PUBLIC HEALTH LEADERSHIP TO ADVANCE HEALTH EQUITY: A REVIEW SUMMARY
The National Collaborating Centre for Determinants of Health is hosted by St. Francis Xavier University. We acknowledge that we are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people.

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La version française est également disponible au www.ccnds.ca sous le titre *Leadership de la santé publique pour favoriser l'équité en santé : un sommaire de la revue de la littérature.*
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THE NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH

The National Collaborating Centre for Determinants of Health (NCCDH), hosted by St. Francis Xavier University, is one of six National Collaborating Centres (NCCs) for Public Health in Canada. Funded by the Public Health Agency of Canada, the NCCs produce information to help public health professionals improve their response to public health threats, chronic disease and injury, infectious diseases and health inequities. The NCCDH focuses on the social and economic factors that influence the health of Canadians and applying knowledge to influence interrelated determinants and advance health equity through public health practice, policies and programs. Find out more at www.nccdh.ca. The other Centres address aboriginal health, environmental health, healthy public policy, infectious disease, and methods and tools. Find out more about all NCCs at www.nccph.ca.
Background and Introduction

Public health leaders engage with communities and organizations, simultaneously influencing political and societal environments. They are grounded by the values of social justice, equity and solidarity. Public health leadership plays a role in shaping internal and external environments within which the sector functions; it is considered by some to be the most critical driver of public health organizational capacity to address health equity, across multiple levels of influence. While leaders create the organizational space to address health inequities, they are challenged to address health equity in an environment where fiscal restraint is common and funding for upstream work generally occupies a small percentage of health service budgets.

In 2016, Betker completed a dissertation titled *Public health leadership to advance health equity: A scoping review and metasummary.* Given the relevance of this work to health equity practice, the National Collaborating Centre for Determinants of Health (NCCDH) has collaborated with Dr. Betker to produce a summary of the literature review and this document, which provides an overview of key research findings of the scoping review and metasummary. The goal of this research was to broadly consider the complex aspects of public health leadership from the perspective of research studies that examined health equity interventions and identified outcomes. The research was guided by the following research question: What aspects of public health leadership to advance health equity have been considered by research? This report’s findings describe the range and scope of research available in this area and summarizes the dissertation findings, including:

- the status of the existing evidence base;
- the essential attributes of public health leaders;

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**Public health leadership to advance health equity: A scoping review and metasummary** by Dr. Claire Betker addresses the dearth of literature supporting action by public health leadership on health equity. It can be found in the NCCDH online Resource Library at www.nccdh.ca/resources.

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*Public health leadership for action on health equity: A literature review* highlights key concepts from the leadership literature and how they apply to public health action on health equity.
the importance of relationships in leading public health action for health equity;
- the types of knowledge needed by leaders;
- the essential nature of values;
- the bridging and enabling role of leaders; and
- the levels at which leadership occurs.

This document offers a discussion of tools and mechanisms to support leadership development found in the research and compares them to the NCCDH Public Health Roles for Health Equity and the Leadership Competencies for Public Health Practice in Canada.

**Review Results**

**Existing evidence base**

The research studies included in the 2016 scoping review and metasummary reflected a relatively current evidence base, with most studies published between 2009 and 2014. The literature was widely dispersed and was difficult to find. The 27 studies included in the scoping review were published across 22 journals, reflecting a lack of cohesiveness and comprehensiveness in the literature and resulting evidence base available to decision-makers and leaders. The research questions that guided the 27 studies were generally descriptive and exploratory in nature, reflecting a developing evidence base. In terms of focus, leadership often emerged as an enabler or facilitator of the study outcomes and was rarely considered as an intervention on its own.

**Key messages for practice**

- Leadership matters.
- It is important for practitioners to nurture leadership skills in all team members, including themselves.
- There are particular types of knowledge, skills and attributes that are essential for leaders to advocate for health equity.
- Public health activities that are aligned with community priorities reflect value for collaborative relationships.
- It is essential to clarify, reinforce, develop and support the role of public health practitioners to lead and advance health equity.

**Key messages for research**

- There is a gap in research on public health leadership, with very few studies specifically examining public health leadership to advance health equity.
- Future research needs to focus not only on individual leaders but also the organizations, communities and policy contexts in which they work.
- The field would benefit from greater attention being paid to the public or community aspect of leadership and followership, as well as the policy and community contexts in which public health leadership is situated.
- The investigation of leadership needs to be examined at all levels through community-based, participatory research methods and other innovative participatory methods.
What public health leaders needed for action on health equity

The dissertation research revealed key attributes, types of knowledge and relational aspects of leadership that are core to advancing health equity.

Attributes

The scoping review uncovered six leadership attributes that were considered particularly relevant to public health.

SUCCESSFUL LEADERS WERE:

1. Visionary, passionate, charismatic, able to inspire and motivated to be involved

Effective leaders were visionary and able to inspire others to address population health inequities. They were motivated to be involved, willing to take risks and championed new ways of doing things. A leader’s willingness to focus on public health practice further upstream was demonstrated by their commitment to empower and enable staff to spend time on equity issues. Leaders who advocated for health equity and acted as mentors for other leaders were successful at stimulating and enabling action beyond themselves.

2. Connected to the community

Public health leaders recognized the importance of being actively engaged with their communities, especially communities that had been disadvantaged by various policies — including public health policies. Engagement of public health practitioners with the community was achieved in two ways: first, through the leader’s active involvement in their community, and, second, through the leader’s empowerment of staff to be present in the community to represent public health. Leaders acted as community champions and used participatory approaches to engage and inspire others to lead.

3. Effective communicators

Another subset of key leadership attributes was clear and open communication, active listening and the ability to articulate a vision. Effective communication included the abilities to tailor messages for specific audiences, to use contemporary methods such as social marketing to reach audiences and to be respectful in all communications, particularly those involving disagreement or divergent views.

4. Trusted, respected and credible

Building respectful relationships with both community and professional partners was the foundation to developing trust, especially with groups that are more difficult to reach. This involved knowing when to speak and when to stay silent. Moreover, having access to reliable data and information and being able to analyze and interpret it strengthened the credibility and effectiveness of leaders in collaborative equity work.

INSIGHT FROM RESEARCH PARTICIPANTS:

“All the knowledge needed to make change was a result of a community’s assets, needs [and] opportunities.”1
5. Oriented to values of social justice and solidarity
The foundation of health equity action was linked to having leaders with a philosophy of justice, fairness and shared values. A leader’s values informed the judgements they made, which in turn set the tone for the value system of the entire organization. Consequently, these values also informed how leaders engaged both within and outside of their agency.

6. Humble, caring and patient
Leaders who respected community-valued sources of knowledge also showed respect for community decisions and the intentions to create space for other viewpoints, ideas and ways of knowing. Effective leadership involved a balance between being humble when working with clients and having the willingness to advocate on behalf of communities.

INSIGHT FROM RESEARCH PARTICIPANTS:

“…All public health disciplines are guided by social justice — figuring out what that means in practice is essential to health equity promotion.”

Relational aspects of leadership
The scoping review found that leaders worked collaboratively within and between systems and structures. This relational way of working allowed them to identify and create opportunities to connect between formal and informal structures, people, communities and partners. Participatory approaches to engage community members and build social capital allowed public health leaders to gain perspective on the real-life impact of socio-environmental factors on health.

Effective public health leaders were skilled at developing relationships, and often brought relationships from other aspects of their lives to their current work. Knowing who to talk to, being willing to reach out and being able to recognize when and where additional expertise is needed were key attributes of public health leaders. In addition, facilitating connections between multiple professions and sectors and drawing on the networks that ensued were able to expand a leader’s reach and enhanced leadership influence. Political, executive, organizational and community levels represented different points of influence. Moreover, active, intentional and genuine relationships at all system levels allowed leaders to engage directly with citizens, partners and decision-makers outside of public health.
**Types of knowledge**

The dissertation findings revealed several types of knowledge that public health leaders drew on to promote action on health equity.

**CONTEXTUAL KNOWLEDGE** involved intimate knowledge of a community and its structures, allowing a leader to engage directly with community members both in- and outside a community’s formal borders. Leaders recognized that multiple forms of knowledge assist in providing context to how and why inequities happen. This included valuing community expertise and using an ongoing and iterative community health assessment process.

**SITUATIONAL KNOWLEDGE** meant that leaders understood and applied knowledge related to cultural, socio-economic, historical, structural, environmental and political circumstances. This allowed deeper understanding of the complex pathways linking the social determinants of health and health equity. A leader’s connection to the community was strengthened by their consideration of situational factors, including how people defined and interacted with the world around them through senses, reason, intuition and experiences.

**CLINICAL (PRACTICE) KNOWLEDGE** referred to specialized knowledge gained through formal means. Experiential knowledge about social justice and equity issues, combined with knowledge of health impacts due to societal inequities, reflected the leader’s ability to blend multiple types and sources of knowledge to inform leadership action.

**Key elements that formed the basis for public health leadership action on health equity**

Building on the results of the scoping review, a metasummary was undertaken to further explore how leadership was described. This phase of the research revealed that leadership occurred at multiple levels, was facilitated through a bridging and enabling role and was informed by the values of social justice and solidarity.

**Levels at which leadership occurs**

Public health leadership occurred at multiple levels simultaneously — that is, at individual, organizational and community or systems levels. A balance and combination of leadership at all levels was required to address and redress population health inequities. In addition, strong leaders simultaneously demonstrated leadership qualities at an individual or local level while drawing on knowledge required for organizational- and system-level action.

"Strong leaders simultaneously demonstrated leadership qualities at an individual or local level while drawing on knowledge required for organizational- and system-level action."
Individual level
Leadership at the individual level was not thought to be isolated to a position title or profession. Instead, it was considered a demonstration of the action taken, alone and in collaboration with others. This meant that staff at all levels of an organization could be empowered to develop the skills and attributes that contribute to collective leadership capacity for action on health equity.

Organization level
The structures and processes of an organization supported leaders to prioritize both an internal equity focus and external equity action in collaboration with partners. As a result, these structures created the capacity for individual practitioners to embed health equity into their work.

Community and system level
Leadership at the community and broader system levels involved building relationships with stakeholders and community members beyond public health. In such instances, skills and knowledge in political action and policy processes enabled leaders to use policy as a lever to advance health equity. At the same time, this action and these processes motivated communities to exert pressure and advocate for change.

INSIGHT FROM RESEARCH PARTICIPANTS:

“[There is a] need for political action to result in improvements for the community/society at large, so leaders need to participate in policy development, implementation, and evaluation.”

The metasummary offered the following descriptions for the different levels of leadership:

<table>
<thead>
<tr>
<th>LEVEL OF LEADERSHIP</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>INDIVIDUAL</td>
<td>&quot;At the individual level, leaders are staff, members of the community, and champions. Their skills and confidence are enacted through their roles and practice (work). They lead by providing support, establishing partnerships, being engaged and involved, and supporting the development and implementation of services, programs, and policies. Their work occurs locally and is fueled by their commitment.&quot; [1(p133)]</td>
</tr>
<tr>
<td>ORGANIZATION</td>
<td>&quot;The organization supports leadership through its work, including projects, programs, and policies. The structures and processes of a public health organization support the community as well as their employees. The organization provides support and advocacy on important health issues. The organization provides training and education within the organization and with community partners. The organization works to be successful and address the social determinants of health, including racism.&quot; [1(p134)]</td>
</tr>
<tr>
<td>COMMUNITY/SYSTEM</td>
<td>&quot;At the community and system level, leaders (and partners) build coalitions, engage in political activity, are involved, and provide support. Capacity building and policy are tools and resources used at this level. Interventions and leadership action occur at a societal and local level, again reinforcing that context matters. At these levels, evidence, change, and [inequities] inform actions of the leaders.&quot; [1(p135)]</td>
</tr>
</tbody>
</table>

c Use of the word "inequities" is a NCCDH edit. The description that appears in the dissertation uses the word “disparities.”
Bridging and enabling role

Building bridges between communities and public health organizations, as well as with other sectors, was an integral aspect of public health leadership. This bridging role allowed leaders to be familiar with priorities that were identified by the community; it also enabled community-level leadership through supports, mentoring and direct involvement of citizens. This bridging and enabling role contributed to leaders being prepared when the community was ready to act.

Negotiating shared interest, collective vision and action were key to multi-directional and distributed leadership. Building leadership capacity among partners through supports and mentoring helped others to see the benefit of taking collective action on health inequities. The following description for the bridging and enabling role was developed during the metasummary:

> Participating, collaborating, engaging, and partnering are processes that facilitate the bridging and enabling dimension of public health leadership. Through structures and processes, action is taken and support is provided. Participating in political advocacy as well as building capacity strengthen the leader’s ability to enable others, with leaders working most consistently at a local level to address inequities.\textsuperscript{d}[^1171]

Values base

Public health leadership at any level was based on shared values of social justice and fairness. These values guided how leaders engaged with communities and practitioners both in- and outside of their organization. In the Canadian context, strong public health leaders must have effective relationships with Indigenous communities, given that the colonial context has significantly contributed to current health inequities. The following description for the values base of leadership was developed during the metasummary:

> Community members, leaders, and politicians work from [shared values of social justice and solidarity].\textsuperscript{e}[^1171] Justice and the importance of reflection on the social determinants of health, inequities,\textsuperscript{d} and marginalization figure strongly in public health leadership. These values play out in society and in the community, informing how health and health issues are addressed as well as how programs are developed.\textsuperscript{e}[^1171]

\* \textsuperscript{d} Use of the word “inequities” is a NCCDH edit. The description that appears in the dissertation uses the word “disparities.”  
\textsuperscript{e} Use of the wording “shared values of social justice and solidarity” is a NCCDH edit. Description that appears in the dissertation uses the wording “personal values, beliefs, ethos, and ideology.”
Strategies, mechanisms and activities to support public health leadership action on health equity

The research revealed a number of approaches that support and develop public health leadership action on health equity.

1. **Policy and program development, implementation and evaluation among practitioners and stakeholders.** Support for knowledge and skill growth in policy, program development, implementation and evaluation that was equity informed and able to engage both front-line workers and those in formal leadership positions when it came to decision-making processes and outcomes. Suggested activities include the following:
   - Explore equity concepts together with senior leaders and policy makers. This exploration can shift understanding of how terminology, words, images and stories can shape policy and direct planning for action across sectors and the system.
   - Make leadership visible by integrating action on health equity into organizational mission statements and strategic plans.

2. **Accreditation and quality improvement.** Some ideas for enhancing leadership capacity were promoting staff and community involvement in public health planning and applying an equity lens to public health and priority populations. Suggested activities included the following:
   - Integrate equity-related goals into both the accreditation process and quality improvement projects.
   - Use organizational readiness assessment tools to determine structures and supports needed for practice change to address health inequities.

Mapping the strategy

To facilitate the application of these findings to public health practice, we have considered how the results align with the NCCDH Public Health Roles for Health Equity and the Leadership Competencies for Public Health Practice in Canada. See Appendix A to learn how these eight strategies, mechanisms and activities fit in with two key frameworks for public health action.

**Let’s Talk: Public health roles for improving health equity** (2013)

Let’s Talk: Public health roles for improving health equity provides a framework to identify areas where public health can take action on health equity.

**Leadership competencies for public health practice in Canada** (2015)

The Leadership competencies for public health practice in Canada document provides a framework for public health professionals to support the development and maintenance of competencies in leadership skills and knowledge that is foundational to public health practice in Canada.
Workforce and practice development. Workforce development was supported through training for senior leaders in the areas of social determinants of health and health equity. The purpose of this action was to ensure that practitioners were given the opportunity to engage with health equity issues and take a leadership role at the organizational level at which they practiced. Suggested activities included the following:

- Ensure policies are in place for contemporary and ongoing leadership and practice development at all levels of organizations and systems.
- Integrate health equity concepts into job requirements and performance appraisals; make efforts to change the knowledge, skills and diversity of the public health workforce.
- Implement professional development opportunities to strengthen necessary leadership attributes and knowledge.
- Develop mentoring and coaching relationships among current and future leaders.
- Identify teams and networks of practitioners that support the development of public health leadership.

Develop processes, structures and service delivery models that support collaboration, partnership and engagement with communities and other sectors. Keeping clients, communities, families and the public at the centre of public health decision-making and service delivery to address health equity was essential. Moreover, the development of effective policies and practices to deal with relational ethics and power imbalances needed to be established and acted upon. Finally, ensuring that teams were inter-professional and included communities and other sectors in a meaningful and intentional way also modeled collaborative leadership. Suggested activities included the following:

- Use electronic convening options to support meaningful discussions across sectors and communities.
- Develop leadership hubs and formal coalitions of leaders.

Provide access to and share evidence, research and information about the community and/or population. The capacity for conducting research and the availability of data-gathering and analysis was not available to all sectors. For this reason, public health leaders who shared data helped support the research capacity of the partners with whom they worked. Suggested activities included the following:

- Participate in existing community structures and processes, such as community events, consultations and regular town meetings as important opportunities to bring community-based knowledge to the surface.
- Facilitate access to information and data for the community in relevant ways and with follow-up to increase understanding.

Insight from Research Participants:

“Outcomes are often longer-term in nature, so [they] need to ensure that appropriate and complete data are monitored to determine outcomes, gaps, redundancies, etc.”1
Use conceptual and theoretical frameworks that guide decision-making and action. The use of frameworks to guide decision-making and planning provides an intersection between theory and practice. Frameworks and other tools needed to be clear, applicable, relevant and comprehensive; however, no single framework provided a solution, and the use of multiple approaches was necessary. Suggested activities included the following:

- Develop a repository of effective program and policy interventions and other useful tools and approaches that are easily searchable and accessible.

Use community-based, participatory research as a strategy for capacity building. Public health leaders worked directly with citizens and respected community-identified priorities. Suggested activities included the following:

- Ensure that program-governing structures include representation from the population of focus. For example, include Indigenous leaders when developing services for Indigenous communities, teens when planning a school-based clinic and new Canadians on a committee looking to address refugee health.
- Use community-based, participatory research methods as a strategy for capacity building to address the social determinants of health at a community level. The community is involved in all aspects of the research with an aim to increase knowledge to inform policy and practice.

Use active discussion and discourse about values, ideology and politics. Leaders had a role to support internal and external partners to examine how their individual and organizational values aligned with the focus of their practice. Ongoing and deep discussions about the role of values, ideology and politics went beyond formal leadership positions. In addition, leaders encouraged others and themselves to consider their own biases and develop alternate practices. Suggested activities included the following:

- Convene and participate in discussion groups to explore leadership roles, values and action.
- Engage with other leaders at various levels and solicit their ideas and feedback through surveys or other information-gathering tools.
- Incorporate health equity into forums where leaders already meet — provincial-territorial public health networks, pan-Canadian public health networks, urban public health networks and rural-northern-remote networks.
- Connect leaders to each other to engage in dialogue about equity, social determinants of health and social justice using historical accounts and practice scenarios as examples of action.
**Conclusion**

The scoping review and metasummary research\(^1\) demonstrated three important and unique aspects of leadership that apply to public health practice. First, public health leadership to advance health equity occurs at multiple levels simultaneously and intentionally. In this way, individual leaders have a symbiotic relationship with the context in which they function that extends beyond co-existence. Second, the important bridging and enabling role of public health leadership allows leaders to move between individual, organization and community/system levels while influencing both policy and social environments. Finally, the values of social justice, equity and solidarity are foundational, unique and consistent with the values that inform public health practice in Canada.\(^4\)

Leaders who possessed key attributes, relational aspects of leadership, bridging and enabling skills, and multiple knowledge types influenced the environment around them, supporting the progression of equity work. Organizational, community, policy and political environments that surrounded leaders either supported or undermined the actions they were able to take, and leaders played a role in shaping these environments. Activities to demonstrate leadership on health equity within core public health roles, as well as the development of leadership competence, can be achieved through commitment and intentionality for action.
Appendix A

On page 9, we describe a series of strategies, mechanisms and activities to support public health leadership action on health equity. Below, we have mapped how they align with the NCCDH’s Public Health Roles (see diagram) and the Leadership Competencies for Public Health Practice in Canada. Both documents are available in the NCCDH’s Resource Library.

<table>
<thead>
<tr>
<th>STRATEGIES, MECHANISMS AND ACTIVITIES TO SUPPORT PUBLIC HEALTH LEADERSHIP ACTION ON HEALTH EQUITY (DISSERTATION RESEARCH FINDINGS)</th>
<th>SELECTED FRAMEWORKS* WITH WHICH THE STRATEGIES, MECHANISMS AND ACTIVITIES ALIGN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Policy and program development, implementation and evaluation among practitioners and stakeholders</td>
<td>NCCDH PUBLIC HEALTH ROLES: Participate in Policy Development</td>
</tr>
<tr>
<td>2 Accreditation and quality improvement</td>
<td>Leadership Competencies for Public Health Practice in Canada</td>
</tr>
<tr>
<td>3 Workforce and practice development</td>
<td>Leadership Competencies for Public Health Practice in Canada</td>
</tr>
<tr>
<td>4 Develop processes, structures and service delivery models that support collaboration, partnership and engagement with communities and other sectors</td>
<td>NCCDH PUBLIC HEALTH ROLES: Partner with Other Sectors</td>
</tr>
<tr>
<td>5 Provide access to and share evidence, research and information about the community and/or population</td>
<td>NCCDH PUBLIC HEALTH ROLES: Assess and Report</td>
</tr>
<tr>
<td>6 Use conceptual and theoretical frameworks that guide decision-making and action</td>
<td>NCCDH PUBLIC HEALTH ROLES: Modify and Orient Interventions</td>
</tr>
<tr>
<td>7 Use community-based, participatory research as a strategy for capacity building</td>
<td>NCCDH PUBLIC HEALTH ROLES: Partner with Other Sectors</td>
</tr>
<tr>
<td>8 Active discussion and discourse about values, ideology and politics</td>
<td>Leadership Competencies for Public Health Practice in Canada</td>
</tr>
</tbody>
</table>

*Selected frameworks expanded upon below.

### The NCCDH’s Public Health Roles

**Assess and Report**
- Assess and report on a) the existence and impact of health inequities, and b) effective strategies to reduce these inequities.

**Participate in Policy Development**
- Lead, support and participate with other organizations in policy analysis and development, and in advocacy for improvement in health determinants and inequities.

**Partner with Other Sectors**
- Partner with other government and community organizations to identify ways to improve health outcomes for populations that experience marginalization.

**Modify and Orient Interventions**
- Modify and orient interventions and services to reduce inequities, with an understanding of the unique needs of populations that experience marginalization.

### Leadership Competencies for Public Health Practice in Canada

The competencies are organized into five areas:

- **Systems Transformation**
- **Achieve Results**
- **Lead Self**
- **Engage Others**
- **Develop Coalition**
REFERENCES


