

Environmental scan of policy levers for equity-integrated environmental public health practice in BC

Executive Summary

Anya Keefe | August 2016



This report summarizes the findings of a pan-Canadian environmental scan that was undertaken to examine environmental public health (EPH) policy levers through an equity lens. The project entailed:

- a high-level environmental scan of public health legislation and downstream policy instruments to identify those that explicitly mention the social determinants of health or health equity/inequity
- a more detailed examination of key instruments, accompanied by key informant interviews, to determine how and where they have been used

The aim of the project is to clarify the mandate for an equity-integrated EPH practice. It builds on the findings of consultations with EPH practitioners in British Columbia (BC) and across Canada in 2015 about how to integrate equity into their work at the regional or local level. This work is part of a 3-year project at the BC Centre for Disease Control (BCCDC) called *Through an Equity Lens: a new look at environmental health*. *Through an Equity Lens* is funded by the Provincial Health Services Authority (PHSA) as a Population and Public Health Prevention Project.

The key insights that emerged from this environmental scan are:

- **Policy Instruments:** There is considerable variation across the country in whether, and the degree to which, equity is referenced in the public health legislation and subordinate regulations. Because the legislation and regulations tend to be more prescriptive than outcomes-based (i.e., they limit opportunities for EHOs to exercise discretionary power), they are often perceived as a barrier to incorporating equity in environmental health practice.
- **Policy Drivers:** There is considerable variation across the country in the degree to which equity is embedded into the culture of organizations with responsibility for delivering public health services. In organizations where equity is identified as a core value or is listed as a strategic priority, the corresponding outcomes and indicators tend to be focused on the delivery of health care services, as opposed to public health service delivery. Where equity outcomes or indicators are focused on public health, they tend to be primarily in other sectors (e.g., public health nurses or health promoters).
- **Barriers:** Many facets of environmental health are constrained by the policy instruments that govern not only what services are delivered, but also how they are delivered. Barriers include, for example, the “one-off” nature of inspections, the need for regulatory compliance, and the relatively limited discretion that inspectors have to measure and enforce compliance. Public and environmental health is traditionally organized by content or service area, creating silos that can lead to duplication of effort and present barriers to cross-cutting initiatives like equity.
- **Facilitators:** The biggest facilitators to embedding equity within an organization or within a particular initiative are: health equity champions at the managerial and/or executive level, the sharing of knowledge, collaboration and partnerships between units across an organization or with external agencies. Flexibility in the policy instruments governing practice, which gives inspectors the opportunity to exercise discretionary power, is also a key facilitator.

The report concludes with a summary of the gaps and opportunities and a series of recommendations designed to facilitate the integration of equity into environmental health practice (see Summary). Recommendations are organized according to the three areas influencing environmental health practice: (1) governing instruments (e.g., legislation and regulations), (2) policy drivers (e.g., Ministry goals and targets), and (3) efforts to embed equity organizationally or into particular service areas.

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