



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

SUMMARY

WHAT CONTRIBUTES TO SUCCESSFUL PUBLIC HEALTH LEADERSHIP FOR HEALTH EQUITY? An Appreciative Inquiry



“Health inequalities are fundamentally societal inequalities that we can overcome through public policy, and individual and collective action”¹

Dr. David Butler-Jones, Chief Public Health Officer of Canada

As documented in a 2010 environmental scan by the National Collaborating Centre for Determinants of Health, public health leadership for addressing the social determinants of health and advancing health equity in Canada needs to be strengthened. There is, however, little consensus or evidence about effective leadership practices and supporting or limiting factors.

PURPOSE AND METHOD

The purpose of this project was to identify factors or conditions that influence effective public health leadership to address social determinants of health and health equity.

In this project, interviews were conducted with 14 recognized public health leaders in Canada. An appreciative inquiry method was used to identify successful leadership activities and the factors or conditions that support effective leadership on social determinants of health and health equity. Responses were analyzed and coded thematically using grounded theory method.

THEMES

Three overall themes emerged: organizational supports, bridging organizational activities with community actions, and professional competencies.

Organizational supports

According to the respondents, organizational supports for effective leadership are reflected in policy commitment that can be seen throughout an organization – in budgets, human resources strategies, high quality data collection, and adherence to external policies and standards. In addition to addressing internal factors, public health organizations need to pay attention to external community capacity and bridge organizational activity with community action.

Bridging organizational activities with community action

Strategic leadership involves building partnerships and relationships, providing credible expertise, and giving financial support to the community action. A fundamental component of a community partnership is the ability to build trusting relationships that are exemplified by respect and reciprocity. Leaders bring a health lens to these partnerships and use formal and informal expertise that connects with communities. Effective leaders are comfortable with changing roles and ensuring that the most appropriate voice from the partnership is being heard.



REFERENCE

- ¹ Butler-Jones D. The Chief Public Health Officer's report on the state of public health in Canada, 2008: addressing health inequalities [Internet]. Ottawa (ON): Public Health Agency of Canada; 2008 [cited 2013 05 31]. 102 p. Available from: <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2008/fr-rc/pdf/CPHO-Report-e.pdf>

Professional competencies

Competent leaders have the essential knowledge, skills, and attitudes required to advocate for health equity. These leaders act alone and in collaboration with others. Their competencies are apparent in their confidence in their assessments, recommendations, and actions. They are capable of engaging others and are passionate about reducing health inequities.

KNOWLEDGE

Effective leadership draws on skills that intentionally use knowledge in a systematic way. Knowledge about social determinants of health and health equity involves being aware of and understanding population health data, including demographic characteristics and their impact on health outcomes. The respondents also emphasized the importance of working from a theoretical framework, such as critical social theory, which considers a structural view of society and sources of inequality and inequity.

SKILLS

Interviewees said that they rely on their strong skills which include: working with people; communicating and facilitating to support individual, organizational and community capacity building; consistently using an equity and social justice lens; and taking advantage of opportunities that arise to advocate for health equity. Leaders interviewed emphasized that the

skills to create action still needs to be developed and utilized more consistently by public health professionals to address and advocate for improved health equity.

ATTITUDES

Leadership competency involves moral conviction, risk taking, and motivation. Respondents described their passion and energy as, the drive to do it, the perseverance to keep doing it, and the courage to speak up. They spoke with enthusiasm about finding ways to take action on inequities, leading for change, being involved in system change, and working upstream. They described feeling a sense of responsibility, especially to their colleagues and to marginalized people.

CONCLUSION

Although the findings of this appreciative inquiry show that there is leadership capacity in Canada, more can be done. There is a need to develop and expand on the leadership competencies of public health professionals in the area of social determinants of health and health equity. While policy and theoretical frameworks will go a long way to ensure that there are financial and human resources to create energy and commitment for this work, organizational and individual values drive a social justice agenda. Passion and moral belief motivate effective organizational and individual public health leadership for health equity.

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La version française est également disponible au : www.ccnds.ca sous le titre Sommaire : En Santé Publique, Quels Facteurs Facilitent L'exercice D'un Leadership Efficace En Matière D'équité En Santé?- Interrogation appréciative