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 8

Bonus Episode – Building Health Equity-Focused Public Health Organizations

Episode released on:
May 2, 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 8 as well as highlighted powerful quotes and related resources to prompt further reflection and exploration.

EPISODE 8
MAY 2, 2023

SEASON ONE

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

HEATHER LOKKO

Heather has been a direct service provider, professional practice lead, program manager and senior leader during her public health career. She is currently seconded to London Health Science Centre, where she is the Corporate Nursing Executive and also provides executive support for the Office of Health Ethics and the Office of Inclusion and Social Accountability. At the time of this interview, she was the Director of the Healthy Start Division at the Middlesex-London Health Unit. Additionally, she was the health unit's Chief Nursing Officer. In this role, Heather led health equity strategy, promoted practice excellence, and provided nursing leadership in local, regional, provincial and national initiatives. Heather is the Community Co-Director of Western University's Centre for Research on Health Equity and Social Inclusion, on the board of directors for the London Intercommunity Health Centre, and an Adjunct Research Professor at Western University. Heather is passionate about health equity, collective action, and building healthy families and communities.

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 Chief Nursing Officer Heather Lokko, who was a reflective guest on Episode 3 – "Disrupting the status quo in public health." Listen to or read this episode to learn about implementing health equity and anti-racism strategies at a public health organization from Heather, who has worked at the Middlesex-London Health Unit in southern Ontario for 25 years.

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.

This episode features more of Heather Lokko, who you may remember as the reflective guest from Episode 3 – "Disrupting the status quo in public health."

In Episode 3, we featured disruptor Samiya Abdi, who is a community leader, a Black and visibly Muslim woman, and a mother from an under-resourced community in Toronto. Samiya is also a public health professional who has trained thousands of practitioners to recognize the power each of us have to do something different in the face of health inequities and injustice. Currently, she is the Executive Director of the Black Health Education Collaborative, a group of immensely talented scholars and practitioners who are committed to improving Black health and addressing anti-Black racism through education and research. You can learn more about Samiya's multifaceted journey in challenging the status quo in Episode 3.

In this episode, we hear more of the conversation that Heather and I had. Heather is a health equity champion, leader and friend. She leads with kindness, intentionality and persistence. Heather's the Chief Nursing Officer at the Middlesex-London Health Unit in southern Ontario, where she has worked for 25 years. This episode explores Heather's journey in implementing health equity and anti-racism strategies at the health unit.

As we engage in this topic, it's important to note that it's not a question of whether racism and oppression exist within our workplaces and public health systems. Instead, we call upon you to think about how racism and oppression are manifesting at the individual, interpersonal, organizational and policy levels.

Glossary of essential health equity terms

NCCDH. [2022].

Glossary of Essential Health Equity Terms

The 2022 *Glossary of essential health equity terms* by the NCCDH includes key terms, descriptions and related resources to support shared understanding and application of core health equity concepts.

Understanding the processes and impacts of racism and oppression is a critical first step, but we must move beyond problem identification towards solutions-based action. Our intention is that this episode inspires you in your strategizing to address racism and oppression in your area of work.

One last note before we dig in. It's important to mention that racism and oppression affect different groups of people differently. For example, the experiences of racism that Black people face are not the same as those that Indigenous Peoples or other racialized peoples face. So as you contemplate these issues and strategies for action, keep this distinction in mind as different forms of racism and oppression require different interrogations.

BERNICE

You had mentioned that health equity is important to you both personally and professionally. So I'm curious, can you talk to me a little bit about how it became important to you? How did you first realize the health inequities that exist and what made you want to get into a role that would allow you to address some of those health inequities?

HEATHER LOKKO

I think the very first time that I started becoming aware of inequity really starkly was when my family had an opportunity to live and work in East Africa. My dad was teaching at a school there, and we lived in an area where life was very different than what it was for me here in Canada.

BERNICE

And was that in Kenya, Heather?

HEATHER

It was in Kenya, yes. And we spent about 3 years there, and I was an early teen, pre-teen. And it just really helped me to see that the world is different for different people. And it opened my eyes to different perspectives and different realities. So I think that was really the first place where inequities really became pronounced for me.

As I moved into nursing, that then translated into understanding more about health inequities. And, of course, in public health, the focus on the social determinants of health is so strong and recognized as a critical factor in the health of populations. And so I think that was really a big part of what informed my interest in health equity and reducing health inequities.

In addition, my partner, my life partner is from West Africa. And we have three grown boys, men, who are biracial. And so seeing the world through their lens and hearing their experiences has really provided me with the opportunity to understand a little bit better what some of the realities are. I will never understand it as a White person, I will never understand it fully. I live in a white skin and I experience White privilege so I will never fully understand it, but because of my life experiences, I think I've had a chance to have a glimpse of what some of the realities are.

And we often, even at home, talk about what are the things that we need to do? How do we need to change things? Where do we need to move forward? How do we change people's hearts and minds? How do we change our systems? So it's conversation that has been a big part of my life.

BERNICE

So you're having those conversations around the dinner table as well as the work tables.

HEATHER

Absolutely.

BERNICE

And you had mentioned you've been working for — is it 25 years at the Middlesex-London Health Unit?

HEATHER

Over 25 years!

BERNICE

That's amazing! What dedication and commitment. And so has your role been focused on health equity the whole time or has that evolved or shifted and changed as you've been there?

HEATHER

I actually, even in nursing school, I was very interested in addressing racism and did presentations and projects that were related to racism and in health, and looking at how nurses need to adjust their practice to take into consideration different cultural practices as well as addressing racism in their work.

So even from nursing school, this was something that was important to me. As I moved into front-line direct service work in public health, that was something that I brought with me and really worked at trying to enhance and understand better and do better.

BERNICE

Can you tell me a little bit more about your role as a chief nursing officer? Because I understand that's the role that specifically deals with health equity. So what does that look like on a daily basis?

HEATHER

Across the province, chief nursing officers have their portfolios organized in different ways. Here at the health unit in London, the portfolio covers professional practice supporting nurses and other professionals as well as the health equity portfolio. From a day-to-day perspective as it relates to health equity, this means

providing leadership and support to our very small but mighty health equity team that has a manager and a couple of nurses and a health promoter who are focused on trying to address health equity — both from within our own system as a health unit as well as supporting teams to engage in that work as they provide their public health programs and services.

And because I sit at the senior leadership table, it also gives me the opportunity to bring that health equity lens, the focus of reducing health inequities, I can bring that to the senior leadership team discussions as well.

BERNICE

That's amazing. And you and I had the opportunity to work together as part of that health equity team, and it was such a joy and one of the highlights of my career thus far. And one of the things that I most admire about you — among many, many things, and I tell everyone when your name comes up how amazing you are — one of the things that I most admire is your kind approach to leadership. You can be so busy doing a million different things, I don't know how you are able to manage all the different roles you have, but you're always consistently kind as you lead.

And I imagine that, especially for tough topics like health equity, being kind and being approachable could be probably so important in terms of encouraging people to move these issues forward. And so I'm wondering if you can speak to that a little bit. Do you agree that that's probably an integral part of how you approach your leadership and what has enabled you to get so much buy-in from people?

HEATHER

First of all, thank you so much for your kind words, I really appreciate it. It's wonderful.

Yes, I do think that kindness is really important. As a nurse, I believe very much in the importance of relationship building. I believe that building relationships is critical for anything we want to accomplish in life and in work. And one of the ways that we can really genuinely build relationship is to be kind and to remember that each person is a human being of inestimable value.

One of the things about health equity work and kindness, I think, is finding that balance between speaking truth and speaking truth kindly. And speaking it in a way that helps people to move to action. I think there is a way of actually finding close to a good balance of speaking that truth and being disruptive and being kind, recognizing that everyone's at a different place. And so we need to meet people where they're at and move them in steps forward from wherever they are, whether that's at an individual level or an organizational level.

> *"building relationships is critical for anything we want to accomplish in life and in work"*
>
> **HEATHER LOKKO**

BERNICE

So how do you figure out, as someone who is leading health equity work in a health unit, how do you figure out where people are at and what they might be ready for and what they might not be ready for? What is your process of decision-making, or how do you go through that process and figure out where people are at and how to move things forward?

HEATHER

That's a tough question. One thing that can be done is looking at it from an organization system perspective and taking kind of an intentional approach. So one of the things that we did back in 2014 and again in 2015 was to do a knowledge, attitudes and practices [KAP] survey within our organization. We worked with an academic, and we put together a KAP survey that would try to help us get a handle on exactly that: where are people at?

And we found through that that there was some really good foundational knowledge related to health equity. And we found that there was a strong sense of the value of health equity and reducing health inequities, a strong sense of justice. Public health practitioners often do have a strong sense of justice. And so we found that that was relatively well developed in our organization. And yet where people struggled was how do they take those concepts, that knowledge, that passion, those positive attitudes, how do they take them forward into action?

So we then went through a process of, team by team, assessing where people felt they were at and where they needed support in terms of being able to move to action. And with that process came forward with a plan, a 3-year plan that we're still working on — longer than 3 years, much longer than 3 years later — still working on to move us forward as an organization, both as individuals and as the organization itself.

Another piece that we did was we took the health equity indicators for public health. And we took a look through those systematically and tried to understand and assess where we were at as an organization in relation to those indicators, and identify some processes that we could put in place to strengthen our actions in those areas, and try to monitor some of our actions there.

And so, we still have lots of work to do in that area, but again it was this intentional process of looking at ourselves as individual practitioners and looking at ourselves as an organization in relation to health equity, figuring out where we're at and then identifying what steps we needed to take to move forward.

In terms of some of the other pieces around attitudes, implicit bias, addressing anti-racism, anti-oppression, your question about how do you assess where people are at? I actually don't really know how to answer that question. I think one of the things that we've learned through the process is that as we're talking about these issues, as we are trying to identify actions to move forward, as we're educating people, we need to tap into both the head and the heart.

BERNICE

Do you think it's possible to move forward without people's hearts being in it? So, for example, let's say people harbour some biases and they personally don't feel comfortable about certain issues, what have you, but then they recognize that it's a part of their role. They see that they essentially have to do it, right, and so then they're able to move forward in that direction regardless of how they may personally feel. So whether it's harm reduction, whether it's other issues that you might be dealing with. Do you think that's possible, or do you think there needs to be alignment between the head and the heart?

> *"we worked to embed health equity and a health equity lens and steps to reduce health inequities in our entire planning, implementation and evaluation framework"*
>
> **HEATHER LOKKO**

HEATHER

I'm going to say yes and no. I think it is possible in that you can put as an organization, for instance, you can put things in place to make aspects of work part of work.

So for instance, we recognized a number of years ago that the health equity impact assessments, for instance, as stand-alone HEIAs, health equity impact assessments were not getting us where we wanted to be. And so we worked to embed health equity and a health equity lens and steps to reduce health inequities in our entire planning, implementation and evaluation framework. So that every step of the way through the process, people would be prompted. These are questions you need to think about. This is a tool you need to use. This is something that needs to be considered when you're in this step of the process. And

so putting those tools and resources and expectations into place absolutely helped people to move forward because it becomes this organizational expectation.

Another example is with race-based and other sociodemographic data. That's something we started talking about a number of years ago. We had not been gathering that data, and we wanted to start gathering that data as an organization. So we had done some initial planning, and then COVID came, and so we weren't able to move it forward broadly. However, we were one of the first organizations in the country to start gathering race-based and other sociodemographic data on COVID cases. And that was really helpful for us to be able to show the inequities of COVID and, most importantly, to put strategies in place to reduce those inequities. Not to just report on those inequities but to do something about it. So asking the questions, gathering that information from clients, some people are really uncomfortable with that. They're not sure how to do it in a way that's appropriate. But having that expectation that this is something we need to do as an organization — there's a field in your electronic database that you need to fill out — as a practitioner, it makes you do it.

"we were one of the first organizations in the country to start gathering race-based and other sociodemographic data on COVID cases. And that was really helpful for us to be able to show the inequities of COVID and, most importantly, to put strategies in place to reduce those inequities. Not to just report on those inequities but to do something about it"

HEATHER LOKKO

So that's the yes. Yes, I absolutely think that you can put structures and processes in place to support people to do the work that needs to be done even if they don't feel a hundred percent comfortable with it.

I also think, as an organization, it is our responsibility to help people to become more comfortable with it. We can talk about how do you ask the questions in a way that's respectful and appropriate? How do you make sure that it's voluntary, that people don't feel that there's going to be any influence on their care or their services they are provided if they respond to these questions?

And I think we can also then provide that head-and-heart education about the current realities so that people can be shifted in terms of their understanding of the issues, their passion for justice, and how people see how this is part of creating justice.

BERNICE

And in this work, in health equity work, you're bound to encounter different types of resistance for a number of reasons. Sometimes people are just very comfortable seeing and doing things as they've always seen and done them, right? They just don't see the need for change. For you, how do you navigate that resistance in terms of your leadership role? When that resistance might come up in your very own health equity team or more broadly in an organization? When you're trying to move forward with an idea, project, portfolio initiative, etc., how do you navigate that resistance that you might encounter?

HEATHER

There are two strategies that I often use kind of unconsciously, someone pointed them out to me not too long ago. One of them is asking questions of curiosity. I ask a lot of questions of curiosity. "So what does it really mean that this is how we do things?" Or "What

would it really be like if we did something in this way?" Or "What is it about this that's really difficult?" So asking questions of curiosity, I think, can be very, very helpful.

Another one is, it's a similar thing, but it's using the phrase "Tell me more."

BERNICE

Oh, that's a good one.

HEATHER

"Tell me more about that." And again, it just opens up that conversation and understanding, and allows for more listening so that you can understand how to support people to navigate through. People are good people. People are good people; people want to do the right thing. It's about supporting people to know how to get there and being more self-aware so that they see where we as individuals, organizations, systems need to make change.

BERNICE

Another question I had is, you had mentioned meeting people where they are at and bringing them along, and I'm curious. But for people who are experiencing health inequities on a day-to-day basis, and Samiya and I spoke about racial health inequities in particular, this notion of we need to go slow, bring people along, not risk offending people, I think that can be really frustrating, right? Because in the meantime, people are being shot in the streets. They're dying in disproportionate numbers from COVID-19. They're not having enough food to eat. So how do you balance both? How do you balance "I need to meet people where they're at and bring them along" but also this sense of urgency that we have a responsibility to act now? How do you do that within the context of your leadership?

HEATHER

I have some thoughts on that, but I don't know if I do it as well as I could, Bernice, to be really honest. I think it's a really, really important point that we need to be thinking about. And there is an urgency to this work. There's absolutely an urgency to this work.

One of the things that comes to mind for me, as a leader, is that it's important for me to continually bring forward these issues, to find opportunities over and over and over again to talk about the concepts, the ideas, to think about ways to say them in different ways, in different contexts, to help people recognize how this actually is relevant to absolutely everything that we do. Every single decision we make can be considered with a health equity lens. We can be thinking about racism in our organization, in our system, in our society and how we can take steps.

I think there's a bit of an art to it in terms of trying to sense that balance. We definitely have to be able to speak what needs to be spoken. We need to talk directly about the issues of racism and oppression. We have to talk about it in ourselves as individuals, our biases. We have to talk about it in our systems, in our organizations. We have to talk about it.

One of the ways that we can help to mitigate that challenge with that balance is to come with ideas for action and not to just talk about the problems. And Samiya talked about that as well. Not to just talk about the realities and the problems, but to be focused on action. I think when we talk to people about these issues, it is extremely helpful to have some sense of action that they can take. Because, again as Samiya said, people can feel powerless. They are not powerless, but they can feel powerless. They can be immobilized by their emotion, by their guilt, by whatever it is that they're experiencing. And so we need to help them step over that and move to action. So it's about breaking it down into those pieces that are manageable and will still move you forward.

This series is about that — being the disrupters and bringing forward that discomfort. We have to do that. If we're not intentional about creating some discomfort, things won't change. It will stay status quo, and that's not okay. It's not acceptable. So we do have to create that discomfort.

> *"If we're not intentional about creating some discomfort, things won't change. It will stay status quo, and that's not okay. It's not acceptable"*
>
> HEATHER LOKKO

BERNICE

For you personally, have you ever felt kind of immobilized by the guilt you might have experienced, or has that happened to you personally throughout your 25-year journey?

HEATHER

I would say that there have been periods where I have felt that way, yes. And I have had to work through that. And I would say, to be frank actually, it was probably a balance of conversations with my friends and family who are experiencing racism and oppression as well as conversations with other White people who were not experiencing racism and oppression but people who are very committed to justice and moving beyond where we are, understanding White privilege — having conversations with other White people who are struggling with this as well. So I found both of those approaches helpful.

BERNICE

Absolutely. I think being able to talk to people and having that circle is probably so critical. I wonder also, and Samiya and I talked about this a little bit, in 2020 after the murder of George Floyd, it seemed like everyone wanted to talk about race and racism specifically. And so I know for a lot of racialized folks, and Black folks in particular, it seemed like maybe an excessive burden was placed at us, right? About people reaching out, you know, getting the "Hey!" text, like "Do you have time to chat?" It can be a challenge. So figuring out how we walk alongside people in this journey but in a way that doesn't feel like an excessive burden is placed on people, and a way in which we can all take responsibility and see our places and roles that we can take in terms of acting. I think that's so important.

Webinar series on anti-Black racism and public health

Black Health Education Collaborative; NCCDH. [2023].

These recordings of a three-part webinar series offered in partnership by the Black Health Education Collaborative and the NCCDH provide a foundational overview of the roots and legacy of anti-Black racism, its impact on the health and well-being of Black people, and opportunities for public health to uproot it.

HEATHER

I would share that concern about how things evolved after George Floyd, where all of a sudden there was this surge of interest, and the issue of racism and oppression is ancient. And so I found that quite disturbing that there was now this, "Oh, now we need to think about this." And I would feel really angry, like, okay, we needed to think about this a long time ago. We've needed to think about this for a long time.

So it's like a policy window that opens. In public health, you could be working on some healthy public policy, trying to do some background work for several years, and then all of a sudden there's a government elected in or there's a new so-and-so, and you can move that policy forward.

So I tried to shift my way of thinking to see it as, okay, I'm angry about this, it doesn't make any sense. However, it's created a quote-unquote policy window for us to move forward some of these issues that we've been trying to address for so long, and to try to capitalize and leverage on whatever was happening in the broader, you know, people's consciousness at the time.

So as an organization, it was actually after the George Floyd incidents that our organization declared anti-Black racism a public health crisis. If we've identified this as a crisis, we now can put more resources to this and move things forward.

That comment you're making too about, and Samiya also mentioned this, about the importance of sharing the burden of this work is absolutely critical.

One of the things we just recently did, a couple years ago, we did an employment systems review and had an opportunity for an external consultant to come in to look at the systems, processes, structures, practices in our organization internally as it relates to diversity, inclusion, racism, etc. And we also did a workforce census. The consultant came forward with a hundred recommendations for us. And so we have been moving those—

"our organization declared anti-Black racism a public health crisis. If we've identified this as a crisis, we now can put more resources to this and move things forward"

HEATHER LOKKO

BERNICE

One hundred?

HEATHER

A hundred recommendations. Some of them were small like wording and policies and things like that, but even a policy wording change can be a fairly significant actual change in practice and in thinking about things.

BERNICE

Oh, for sure.

HEATHER

So we had a hundred recommendations. We have hired someone to move those forward. We were very clear about these needing to be public. We didn't want to hide the recommendations that were brought to our organization so we made it a public document.

BERNICE

Oh, I think I read it.

HEATHER

And there were some fabulous recommendations in there we're trying to move forward. And we know this is another piece about this type of work, it's not a checkbox type of work. This is something we need to be committed to for the next many, many years to make these significant changes.

The other thing we've tried to do as an organization is emphasize that this work is the responsibility of every single person in our organization, that it can't just be up to one team or one senior leader or one person. It has to be shared work that we're all responsible for. Whether we're talking about it internally, in terms of our own inclusion practices internally, our recruitment practices, all those things, or we're talking about our program and service work with clients in the community and populations.

"this work is the responsibility of every single person in our organization … it can't just be up to one team or one senior leader or one person. It has to be shared work that we're all responsible for"

HEATHER LOKKO

BERNICE (NARRATION)

Heather makes an excellent point here. It is up to each of us to work towards an anti-racism and anti-oppression praxis. The NCCDH has resources you can use in your unlearning and learning journey. We'll link to those in the episode notes.

BERNICE

You had mentioned the importance of policy windows and how you were able to kind of use the declaration of anti-Black racism as a public health emergency to get some additional resources in that area. Can you speak to a little bit about what's come out of that? So I imagine the consultant was probably part of some of those initial resources. Have there been any sort of program shifts or changes that you've seen flow from those additional resources?

HEATHER

Yes, I can share a little bit about that. So we did hire an additional person in HR to focus on diversity and inclusion internally and moving forward the recommendations from our employment systems review. We also have our health equity team working with that. There's going to be a lot of people who will be involved in it.

We also have the consultant we hired — there were two consultants. One was for looking internally to make sure we have our own house in order and that we're aware of what the issues are. And secondly, we hired a group of Black consultants to engage the African, Caribbean and Black community here in London to help us focus and prioritize our work for health equity action as it relates to anti-Black racism. And so that group of consultants also came with a number of recommendations, 45 recommendations from them, which again we have been moving some of those forward and know that we have many years of work to really move them forward fulsomely but are committed to doing that. Out of that, we also hired an individual from the Black community, a health promoter, to support our engagement with Black and other communities as it related to COVID vaccination, to increase access to vaccine and to support education related to vaccine.

We also have an anti-Black racism advisory committee that's made up of all external community partners, and we have some additional resources to support that work. We hired an additional person to move our anti-Black racism plan forward because, without resources, those recommendations will sit on the table, sit on the shelf, and won't move forward.

BERNICE

And for you, you've been at the health unit for a very long time. Would you say you've seen things move forward? They can take a very long time, but have you seen them move forward?

HEATHER

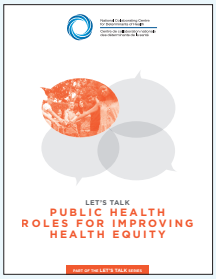
Absolutely. Absolutely. I would say we're in a very different place than we were when I started here 25 years ago. In terms of what we talk about, how we talk about it. The resources we put into education, mandatory education around Indigenous cultural safety training, for instance. The resources we dedicate both in terms of program resources, in terms of people resources. We have policies that are far different than we had 25 years ago. We have resources from the Ministry. We have a Health Equity Guideline from the Ministry and a standard.

We have the National Collaborating Centre for Determinants of Health that has so many amazing resources. The four roles for public health to take public health action have been critical to our ability to move forward, absolutely critical to our ability to move forward. We have language to talk about this that we didn't have before. Very much, I would say very much, we're at a different place than we were before collectively.

And we still have steps to take, and we still have room to grow, and we still have action that we have to move forward because we're not there yet. We're definitely not there yet. But I feel like we are on our way and that feels encouraging.

Let's Talk: Public health roles for improving health equity

NCCDH. [2013].



Heather discusses the importance of this resource — and the four roles framework — to support action on health equity. This foundational Let's Talk document from the NCCDH provides a framework for public health practitioners, teams and organizations to advance health equity through four key public health roles and corresponding examples of effective actions.

BERNICE

I love that. And that goes to show when you really invest in a place, you can really see those changes over time. Even if it might seem incremental, very slow, slower than you want, when you kind of take that larger view and you think about where you started and where you are now, you can really see how it's moved and things have shifted. Absolutely.

Do you have any other words of advice for people who are undertaking leadership roles when it comes to health equity? So whether they're new to it or have been doing it for some time, what words of advice would you have for them?

HEATHER

I would encourage people to be courageous and to name what the reality is. And to name it in a way not to blame but to move to action to make things better. I think that intentionality is something that leaders need to be very conscious of.

The dedication of resources to this work is something leaders need to think about.

Being humble as leaders, recognizing that we ourselves as leaders have a lot of reflection to do and a lot of learning and unlearning to do.

I think finding a balance in focusing both on moving us forward as individuals as well as moving systems and structures forward.

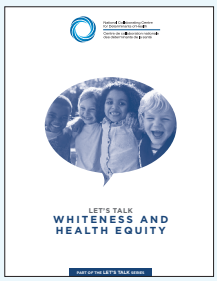
Tying into the supports that you can find as you engage in this work because having supports around you are critical. When you make mistakes, having someone you can talk to about that and process that with. When you feel discouraged, having someone who can encourage you. When you see some even small steps of success, having someone to celebrate with you. Not feeling like we need to try to walk this journey alone is critical.

As a leader, always wearing that health equity lens, that anti-oppression lens, and trying to do whatever we can to bring that into as many conversations as we can. So that people around us can see this isn't just a one-off concept that we think about here and there. It's something we need to embed in our way of assessing, of planning, of doing, of evaluating. It has to be in everything that we're doing.

I'm going to speak about this as a White person trying to make some positive change in this area of work. We also need to look for where we can step back and let those who have expertise either through lived experience and expertise in public health to direct the work, to tell us what needs to happen, to provide that direction. And then as leaders, we need to amplify their voices. We need to support their voices. We need to reiterate what is being said by people who are experiencing racism and oppression.

Let's Talk: Whiteness and health equity

NCCDH. [2020].



Whiteness encompasses the practices, policies and perspectives that enable the dominance of White people in society. This Let's Talk resource describes how Whiteness manifests in public health research, practice and policy, and provides examples of how to take a critical approach to reduce racial health inequities at individual, institutional and systemic levels.

BERNICE (NARRATION)

Thanks to Heather for sharing these insights on anti-racism and anti-oppression action. We have so much to learn from her kind yet tenacious leadership.

She discussed considering health equity indicators in our practice and organizations, and embedding equity in all the work we do from workplace practices to program planning, implementation and evaluation.

I really appreciated hearing about the Middlesex-London Health Unit's anti-Black racism plan and the use of a knowledge, attitudes and practices survey to understand where practitioners were at in terms of their health equity understanding. Heather underscored the importance of not only collecting race-based and sociodemographic data for the sake of it, but for the sake of addressing racism and oppression.

We learned about approaching resistance with questions of curiosity and to appeal to public health values of justice.

Our takeaway? That small progress makes a big difference over time, and that we all have an important role to play to advance anti-racism and anti-oppression strategies.

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 and hit subscribe, or follow on your favourite podcast app.

REBECCA CHEFF (NARRATION)

Thanks for listening to Mind the Disruption, a podcast by the National Collaborating Centre for Determinants of Health. Visit our website 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.

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