and strategies
- 7) training/capacity building
- 8) communication

Individual-level facilitators are:

- 1) discretionary powers
- 2) personal values/principles/shared vision of health promotion
- 3) strong personal networks
- 4) personal capacity (training and experience)

Systemic barriers identified in the literature and in practice are:

- 1) incomplete, unclear or inflexible legislation
- 2) the policy process
- 3) lack of resources

Individual-level barriers include:

- 1) knowledge gaps
- 2) tension between health promotion and enforcement
- 3) lack of guidance in health promotion

Recommendations are made at the end of this report to implement facilitators and remove barriers. The targeted and more systemic interventions profiled in this report show the potent role EHOs can play to reduce the health disparities that come with social stratification.

DOWNLOAD THIS RESOURCE FROM:

www.bccdc.ca/health-professionals/professional-resources/health-equity-environmental-health/equity-and-eph-handbook



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