



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

**PUBLIC
HEALTH
SPEAKS**

THE POWER OF PEOPLE AND SYSTEMS

There is a growing need in public health to develop the skills and competencies of staff to effectively intervene to improve health equity as well as develop the organizational systems to support an equity-oriented culture.

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 on this topic, specifically:

How do we develop, implement, and sustain an equity-oriented organizational culture in public health systems?

1. How do the examples in Public health speaks: Organizational standards as a promising practice for health equity illustrate the importance of a competent public health workforce?
2. What are the knowledge, skills, and attitudes practitioners need to influence the social determinants of health (SDOH)?
3. What role does public health leadership play in supporting organizational capacity for public health equity action?

The conversation took place in late November and early December 2013, and was moderated by Hannah Moffatt, Knowledge Translation Specialist (former). Guest contributors Ada Bennett, Erin Forsey, and Martha Traverso-Yepez kicked-off the conversation and were soon followed by comments from 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 indicated that, in their experience, an equity-oriented organizational structure was supported through a variety of means.

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Organizational culture, processes, and priorities

- Health equity was considered in all conversations, and frameworks and tools were used to promote consistent processes and language among staff at all levels.
- Public health programs were examined for how they produce inequities and for the role they can play in eliminating inequities.
- Organizational activity was connected with partnerships and action with the community.

Practitioner skills and competencies

- Public health education and professional development activities for students and practitioners included a focus on a socio-environmental approach to reducing health inequities. This requires a reorientation from a largely behavioral and biomedical view of health.
- Public health staff critically reflected on their own social position(s) and underlying assumptions that guide their thinking and actions including how these could affect their ability to integrate health equity based on their organizational and personal values
- Efforts were focused on where there was the organizational and individual staff capacity to make an actual difference, recognizing the tension between the health equity agenda and barriers that affect how people feel supported to work on equity
- Organizational and practitioner readiness were considered, and a balance was found between top-down and bottom-up “people-driven” approaches
- Program outcomes were assessed for their ability to mitigate the effects of health inequities on populations, and public health practitioners worked to influence the social and structural conditions (e.g., through advocacy and policy activities)



Practice examples

- The Nova Scotia Health Equity Lens was developed to support the implementation of the new Nova Scotia Public Health Protocols - and help public health staff integrate a health equity perspective into their work.
- Cape Breton tailored its advocacy efforts to obtain the Baby Friendly Designation to its communities (e.g., worked with councilors in rural areas toward workplace and business policies, and community partners and service providers in more urban settings)

Questions to follow this conversation

- Should education on health equity be compulsory for all public health staff working at a managerial level?
- How can public health schools embed values related to SDOH in their curriculum, as well as prepare students to network with social service providers and policy makers beyond the health sector?
- What are the expectations regarding advocacy for public health professionals and do we see this changing as a field and in how we train our students?
- How can public health organizations find a balance between systems-driven and people-driven approaches to advancing health equity?



Related Resources

1. Brassolotto J, Raphael D, Baldeo N. Epistemological barriers to addressing the social determinants of health among public health professionals in Ontario, Canada: a qualitative inquiry. *Critical Public Health* [Internet]. 2013 Jul 22 [cited 2014 May 15]; [about 18 p.]. Available from: <http://www.tandfonline.com/doi/full/10.1080/09581596.2013.820256#.U2xKWl5XuFs>
2. Cohen BE, Schultz A, McGibbon E, VanderPlaat M, Bassett R, Germann K, Beanlands H, Fuga LA. A conceptual framework of organizational capacity for public health equity action (OC-PHEA). *Can J of Public Health* [Internet]. 2013 May/June [cited 2014 May 23];104(3):e262-266: [about 5p.]. Available from: <http://journal.cpha.ca/index.php/cjph/article/view/3735/2787>
3. 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 23]. Available from: <http://nccdh.ca/resources/entry/leadership-app-inquiry>
4. Raphael D. A discourse analysis of the social determinants of health. *Critical Public Health* [Internet]. 2011 June [cited 2014 May 23];21(2):221-236: [about 17p.]. Available from: <http://www.tandfonline.com/doi/abs/10.1080/09581596.2010.485606?journalCode=ccph20#preview>

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La version française est également disponible au : www.ccnds.ca sous le titre *La santé publique a la parole : le pouvoir des gens et des systèmes*