



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

**PUBLIC
HEALTH
SPEAKS**

LEADERSHIP FOR HEALTH EQUITY

Leadership is often cited as critical to public health action on the social determinants of health to advance health equity.

The National Collaborating Centre for Determinants of Health hosted an online conversation in the Health Equity Clicks online community (www.nccdh.ca/community) to explore questions of leadership and health equity, specifically:

What does effective public health leadership for the social determinants of health (SDOH) and health equity entail and how can it be developed?

The conversation took place in January 2013, and was moderated by Sume Ndumbe-Eyoh, Knowledge Translation Specialist. Guest contributors Monika Dutt, Trevor Hancock, and Jane Underwood kicked-off the conversation, and were soon followed by other members of the Health Equity Clicks community.

This summary includes the conversation highlights, practice examples shared by participants, as well some questions which emerged from the discussion. It concludes with key resources shared during the discussion.



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Conversation highlights

Participants named the following challenges in taking action on the social determinants of health (SDOH):

- “Social determinants of health” and “health equity” (vs. “health inequalities”) are increasingly becoming part of the common public health discourse. However, there is a need for a shared understanding of these concepts and how best to apply them in the context of public health practice.
- Advocacy is a core public health competency and is fundamental to public health practice, however government employers are not always supportive of staff speaking out, particularly when issues may oppose or contradict government policy or private sector interests.
- Biomedical and behavioural/lifestyle approaches to population health often result in public health staff feeling powerless to address the SDOH at a systemic and structural level.

Participants indicated that public health leaders were effective in improving health equity when they:

1. Maintained a structural view of society and recognized that power imbalances lead to inequitable distribution of resources that influence social and health outcomes
2. Championed a health equity approach: expressed concern about social justice, actively addressed health inequities, and worked collaboratively to change the culture of public health within, and beyond, their own organizations
3. Established a process to embed equity principles into all public health activities and conducted rigorous evaluations to ensure goals were being met
4. Established competencies and standards in public health that require a focus on the SDOH and equity

5. Built and strengthened networks across the country
6. Valued and demonstrated skills in community engagement, partnership building, and intersectoral collaboration
7. Contributed to the growing knowledge base regarding public health action to advance health equity
8. Were effective advocates for health equity
 - a. Demonstrated moral courage and risk-taking
 - b. Were aware of the politics of their context and system, and were able to determine when it was beneficial to their cause to speak out, and when it was time to work quietly from within
 - c. Supported advocacy efforts, e.g., developed advocacy frameworks that clarified the boundaries of advocacy and empowered staff to advocate, provided a credible voice and research evidence in support of partners such as community coalitions, and national and provincial associations toward public education and policy advocacy
 - d. Acknowledged progress around healthy public policy and advocacy, and shed light on existing equity work
9. Motivated others to develop relevant leadership skills, and created opportunities to teach, support, and mentor current and future generations of leaders

Participants noted that institutional leaders such as Medical Officer of Health, academics, and others, often have the job security that enables them to speak out on issues, and have a responsibility to do so on behalf of their communities and the people experiencing health inequities, as well as their colleagues who may not share the same job protection.

Practice examples

- Nova Scotia has developed Public Health Standards for 2011-2016 with a clear focus on equity (http://novascotia.ca/hpp/yourmove/Public_Health_Standards_EN.pdf)
- At the provincial level, Ontario has moved toward Human Services Integration; Municipally, some health units are starting to work closely with Social Service, Ontario Works, Social Housing, and child care programs
- Vancouver Coastal Health Population Health has established guidelines and resources to empower staff to advocate (www.vch.ca/media/Population-Health_Advocacy-Guideline-and-Resources.pdf)
- Cape Breton District Health Authority runs bi-weekly columns by staff in the local newspaper related to population health issues with goal of educating the public about why it is important to apply an equity lens

- As part of the Dignity for All campaign for a poverty-free Canada, the Community Health Nurses of Canada (CHNC) joined a pan-Canadian, non-partisan call to action led by Citizens for Public Justice, to support Bill C-400, related to a national housing strategy (www.chnc.ca or CPJ: www.cpj.ca/en/take-action-we-all-need-place-call-home)

Questions to follow this conversation

- How do “leaders on the ground” critically reflect on the inequities they see in their everyday practice, and what guides their decision making and actions?
- What does it mean to act on the social determinants of health and apply an equity lens and what can organizations do to build capacity and buy-in among staff?
- How can standards and competencies (that embed concepts such as leadership, social justice, advocacy, and equity) be used to support organizational action on structural and systemic inequities?
- What kind of training and discussions are most helpful when establishing a process to embed equity principles into all aspects of public health work?



Related Resources

1. Dutt M. The role of medical officers of health in addressing health inequities. Healthy Debate [Internet]. 2012 Sept 24 [cited 2014 May 25]; [about 2p.]. Available from: <http://healthydebate.ca/opinions/the-role-of-medical-officers-of-health-in-addressing-health-inequities>
2. Longwoods [Internet]. Toronto, ON: Longwoods Publishing; c 2014. Courage a rare competency; 2013 Jan [cited 2014 May 25]; [about 3 screens.]. Available from: www.longwoods.com/content/23143
3. National Collaborating Centre for Determinants of Health. Core competencies for public health in Canada: An assessment and comparison of determinants of health content [Internet]. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2012 [cited 2014 May 25]. Available from: <http://nccdh.ca/resources/entry/core-competencies-assessment>
4. National Collaborating Centre for Determinants of Health. What contributes to successful public health leadership for health equity? An appreciative inquiry: 14 Interviews [Internet]. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2013 [cited 2014 May 25]. Available from: <http://nccdh.ca/resources/entry/leadership-app-inquiry>
5. Van Beurden EK, Kia AM, Zask A, Dietrich U, Rose, L. Making sense in a complex landscape: how the Cynefin Framework from Complex Adaptive Systems Theory can inform health promotion practice? Health Promot Int [Internet]. 2013 Mar; 28(1):73-83. Also available from: www.ncbi.nlm.nih.gov/pubmed/22128193
6. Video on The Cynefin Framework by Dave Snowden, Cognitive Edge, also available on YouTube: www.youtube.com/watch?v=N7oz366X0-8

Visit the NCCDH Resource Library for more resources on public health leadership and health equity www.nccdh.ca

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La version française est également disponible au : www.ccnds.ca sous le titre *La santé publique a la parole : leadership exercé en santé publique pour favoriser l'équité en santé*