

Advancing Canada's Understanding of Health Disparities

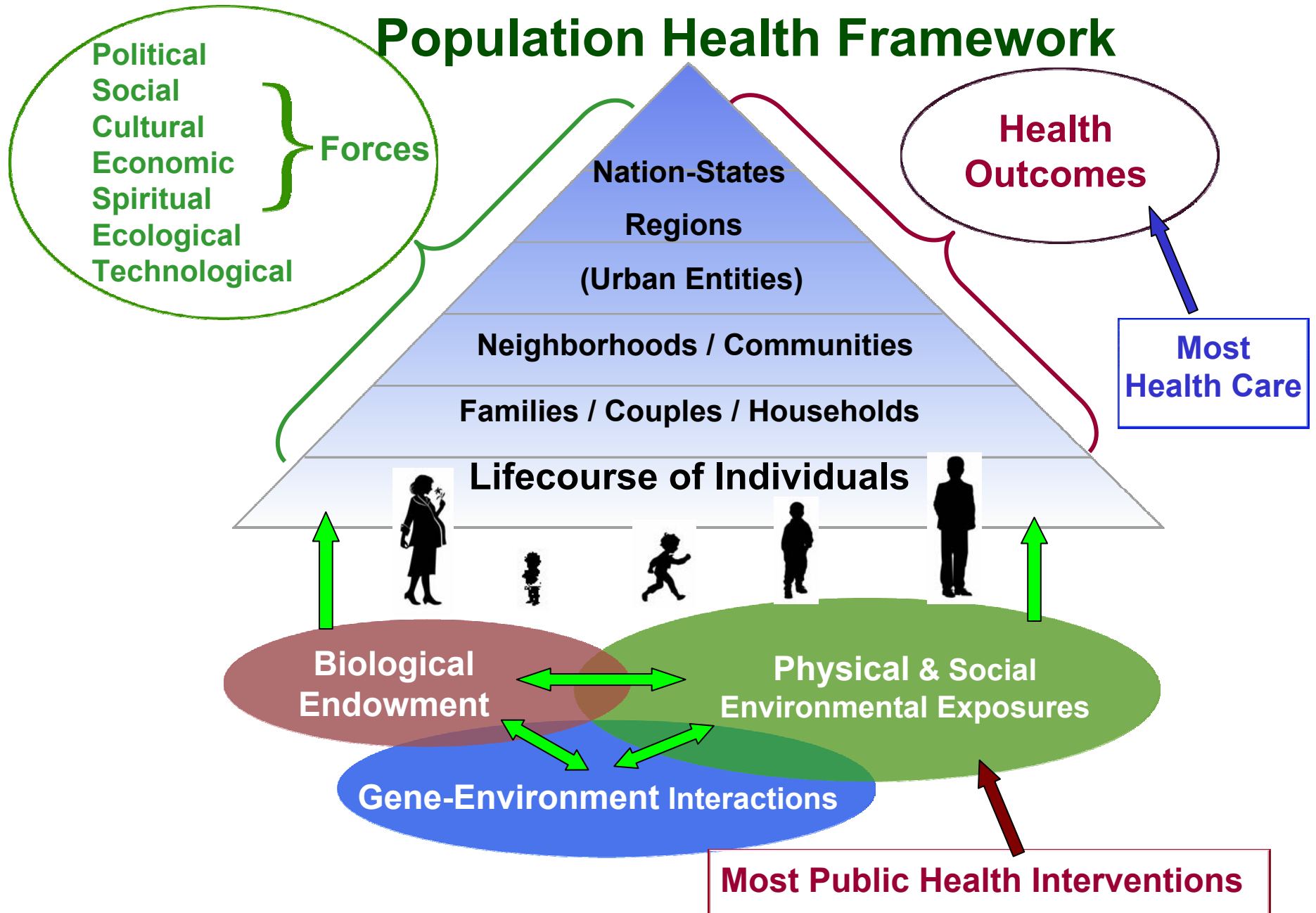


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CIHR-Institute of Population & Public Health
October 7th, 2004

Presentation Outline

- ✓ Understanding and Addressing Health Disparities:
 - ❖ Illustrative examples
 - ❖ CIHR initiatives underway
- ✓ New Trends in Health Research & Role of Centres for Research Development

Population Health Framework



Age-Standardized Mortality Rates for Cardiovascular Diseases, Canadian Males and Females, 1950-1999.

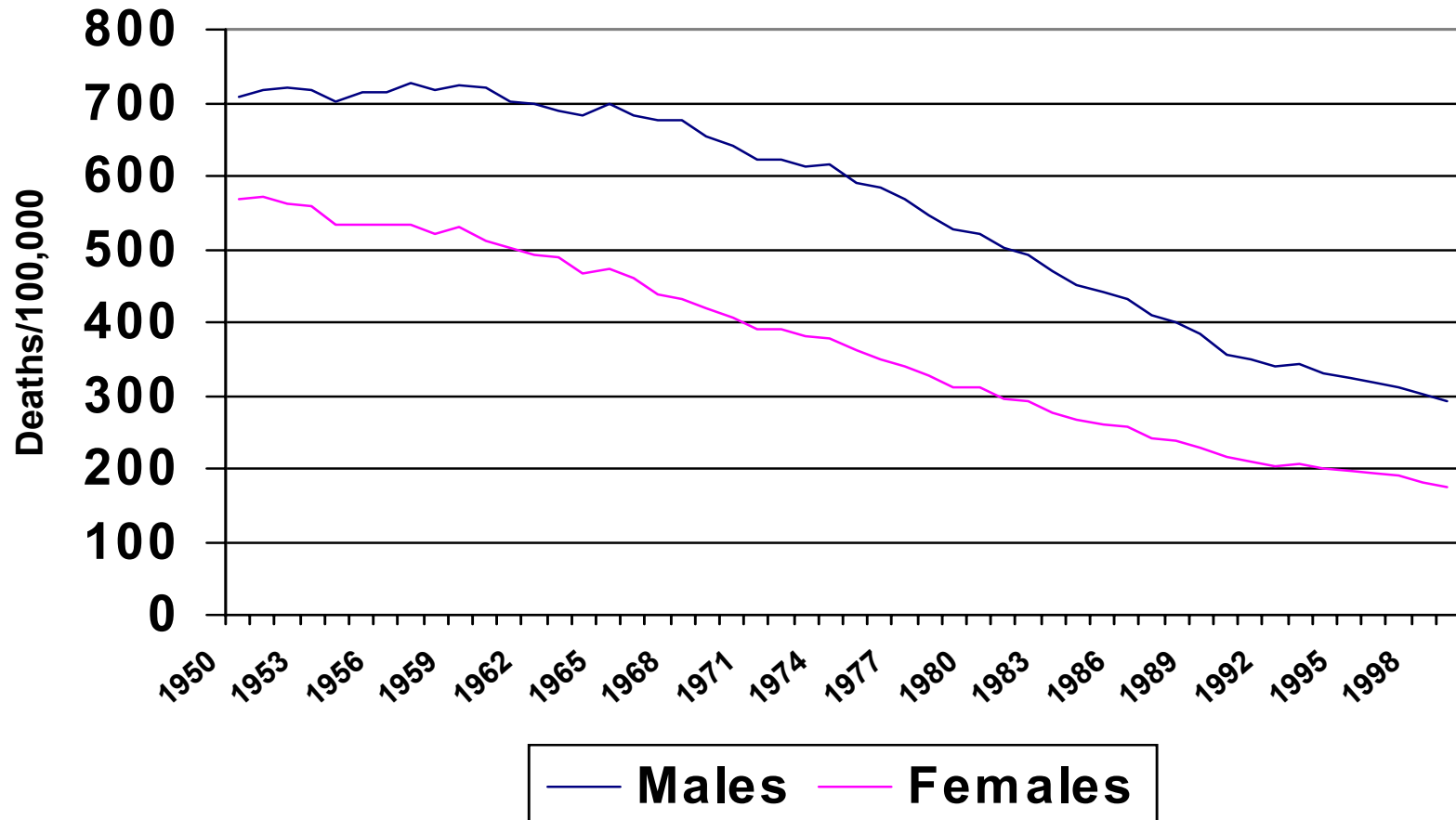
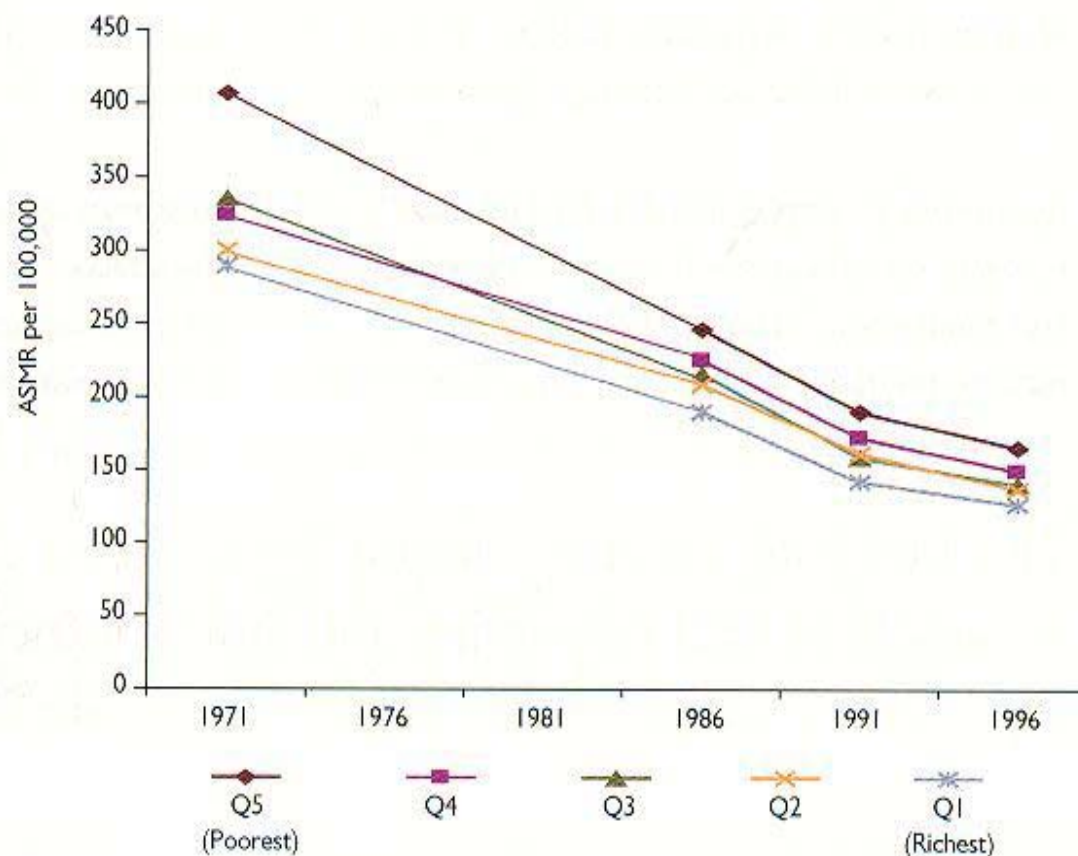
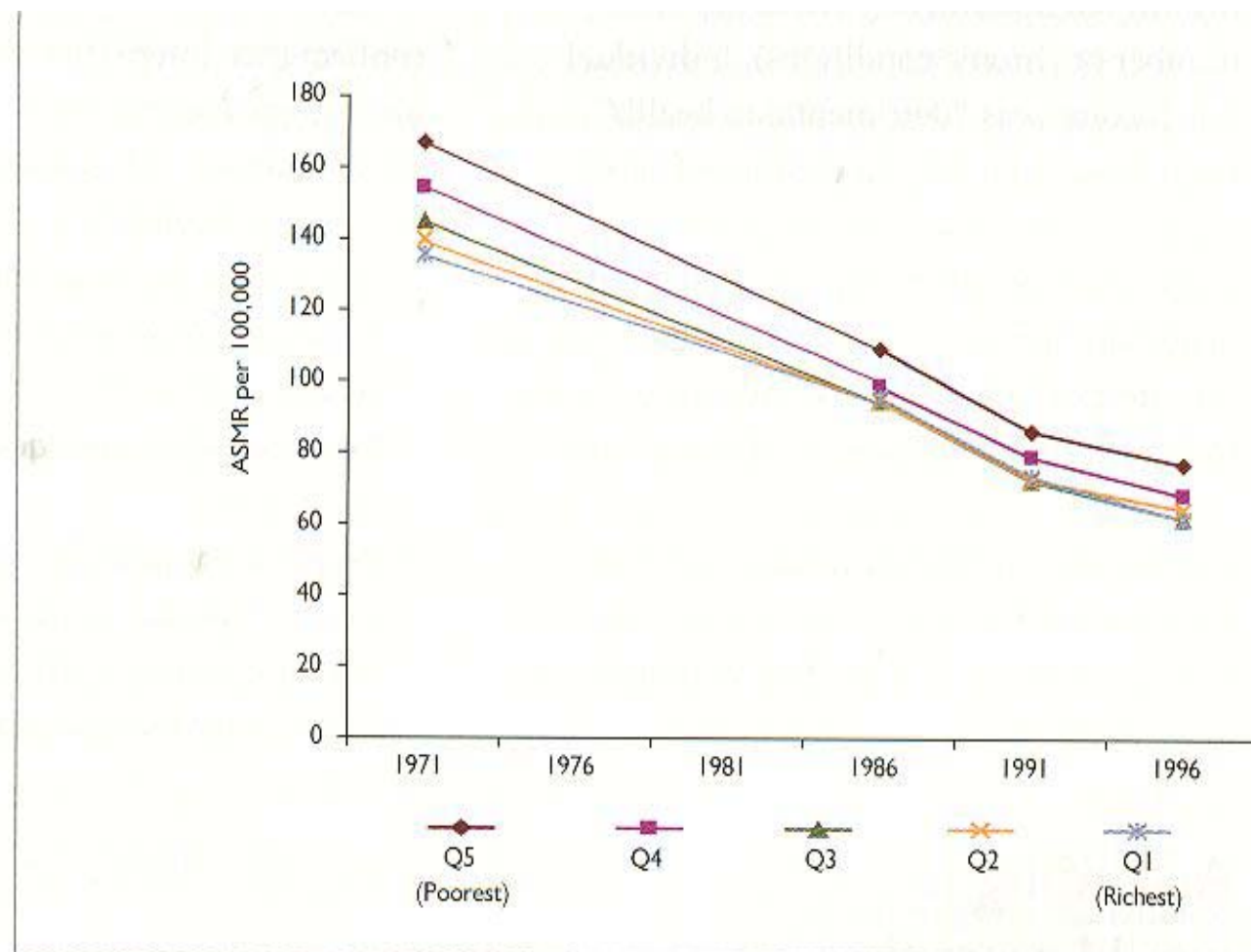


Figure 2a
Ischemic
Heart Disease,
Males, Age-
Standardized
Mortality
Rates, by
Neighbourhood
Income
Quintile,
Urban Canada,
1971 to 1996



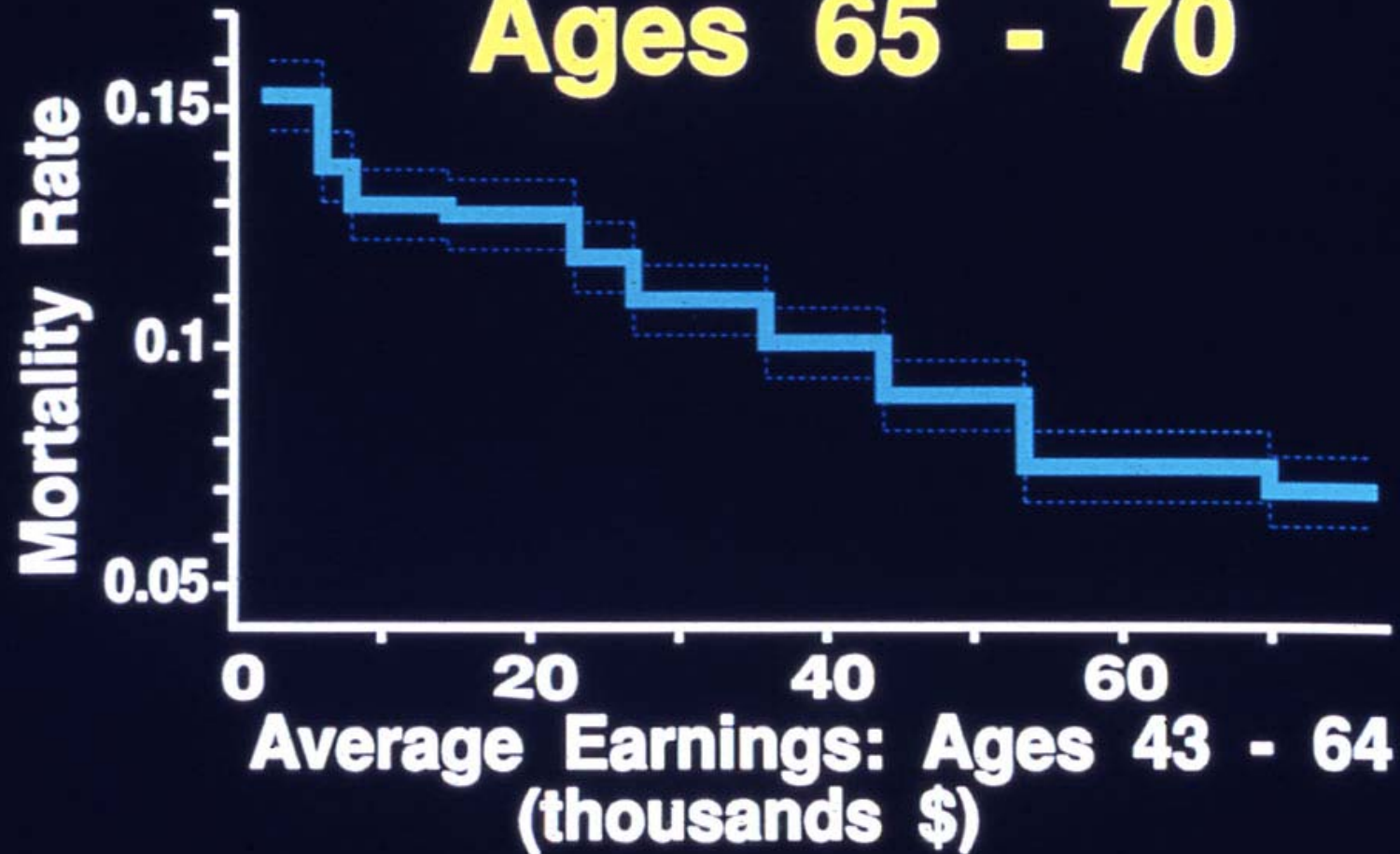
Source: Wilkins R., Berthelot J.-M., Ng E. (2002). "Trends in mortality by neighbourhood income in urban Canada from 1971 to 1996." *Health Reports—Supplement*, 13, 1–28. Catalogue no. 82-003-XPE.

Figure 2b
Ischemic
Heart Disease,
Females, Age-
Standardized
Mortality
Rates, by
Neighbourhood
Income
Quintile,
Urban Canada,
1971 to 1996



Source: Wilkins R., Berthelot J.-M., Ng E. (2002). "Trends in mortality by neighbourhood income in urban Canada from 1971 to 1996." *Health Reports-Supplement*, 13, 1-28. Catalogue no. 82-003-XPE.

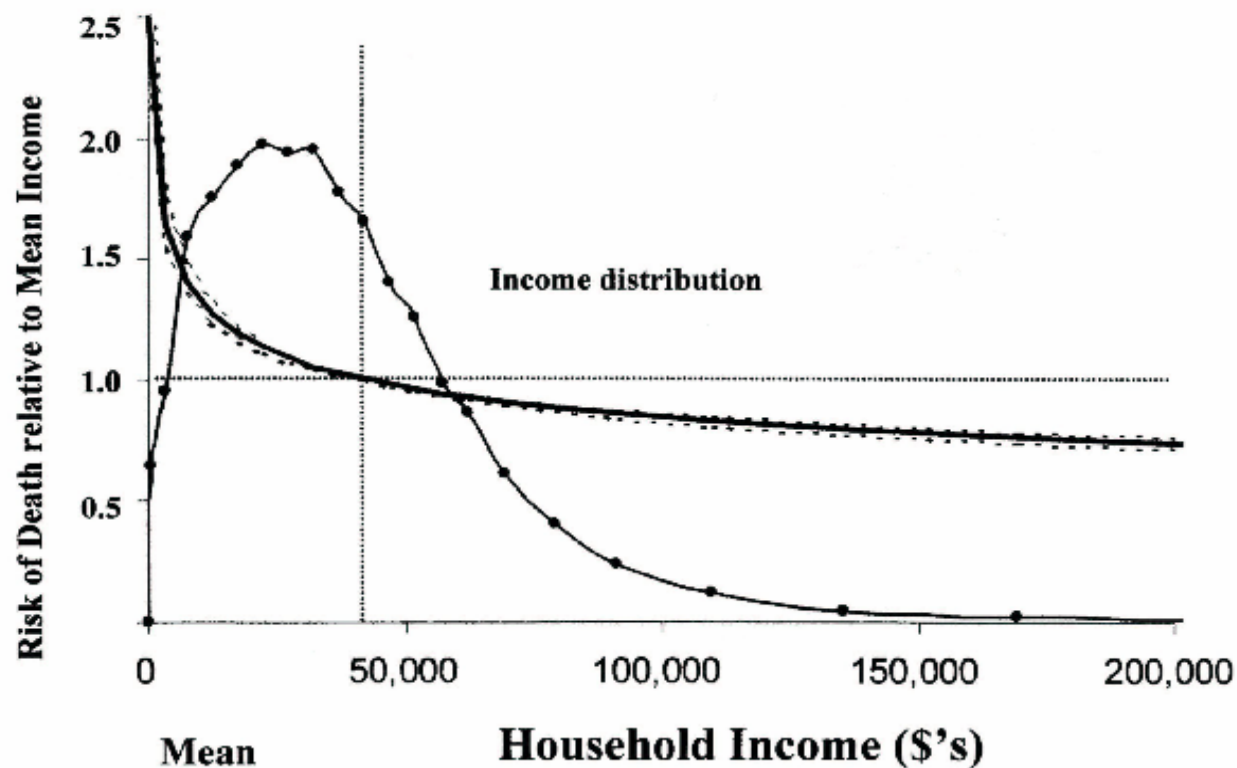
Mortality Rates: Ages 65 - 70



Source: Wolfson M, Rowe G, Gentleman JF, Tomiak M. Career earnings and death, a longitudinal analysis of older Canadian men. *J Gerontol* 1993; 48(suppl):167-179.

Relative Risk of Death by Income and Income Distribution – U.S.A

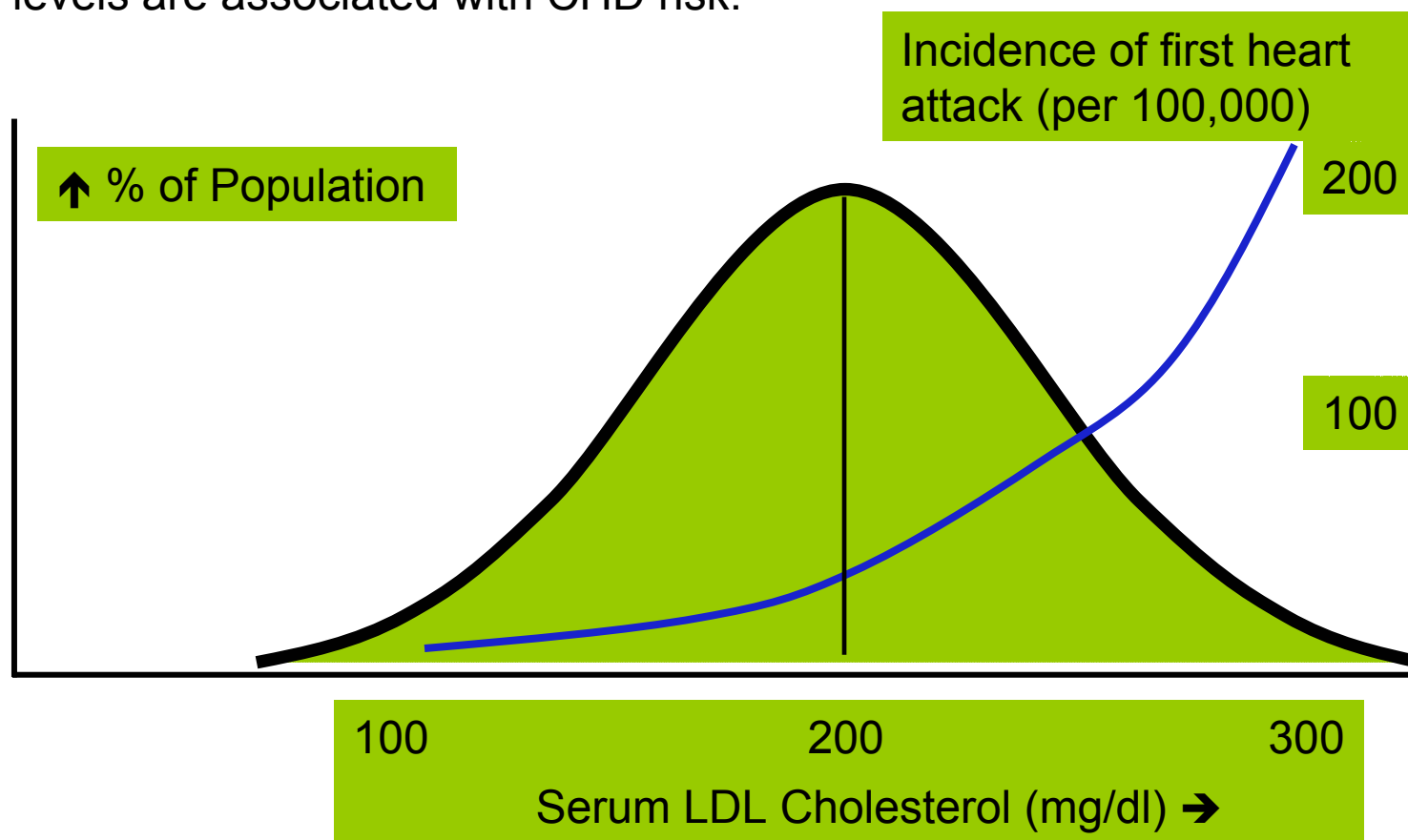
Relative Risk of Death by Income & Income Distribution



Wolfson, Kaplan, Lynch, Ross, Backlund, BMJ 1999; 319:953-7.

Sick Individuals & Sick Populations: Sir Geoffrey Rose

In any given population, one will observe a normal distribution of any given risk factor. In the case of serum LDL cholesterol, increasing levels are associated with CHD risk.



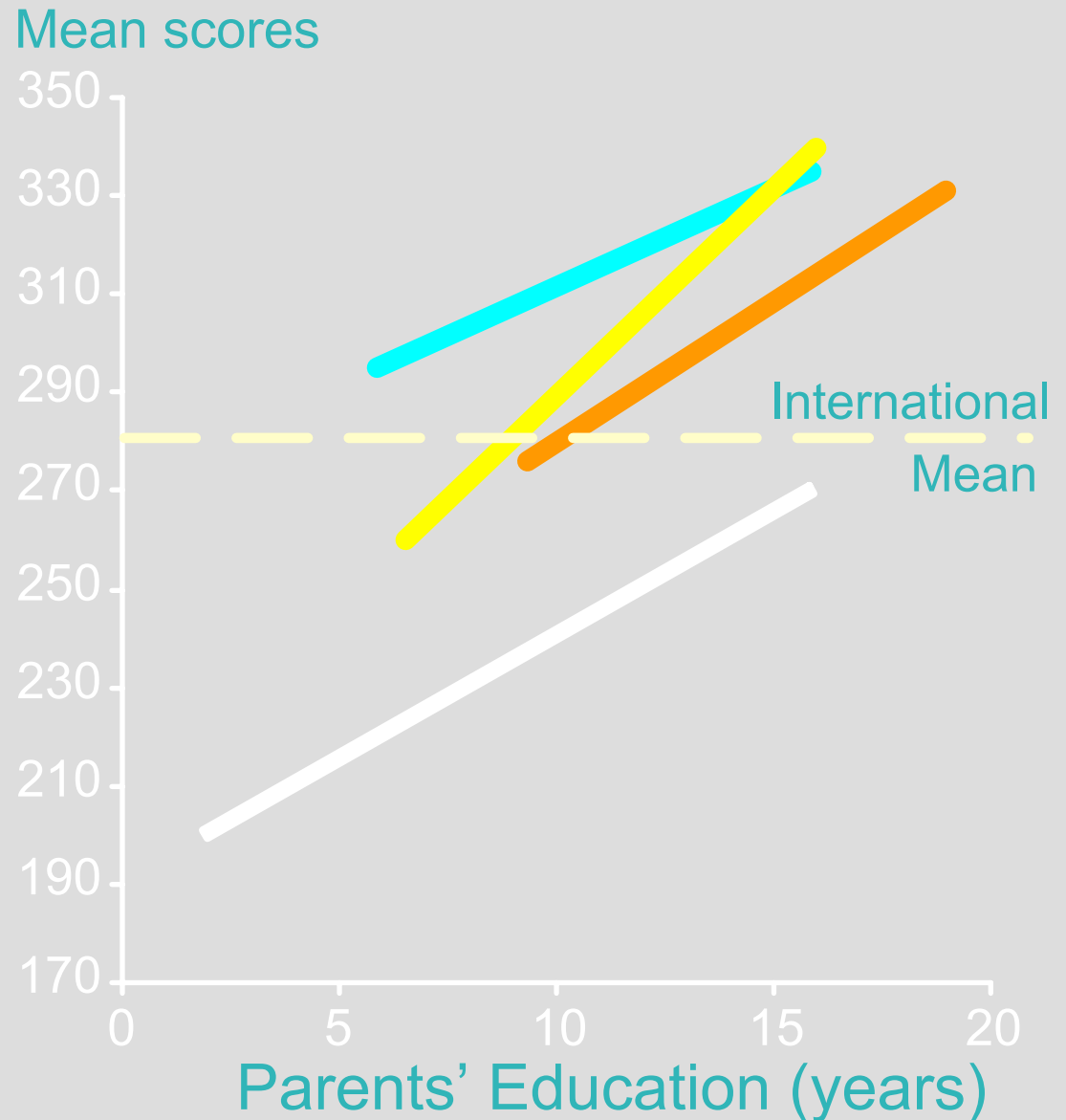
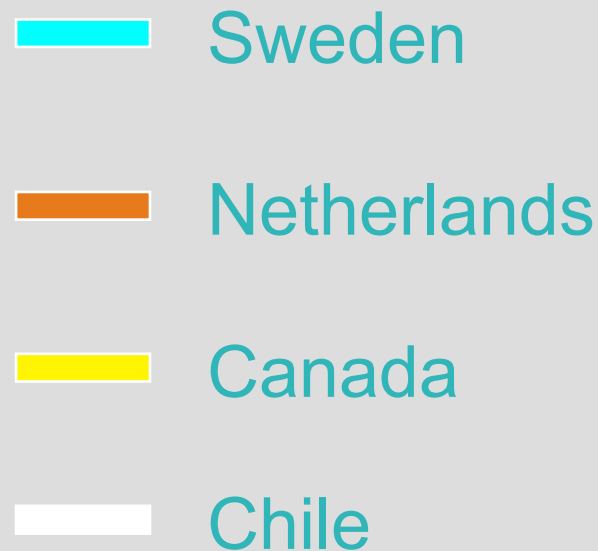
Document Literacy

1994 – 1998, Ages 16 to 55

	Level 1 and 2	Level 4 and 5
Sweden	23%	34%
Canada	42%	23%
Australia	43%	17%
United States	48%	18%
Chile	85%	3%

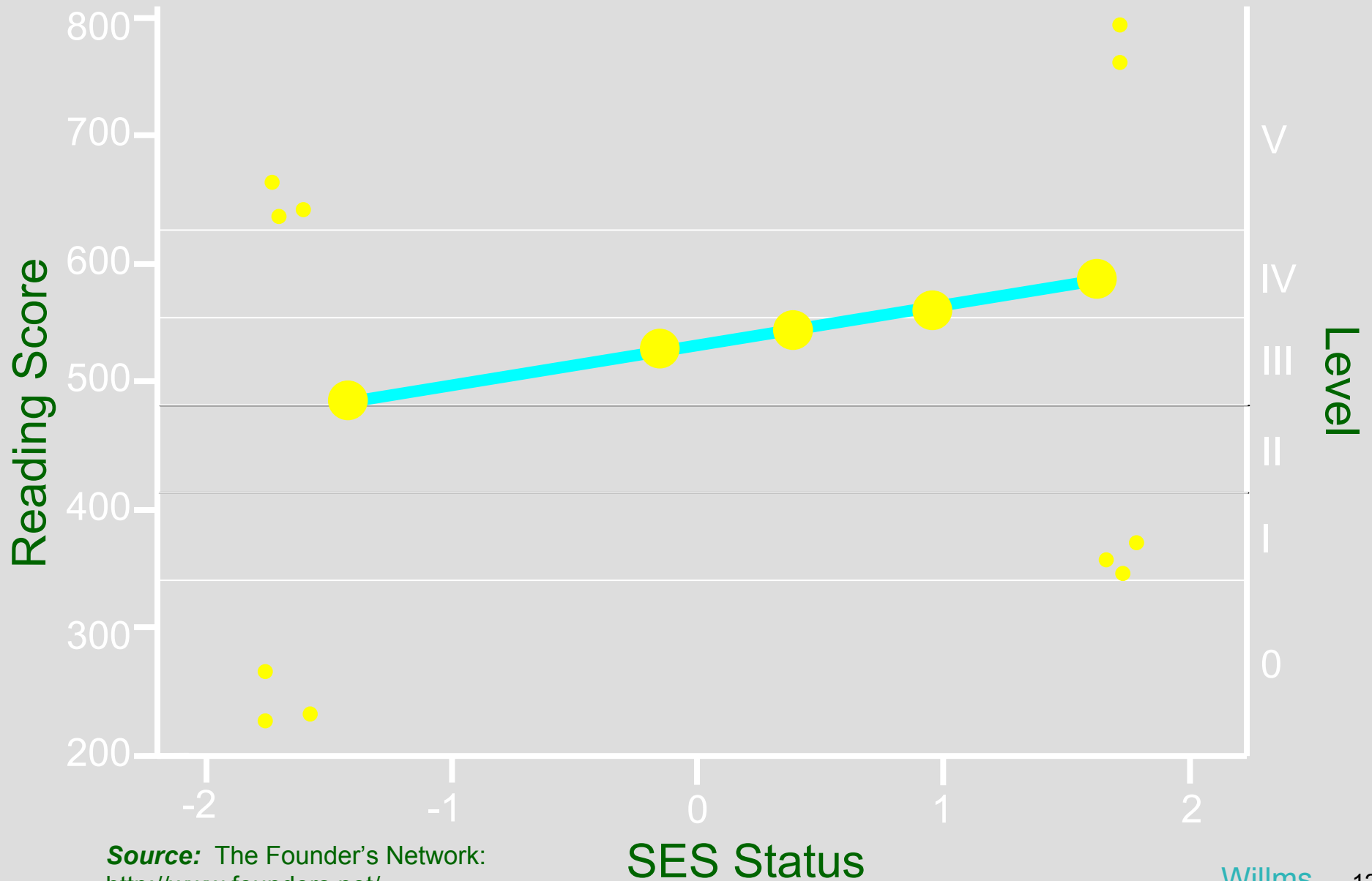
Source: The Founder's Network: <http://wwwFOUNDERS.NET/>

Socioeconomic Gradients for Document Literacy Scores



Source: The Founder's Network: <http://wwwFOUNDERS.NET/>

Gradients and Literacy



Source: The Founder's Network:
<http://www.founders.net/>

Understanding and Addressing Health Disparities



- ✦ Health status of virtually all populations varies widely over the life course across subgroups, as defined by socio-economic status, gender, race/ethnicity, geography, etc.
- ✦ Many of these disparities in health status are poorly characterized and documented in Canada. Other disparities, while documented, have remained largely unchanged over many years.

Understanding and Addressing Health Disparities (cont'd)

- ★ Comprehensive research programs are still needed to describe, investigate and especially reduce such disparities. Programs need to:
 - ❖ Utilize an interdisciplinary approach (e.g. “mixed methods”)
 - ❖ Acknowledge many possible origins of health disparities (including differences in the biological, socio-economic, physical, and cultural characteristics of populations and their environments)
 - ❖ Focus on the study of policies and programs that can ultimately reduce health disparities.

Health Disparities Initiative (a CIHR “cross-cutter”)

- ✦ Purpose: Intended to support interdisciplinary research to understand and address health disparities
- ✦ Priorities:
 - ❖ Access and equity for vulnerable populations
 - ❖ Socio-environmental, biological, cultural and structural factors that influence vulnerability and disparities
 - ❖ Description and analysis of health disparities at population level
 - ❖ Intervention research
 - ❖ Ethical and legal issues
- ✦ Partners:
 - ❖ CIHR (led by Institute of Gender & Health with IPPH involvement, other Institutes), National Secretariat on Homelessness, SSHRC, Health Canada

Investments to Date and Future Directions

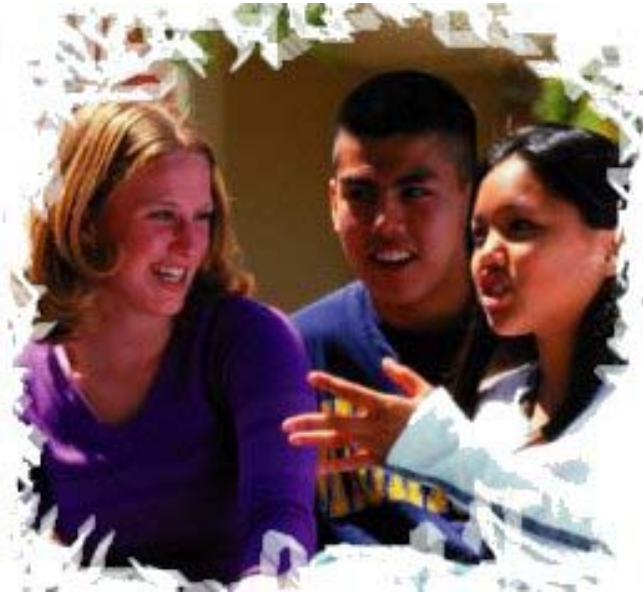
- ★ Funding for health disparities research program development and pilot projects (24 projects funded in 2003 and 2004 with over \$2 Million invested)
BUT...

- ❖ Funding has been largely short-term/developmental in nature
- ❖ There are research gaps - more emphasis needed on:
 - comparative research to understand health disparities at multiple levels (e.g. neighbourhood, nation/state);
 - documentation and measurement of health disparities in Canadian context; and,
 - population-level intervention research to address health disparities

Changing National Landscape and Policy Context

- ✦ F/P/T Health Disparities Task Group's policy paper (still awaiting review by the Conference of Deputy Ministers)
- ✦ Influencing the work of the Public Health Agency of Canada & Six National Collaborating Centres (one focused on 'social determinants of health') with respect to:
 - Public health research agenda
 - Establishment of health goals
- ✦ **Health Council of Canada** (focused on measuring performance of health care system but will need to look at, for example, differential access to health services by vulnerable populations)

Current/Future Funding Opportunities



- ★ CIHR Large Team Grants – open call in September 2004 (max. per grant: 2 M per year per team for 5 years; replaces IHRT and CAHR program)
- ★ Priority Announcements (operating grants and awards) with a focus on health disparities (to coincide with February 2005 open competition)
- ★ Future IPPH RFA focused on methods & tools development



Mechanisms to Enhance Research and Knowledge Exchange

New Trends in Health Research



- ★ Increased emphasis on interdisciplinary partnered health research and knowledge exchange
- ★ Support for teams, training initiatives, centres that bridge disciplinary silos and facilitate the research-policy-practice interface
- ★ Research funders like CIHR are requiring, for example:
 - ❖ Meaningful engagement and involvement of policy and program administrators, decision makers and public health practitioners in research
 - ❖ **Co-governance** of Research Centres (e.g. IPPH's seven Centres for Research Development) by researchers and decision-makers

Centres for Research Development:

Focused on impacts of physical & social environments on health

Centre Objectives:

- ✓ Better position teams of researchers, in newly emerging and less developed fields, for accessing open-competition (investigator-initiated) research funding;
- ✓ Promote networking and mentoring across researchers and existing institutions;
- ✓ Foster meaningful interactions with policy makers, public and voluntary sector program administrators, and clinical and public health practitioners;
- ✓ Create a sustainable path for the activities of Centres for Research Development, with committed multi-year funding; and, facilitate capacity building in regions of Canada with underdeveloped research strengths.

Seven Centres for Research Development

1) Public health: Canadian centre for health and safety in agriculture (CCHSA)	Univ. of Sask.
2) Centre for urban health initiatives (CUHI)	Univ. of Toronto
3) Asthma in the workplace	Hôpital du Sacré-Coeur de Montréal
4) International collaborative centre for the study of social and physical environments and health	Univ. of Calgary
5) The changing physical and social landscape in Atlantic rural Canada	Dalhousie
6) Centre d'études et d'interventions sur les inégalités sociales de santé de Montréal	Université de Montréal
7) Reconfiguring physical and social environments to improve health: Research infrastructure development in Atlantic Canada	Dalhousie



Role of Institute of Population & Public Health

- ✦ Bring seven Centres together to share information, problem solve about common issues, especially at start-up (~ January 2005)
- ✦ Support development of Centre network to begin identifying opportunities for collaboration (e.g. joint research and knowledge translation projects, Summer Institutes)
- ✦ Facilitate joint development of common evaluation framework to measure impact of Centres as innovative structures and “PPH change agents”
- ✦ How else can IPPH help?

The Way Forward



- ✦ Continue to build interdisciplinary research capacity to assess and address complex PPH problems such as the study of health disparities
- ✦ Continued emphasis and resources to support knowledge exchange activities and meaningful engagement of communities and other stakeholders
- ✦ Accessible funding programs in strategic and open competitions