



National Collaborating Centre  
for Determinants of Health

Centre de collaboration nationale  
des déterminants de la santé

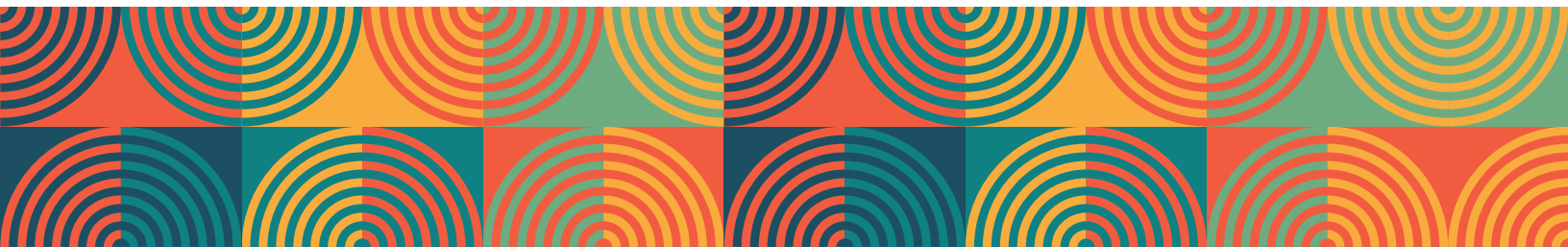
# *Mind the Disruption*

PODCAST EPISODE TRANSCRIPT & COMPANION DOCUMENT

SEASON 1 | EPISODE 7

## **Bonus Episode – Taking Intersectoral Action to Drive Decent Work**

Episode released on:  
April 18, 2023



Mind the Disruption is a podcast about people who refuse to accept things as they are. It's about people pushing for better health for all. It's about people like us who have a deep desire to build a healthier, more just world.

The first season of Mind the Disruption focuses on Cultivating Creative Discontent: what it means to look around, see something that needs to be changed — something that is unfair and unjust — and then take bold action despite the resistance we might face.

This episode companion document, available in English and French, provides a new way to engage with the podcast. It includes a written transcript of [Episode 7](#) as well as highlighted powerful quotes and related resources to prompt further reflection and exploration.

## HOST


**BERNICE YANFUL**

Bernice is a Knowledge Translation Specialist with the National Collaborating Centre for Determinants of Health (NCCDH). Bernice is also a PhD candidate studying the intersections between school food and food security, and she has worked as a public health nurse in Ontario.



## PODCAST GUESTS


**MONIKA DUTT**

Monika is a public health physician and a medical officer of health in Newfoundland and Labrador. She is a family doctor at the Ally Centre of Cape Breton. She volunteers with the [Decent Work and Health Network](#) and the Anti-Racism Coalition of Newfoundland and Labrador. She is currently in Hamilton, Ontario, with her son, where she recently started a PhD in health policy.

## EPISODE DESCRIPTION

Season 1 of Mind the Disruption was a success! We've decided to release bonus content from three episodes. This stand-alone episode features more from Medical Officer of Health Dr. Monika Dutt who was a reflective guest on [Episode 1 – "Disrupting gig work."](#) Listen to or read this episode to learn about how public health can collaborate with worker-led organizers to advance decent work to promote and protect the health of workers in precarious and unsafe work conditions.



**BERNICE YANFUL (NCCDH)**

Hi. Welcome to *Mind the Disruption*. I'm Bernice Yanful. I'm a PhD student and public health practitioner working to move knowledge into action for better health for everyone.

On this podcast, I chat with community organizers, public health professionals, academics and more who have a key thing in common: they're disruptors. They're people who refuse to accept things as they are. Passionate about health for all and are pursuing it with a tenacity, a courage and a deep conviction that a better world is possible.

In Season 1, we're talking about creative discontent. What it means to look around us, see something that needs to be changed — something that is unfair and unjust — and then taking bold action despite the resistance we might face.

In each episode, we hear from a disruptor who has done just that in different areas: work, food, Whiteness, migration and much more. And we hear their personal journeys.

Wherever we find ourselves — in research, policy or practice — how do break from the status quo and move forward with boldness?

**REBECCA CHEFF (NCCDH)**

This podcast is made and brought to you by the National Collaborating Centre for Determinants of Health. We support the public health field to move knowledge into action to reduce health inequities in Canada.

We're hosted by St. Francis Xavier University. We're funded by the Public Health Agency of Canada, and we are one of six National Collaborating Centres for Public Health working across the country. The views expressed on this podcast do not necessarily reflect the views of our funder or host.

We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People.

**BERNICE (NARRATION)**

And we're back! Season 1 of Mind the Disruption was such a hit that we've decided to release additional bonus content from three episodes. We would love to hear your feedback for Season 1. You can leave us a review, or to connect with us personally, send us an email at [nccdh@stfx.ca](mailto:nccdh@stfx.ca).

This episode features more of Monika Dutt's story, who you may remember as a reflective guest from Episode 1 – "Disrupting gig work."

In Episode 1, we featured disruptor Jennifer Scott, who is a gig worker delivering food on her bike in Toronto. Jennifer organizes with other gig workers to fight against the challenging and often unsafe and harmful employer practice of misclassifying workers. Listen to [Episode 1](#) to hear Jennifer's personal story of becoming a gig worker, organizing with other workers for safer and healthier working conditions, and becoming the president of Gig Workers United.

In this episode, we hear from Monika, who is a very talented writer, doctoral student, family doctor, medical officer of health for Central and Western Newfoundland and Labrador, and a member of the Decent Work and Health Network. The [Decent Work and Health Network](#) is a group of health workers and community members based in Ontario who are advocating for decent work.

So what is decent work? Decent work is a concept that describes dignified and healthy employment for all.

In Episode 1, we learned that employment and working conditions are powerful social determinants of health. Work has the potential to promote health and improve quality of life through conditions that are:

- full-time,
- permanent,
- have good wages and benefits such as those for medication and paid sick days, and
- have adequate standards that promote occupational health and safety.

In contrast to these health-promoting conditions, precarious jobs are low wage, temporary or casual. They have uncertain hours and income and few or no medical benefits or paid sick leave. Workers in precarious job situations, especially those who face systemic racism and discrimination, experience significantly worse health outcomes, making this an important public health issue.

In this episode, we'll focus on the instrumental role that public health can play in advancing decent work to promote and protect the health of workers in precarious and unsafe work conditions. To get started, we'll explore why Monika was interested in advocating for decent work and health.

**BERNICE**

What made you want to join the Decent Work and Health Network?

**MONIKA DUTT**

I'd say a few different reasons. One, just becoming increasingly interested in how labour and health are so very connected, and so Decent Work and Health Network very clearly makes that link. And I felt like that was an area in terms of public health work, as well as my other time and where I wanted to spend that, it just made a lot of sense in terms of where we can have a significant impact on many people's health by dealing with decent work standards.

And then the other piece was just really appreciating the kind of strategy and energy and people I was meeting and connections that were happening, and just learning more about organizing and being part of that work that I found more and more interesting and important. And also personally fulfilling in a lot of ways.

**BERNICE**

And how did you find or how did you discover the relationship between labour and health? Was it through your work as a family physician as well as a medical officer of health? Or what made you begin to make those connections?

**MONIKA**

Probably all of the above. I think it's been so connected to so many areas I've worked in.

So whether as a public health physician, we are trained in aspects of occupational health, which is connected to labour standards. We also think and work a lot in terms of what policies can have an impact on health. And definitely, there's a lot of discussion around income and health, and that comes up often. And I think that's very clear, but we don't always make that next step into what are all the different aspects of work overall that contribute to health. So I really wanted to explore that further and have that be part of my public health work and also my formal roles.

And then definitely as a family doctor, I work in a clinic where most of the people I see struggle with jobs and income and access to decent work even when they do have employment. So I absolutely saw the health impacts of that through talking with them and learning about all the challenges that they deal with.

And I think it's just so connected to so many aspects. Even thinking about work I've done with a group called Canadian Doctors for Medicare, and we've looked at something like national pharmacare. Access to medications is often tied to people's employment, so there are so many ways in which your work environment impacts your health.

**BERNICE**

And in the context of your work as a family doctor, is there a story that stands out for you in terms of really illustrating those connections between work and health?

**MONIKA**

Oh, so many. Thinking about one that stuck out for me in particular: Decent Work and Health Network, we've been doing a lot of work around paid sick days and most of my patients don't have paid sick days, so I had somebody who was dealing with a lot of personal

stresses. She had actually lost her home in a fire. She was dealing with that. She also worked in a low-wage job in retail. And she had come to me for a note for work, which is a whole other discussion about people really shouldn't need to have to come to their doctors to get a note for short-term illnesses.

But, even though she was dealing with all these pieces and she had no paid sick days, her employer was still saying, "If you are off sick, you need to get a note." So it just seemed like an incredibly sad situation that you have to deal with all these pieces in your life, plus you need to get a paid sick note, plus you're not getting paid when you're sick. She was struggling with all of those pieces as well as not having paid sick days, not having even a living wage from the job that she had. So she really had left an impression on me.

**BERNICE**

It sounds like lot of the experiences that you were having as a family doctor, as a medical officer of health, through those experiences, you began to see those connections between work and health and that pushed you to join Decent Work and Health Network. Would that be accurate?

**MONIKA**

Yeah, it was kind of, I'm not sure if symbiotic is the right word, but they kind of built on each other. So even as I was becoming more involved with Decent Work and Health Network, that would help me to see more of the connections in my work life.

For example, through the pandemic, even being able to say something like "Stay home when you're sick." I could never just say that without saying "and if your employer supports employees to be able to stay home." There was never just that sentence because I knew, when I was saying something like that, how it was coming across to people who can't just stay home when they're sick. So I think, yes, they both influenced each other, and both have shaped how I approach my work in both areas.





### **Public Health Speaks: Public health's role in community organizing**

NCCDH. [2024].

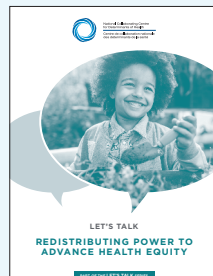
What is community organizing? How can public health practitioners and organizations work with and learn from community-organizing groups to advance health equity? This Public Health Speaks resource from the NCCDH brings together public health experts Samiya Abdi and Dr. Monica Dutt to explore public health's role in community organizing with practical examples and tips.



### **Let's Talk: Redistributing power to advance health equity**

NCCDH. [2023].

Power imbalances are the root cause of health inequities. This Let's Talk resource from the NCCDH provides a framework for understanding power and strategies for public health to redistribute power for health equity, with a focus on building the collective power of workers and communities.



#### **BERNICE (NARRATION)**

Monika is a dedicated advocate at the Decent Work and Health Network, which is a community-organizing group. Community-organizing groups are a bit different than community organizations. Community organizing centres the lived experiences of those who are most impacted by structural oppression to set a shared agenda for systems change with the purpose of creating and sustaining healthy communities.

To action the shared agenda, community organizers build power through advocacy, policy recommendations and movement building. With worker-led community organizing, the agenda is set by workers who experience precarious employment. To action a

### **Advocacy wins – Paid sick days, public support and sustainable change. Equity in Action**

NCCDH. [2022].

Health and public health practitioners have social capital, power and opportunity to collaborate with precarious workers and advocate for fairer and healthier employment policies. This Equity in Action story published by the NCCDH documents the work done by the Decent Work and Health Network — a group of health professionals supporting grassroots worker organizers — to successfully advocate for paid sick days and raise awareness about precarious employment as a determinant of health.



decent work agenda, Monika leads an intersectoral collaboration strategy between the Decent Work and Health Network and public health.

As a testament to these efforts, we saw bold public health advocacy during the COVID-19 pandemic on the issue of paid sick days. For example, paid sick day motions were brought to the local boards of health in Ontario. Many of these motions were based on Decent Work and Health Network briefing notes that incorporated the demands and experiences of those in precarious employment. The Association of Local Public Health Agencies in Ontario published a statement that called for provincial action on paid sick days. And in the media, medical officers of health across Ontario were pushing for paid sick days as a key public health measure.

But most importantly, this intersectoral collaboration established relationships where knowledge about communities could be shared between public health and worker-led organizing groups. This is health equity in action.

Intersectoral collaboration efforts snowballed within Ontario and beyond to influence the development of temporary paid sick days programs across the country,

legislated paid sick days in British Columbia and federally through the Canada Labour Code. To learn more about these efforts, check the linked resources in this episode's notes.

Next, Monika and I discuss recent breakthroughs in the intersectoral collaboration to advance decent work.

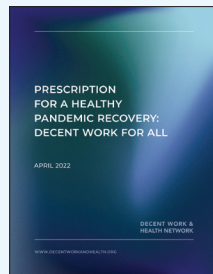
**BERNICE**

In your time exploring and trying to address the connections between work and health, have you seen any exciting breakthroughs in public health action when it comes to advancing decent work?

**Prescription for a healthy pandemic recovery: Decent work for all**

*Decent Work and Health Network. [2022].*

This report by the Decent Work and Health Network presents evidence-based recommendations for healthy wages and hours, 10 permanent paid sick days and adequate workplace protections to improve working conditions for all workers and address widening health inequities.


**MONIKA**

So looking at Ontario in particular, where I'm not working as a medical officer of health, I'm working primarily with the Decent Work and Health Network, and we really wanted to make connections with public health units. I helped support some of those connections, and I think that has been really helpful.

There was a recent report that was put out by the Decent Work and Health Network, part of a healthy recovery for the ongoing pandemic, but we specifically recommended paid sick days. But as part of that, we integrated interviews with medical officers of health, with staff in public health. And that was because of some of the outreach that we did to try to really

***“The paid sick days organizing and advocacy in Ontario has been a really great example of ways in which public health and workers’ groups can collaborate.”***

**MONIKA DUTT**

concretely make those connections. And I think it was really helpful to have public health's voice in that publication. It helps to strengthen the relationship. It helps to give more credibility. And it just helps to show that there is this collaboration and shared goals between community organizers as well as public health. So I think some of the paid sick days organizing and advocacy in Ontario has been a really great example of ways in which public health and workers' groups can collaborate.

**BERNICE (NARRATION)**

Monika mentions a new Decent Work and Health Network report titled *Prescription for a healthy pandemic recovery: Decent work for all*. The report's recommendations were informed by the experiences of workers in precarious employment and interviews with public health practitioners and health care providers.

The following is a quote from Dr. Lawrence Loh, who at the time was a medical officer of health for the Region of Peel in Ontario. He states:

People with jobs that couldn't be done from home were really impacted by the spread of COVID. You have this cascade where cases become hospitalizations, hospitalizations become intensive care stays, intensive care stays become mortality. I think a lot of that was driven by a lack of paid sick days. We know that many of the people that were in these essential, in-person jobs were often also experiencing other inequities due to their socioeconomic status, and their ethnic or cultural background. Many of them are new Canadians and are racialized.



To address the health inequities discussed by Dr. Loh, the report recommends three pillars for decent work action:

- The first pillar focuses on healthy wages and hours and includes raising the minimum wage to \$20 an hour; having equal pay for all workers within a workplace regardless of full-time, part-time or casual status; and promoting full-time and permanent jobs.
- The second pillar includes a call for 10 permanent paid sick days plus 14 additional sick days during public health emergencies. These paid sick days must be universal, seamlessly accessible without the requirement of sick notes, and employer paid.
- The third pillar includes protections so that all workers can advocate for healthier workplaces, such as protection against wrongful dismissal so workers do not risk being fired when they speak up about occupational hazards.

**BERNICE**

I used to work as a public health nurse at a local public health unit. As we know, in public health practice, the fact that income is a social determinant of health is very widely recognized and discussed. But in my experience, there has been very little focus on how precarious employment in particular is dangerous for health and well-being. And also what public health's responsibilities should be in tackling it and advancing decent work. Why do you think there has been so little focus on precarious employment and decent work in public health?

**MONIKA**

Probably a few reasons. I know education is always only one piece of what's needed because sometimes people know the issues but may not be acting on them. But I think some of the work, say, Decent Work and Health Network and National Collaborating Centre do in terms of trying to expand a conversation is really important. So that piece of it and understanding that there is a public health role in terms of, yes, income is

***“There is a public health role in terms of, yes, income is a determinant of health, but what are all the pieces that contribute to someone's income and what can we be doing about that?”***

MONIKA DUTT

a determinant of health, but what are all the pieces that contribute to someone's income and what can we be doing about that? That needs to be more clearly outlined for public health or by public health. And I think that is slowly happening.

I think some parts of it come with working within structures and trying to navigate whose role is what because labour standards typically don't fall under, say, public health legislation or the direct control of public health. But what I'm wanting to say is that the structure in public health across the country is often quite different, so there are different ways in which public health can be influencing policy changes. So depending on the structure, you need to figure out where are the places in public health we can be influencing those changes. And I think it's also saying that is our role and we need to step into that.

Often public health has been involved with work, say, like what is a living wage for a local area. So I think that income and wage piece — and not to dismiss that because I think that's also a really basic piece that it makes complete sense for public health to be involved in it and supporting. But I do think there are so many aspects of employment and work that impact health that we do need to be looking at what are the different pieces — for example, looking at gig workers and workers who may not be in as historically traditional kind of employment roles — that we need to evolve to think about what are the health impacts of that type of



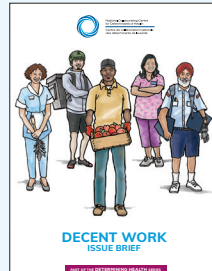


work. And even for me, in the last few years, that was learning for me because I had not thought so much about what are the public health considerations for gig workers. That's been part of my learning too, and so I've now been integrating that more into my own public health work.

### **Determining Health: Decent work issue brief**

NCCDH. [2022].

If precarious employment and hazardous working conditions are the problem, then decent work is the solution. This evidence review from the NCCDH describes the impacts of employment as a determinant of health and health equity in Canada, and decent work as a critical solutions space for public health action.



### **Determining Health: Decent work practice brief**

NCCDH. [2024].

This practice brief from the NCCDH identifies four roles for the public health community to take action of precarious employment and hazardous working conditions as social determinants of health and health equity. Public health practitioners, teams and organizations can use these roles and embedded discussion questions to identify gaps and make decisions to begin or deepen their action to advance decent work.



### **BERNICE**

So to get really concrete for a moment, what would be some bold actions that public health could take in terms of public health practice, policy and research regarding precarious employment and decent work?

### **MONIKA**

I think one of our key roles is understanding our communities, and so the data and evidence piece is something that we often are key to be able to contribute. But we need to be asking those questions and looking at the data. So, for example, in the pandemic somewhere like Peel Region in Ontario that could specifically say that we know that people who were in precarious work situations were more likely to go to work sick because they didn't have any other option. So as much as workers know that's happening, sometimes it may be frustrating that you also need to collect that data to prove to some people it actually is a problem. I do think that's really important.

I think whatever area we're in — I work in smaller jurisdictions where there's not always a lot of data available — we may need to take extra steps to be collecting information from community members, reaching out to community groups. So one piece is that understanding our communities piece and being able to say this is the impact of precarious work that's happening in our communities.

And then, of course, what does that mean for policy? And a lot of that already exists. So it's not to say that we need the research to be able to say these are the policies that are needed. Organizations like Justice for Workers and Decent Work and Health Network, they have clearly outlined a lot of really excellent policy changes that are needed that would be beneficial for health. So whether it's changing how gig workers are classified so that they have access to basic standards that will support their health, whether it's a decent wage, whether it's immigration status, which we know that if you are undocumented, if you lack a stable immigration status, that impacts your health.

So those policy recommendations, they exist. I think we can be better at supporting them and making sure they are part of what we are saying is needed from a public health perspective.



With something like paid sick days, knowing that this is the number that is the most useful, they need to be accessible in certain way. Some of the criteria that have been put out saying this is what we need around paid sick days has been really helpful for me to be able to say these are some of the specific policy changes that public health should be looking at and trying to advance.

And I think, lastly, just really strengthening those connections to communities and community organizations, which is already often a core part of public health, but I think it's always something we can be doing better. And really learning from and often, as much as possible, taking the lead from community groups that are living these issues.

***“...strengthening those connections to communities and community organizations, which is already often a core part of public health, but I think it’s always something we can be doing better. And really learning from and often, as much as possible, taking the lead from community groups that are living these issues.”***

MONIKA DUTT

BERNICE

I think that’s a really key point about the importance of collaborating in this work.

MONIKA

Yeah, absolutely. Even just thinking through the pandemic, I know that as a medical officer of health also working closely with Decent Work and Health Network and the Workers’ Action Centre and, in Newfoundland Labrador, the Anti-Racism Coalition of Newfoundland Labrador, issues were coming up there that I could then bring back into my work that I may not have thought about or heard about otherwise. Whether it was access to vaccines or some of the challenges that people were facing, it was really helpful for me to be able to have those connections with staff and others. I think that’s always key to our work.

And I think it works best when those channels already exist, ideally, or are developed, say, pre-pandemic. I think public health units and public health institutions that had already created those relationships were in a much better place when it came to when you’re dealing with really challenging situations.

So it’s never too late to create those connections. But yes, by working together, ideally we’re all trying to get to the same place of better health. So how do we use all of our strengths?

BERNICE

And recognizing that we have similar if not the same goals.

MONIKA

Yeah, and often public health can and should be influenced by goals that others are asking for. So, say, immigration status might not be something that public health is necessarily saying there needs to be immigration status for all. But by listening to our communities, that could very well be a public health policy recommendation.



**BERNICE**

I think that's a great point. And to return to the point you made about data, I imagine not only do we need to collect data on the problem in terms of precarious employment, but I imagine it would also be important to be able to collect data regarding possible solutions or interventions. So what would data around decent work look like?

**MONIKA**

Looking again at something like the pandemic, and I think it's also applicable to other areas because — especially for communicable diseases, so meaning infections that may pose a risk to others in the public — we often do interviews with people. And lots of people who have had COVID-19 infection probably got a call from public health, at least early on, and were asked lots of questions. So we can be looking at, if we knew what some of the areas are that people are struggling with, say it's paid sick days, a question we could be asking is "Do you have paid sick days?"

And there are many aspects to that too because we're also asking people personal questions, and it always needs to be voluntary, and there are lots of things that need to be considered. But I think we ask questions that are specific to transmission of infection. And we can be looking at some of those policy pieces that make it easier or harder for people to be able to protect themselves and their families. And that applies to COVID and many other infections.

**BERNICE**

So in addition to supporting some of those policy pieces through collecting data, what are the other ways that public health can be involved in terms of trying to advance those policies that are needed to help support decent work? So paid sick days, for example, how can public health be involved?

**MONIKA**

I'll use my examples I know best from work in Newfoundland Labrador. So Newfoundland Labrador actually has provincial legislation around Health in All Policies, which is still working through a process of being put into practice. But I think that's an area where public health can really influence and be part of that. So it's the idea that any policy that government might put in place has a health impact, whether it is around a minimum wage, whether it is around approval of an industry that may have an impact on climate change. All of these have health impacts.

So that's one place, whether it's formally in legislation or through some other process, being part of that process to recognize the health impacts of any policy. And if there are health impacts, how are we either supporting the good impacts and minimizing the negative impacts?

Public health standards are really important. I've worked in jurisdictions where, say, in Ontario where there are clearer standards, and there are always places that things can be improved, but I've also worked in places where we don't. In Newfoundland Labrador, we're working on those standards right now. So having something that clearly outlines that this is a role of public health is important. Some of those structural pieces, I think, are some of the pieces that, if they exist, we need to really apply them. And if they don't exist, how do we make them happen?

And just back to that piece around what are community members saying? What are people who are impacted saying? And really making sure that we feel that same urgency. Because I think sometimes that might be not as strong when — and not to say that public health staff, I think many people deal with some of those issues also — but often we may not be dealing with them directly ourselves. So we really need to take some of the practices and urgency and organizing tactics from community and apply them ourselves.



## BERNICE

That's a really interesting point. So taking this idea or treating these issues as urgent as they are but treating those issues as urgent within the context of public health, I think that's a really powerful point. In addition to adopting a greater sense of urgency, what could public health learn from community organizing as it relates to decent work?

## MONIKA

A few things. I was thinking about, often organizing is focused on a campaign, often has a campaign focus. So there are specific goals that we're trying to reach, and there are milestones along the way, and we're building momentum towards those different milestones. But at the same time, the growth is also within the group. So there's success in terms of bringing more people into a movement in terms of involving more people that may not have been involved before and having that type of organizing mentality.

In public health, we can learn more about thinking more with that sense of movement building and solidarity, which we don't always have often because of the way we're structured. And when you're part of a big complex organization, there may be other aspects in terms of structure we need to think about. But I think those relationships and sense that we are all doing this together, and we depend on each other, and we are working together for these goals, and the more we can work in a non-hierarchical kind of way — those are some of the pieces that I think public health can learn from community organizers.

***“In public health, we can learn more about thinking more with that sense of movement building and solidarity.”***

MONIKA DUTT

## BERNICE

That movement building piece, I think that's a really significant point. In terms of seeing some of that hard work come to fruition, that conversation around paid sick days being advanced, some of those policies being put in place, how does that feel for you to see some of the movement around that?

## MONIKA

It's always a mix. I think it's always fantastic when there is some movement and you get excited about that. But knowing that it needs to be so much more than what's there can also be really frustrating when you look at what seems to be some of the slowness of change.

I think it comes back to having those relationships and communities that you can both celebrate successes that come up but then also come back to that doesn't change what this person, what these workers are experiencing right now who still lack the protections that they need, and there's still more work to do. So we need to keep that in mind that, yes, there have been changes that may not have happened if there wasn't this strong community voice and often a strong voice from public health, and how that's necessary because no one person can make these changes.

***“We need to keep that in mind that, yes, there have been changes that may not have happened if there wasn't this strong community voice and often a strong voice from public health, and how that's necessary because no one person can make these changes.”***

MONIKA DUTT



**BERNICE**

And have you seen yourself being changed through this work?

**MONIKA**

Yeah. I think that learning more about organizing and approaches to organizing and how, especially in this context of worker-led organizing, has been really important for my learning too. Because I've really had to think about — you know, especially coming as a physician, from a position of privilege, from not having to deal with a lot of these issues, most of these issues, directly myself — where my place is in terms of really needing to support those efforts in any way I can from the places that I do have while at the same time trying to break down those hierarchies that do put some people in positions of power because of the systems we've created.

So I've learned a lot through all of this, in particular around how to organize and how to create those relationships and how to set priorities that are set by the people most impacted.

**BERNICE**

And last question for you, do you have any words of advice for anyone in public health who wants to get involved in addressing precarious employment and advancing decent work?

**MONIKA**

I'd say doing that research because there is lots out there now. Whether it's looking up Decent Work and Health Network or Justice for Workers or National Collaborating Centre for Determinants of Health, there's a lot of really great information about decent work and health if it's not an area that you are familiar with already.

I'd say get to know your local community issues if you may not know them already. My issues that I might see in rural Newfoundland Labrador are in many ways similar but in many ways quite different from

Mississauga or Brampton or downtown Toronto. Get to know your local issues and then see where that fits in with your work because — whether you're a nutritionist or a public health nurse or a health promotion or environmental health officer — there are going to be connections to decent work in any of our work. And so when we can start making those connections clearer and integrate that into our work, I think we will all be better at addressing the health issues in our communities.

***“Get to know your local issues and then see where that fits in with your work because — whether you’re a nutritionist or a public health nurse or a health promotion or environmental health officer — there are going to be connections to decent work in any of our work.”***

MONIKA DUTT

**BERNICE (NARRATION)**

Thanks to Monika for sharing these insights on intersectoral collaboration for decent work.

To advance decent work as a social determinant of health, Monika suggested that we collect data to understand how precarious employment affects the communities we work with, and we build relationships with community-organizing groups and then support and amplify their policy recommendations.

Monika has shown us that engaging with community-organizing groups is a great way to action health equity and make systems change. You can learn



more about the Decent Work and Health Network at [decentworkandhealth.org](https://decentworkandhealth.org). Make sure you check out the episode's notes for more resources.

Our takeaway? Public health is well placed to engage in intersectoral collaboration with community organizers because we are embedded within community and can engage in advocacy.

We hope you enjoyed this special bonus episode. To stay up to date on all things Mind the Disruption, sign up for the NCCDH newsletter at [nccdh.ca](https://nccdh.ca) and hit subscribe, or follow on your favourite podcast app.

**REBECCA**

Thanks for listening to Mind the Disruption, a podcast by the National Collaborating Centre for Determinants of Health. Visit our website [nccdh.ca](https://nccdh.ca) to learn more about the podcast and our work.

This episode has been produced by Carolina Jimenez, Bernice Yanful and me, Rebecca Cheff, with technical production and original music by Chris Perry. If you enjoyed this episode, tell a friend and subscribe. We have more stories on the way of people challenging the status quo to build a healthier, more just world.

**CONTACT INFORMATION**

National Collaborating Centre  
for Determinants of Health  
St. Francis Xavier University  
Antigonish, NS B2G 2W5  
(902) 867-6133  
[nccdh@stfx.ca](mailto:nccdh@stfx.ca)  
[www.nccdh.ca](https://www.nccdh.ca)  
Twitter: @NCCDH\_CCNDS

**ACKNOWLEDGEMENTS**

Document prepared by Rebecca Cheff, Knowledge Translation Specialist, and Caralyn Vossen, Knowledge Translation Coordinator, at the NCCDH.

Episode produced by Rebecca Cheff, Bernice Yanful and Carolina Jimenez, Knowledge Translation Specialists at the NCCDH.

The NCCDH is hosted by St. Francis Xavier University. We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health. (2024). *Podcast episode transcript & companion document: Bonus episode – Taking intersectoral action to drive decent work* (Mind the Disruption, Season 1, Episode 7). Antigonish, NS: NCCDH, St. Francis Xavier University.

ISBN: 978-1-998022-48-9

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the NCCDH. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available electronically at [www.nccdh.ca](https://www.nccdh.ca).

La version française est également disponible au [www.ccnds.ca](https://www.ccnds.ca) sous le titre *Transcription de l'épisode du balado et document d'accompagnement : Épisode supplémentaire : Action intersectorielle en faveur du travail décent* (Saison 1, Épisode 7).