National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

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

ACKNOWLEDGEMENTS

ABOUT THE NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH

The National Collaborating Centre for Determinants of Health is one of six National Collaborating Centres (NCCs) for Public Health in Canada. Established in 2005 and funded by the Public Health Agency of Canada, the NCCs produce information to help public health professionals improve their response to public threats, chronic disease and injury, infectious diseases, and health inequities.

The National Collaborating Centre for Determinants of Health focuses on the social and economic factors that influence the health of Canadians. The Centre translates and shares information and evidence with public health organizations and practitioners to influence interrelated determinants and advance health equity.

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INTRODUCTION AND BACKGROUND

Leadership is an important factor in effectively addressing social determinants of health and health equity, according to the results of the 2010 National Collaborating Centre for Determinants of Health (NCCDH) environmental scan, which consisted of an online survey, focus groups, and key informant interviews.[1]

Specific content requirements for public health leadership were identified almost 20 years ago in the literature. These included basic education, knowledge of public health problems and programs, management training, and a favourable moral environment.[2] Despite this, the majority of respondents (75%) who answered the 2010 NCCDH online survey stated the need for stronger organizational and system leadership.[1] Leadership development is identified as a priority for advancing health equity in many related reports.[1,3-8]

Positive leadership in health equity work exists within early adopter local and provincial organizations. Although there is significant agreement that leadership is a priority, there is little consensus or evidence about effective practices and supporting or limiting factors. A preliminary consultation session with several medical officers of health from five provinces across Canada suggested that leadership needs are very divergent.[9]

The purpose of this appreciative inquiry project was to identify factors or conditions that influence effective public health leadership to address social determinants of health and health equity. Interviews were held with Canadian public health leaders to determine:

- What contributes to supporting leadership for addressing social determinants of health and health equity, including the most significant factors enhancing or limiting leadership?
- What additional conditions should be present to achieve successful outcomes?

Supplementary objectives included identifying examples of successful leadership activities and other public health leaders who are effective in addressing social determinants of health or health equity.

METHODS

Design
Appreciative inquiry[10,11] was used to conduct the interviews. This method assumes that questions asked about positive aspects of an organization can bring about insights and individuals may be more willing to reflect on what has worked well in their past rather than dwelling on negative experiences.[12] The interview tool was pilot tested with three public health leaders, and no edits were required (see Appendix 1 Interview Tool).

Recruitment
Participants were recruited purposefully through a number of channels. The initial sample included fifteen people who were identified as leaders in addressing the social determinants of health at least twice in the 2010 NCCDH scan.[1] Eleven of these people were interviewed. The four other leaders identified had consulted with the NCCDH Scientific Director on other projects; therefore, they were not approached to avoid respondent fatigue. Three additional people, as mentioned in the design section, were identified to pilot test the interview tool because they were recognized by the project team for their leadership in the area of social determinants of health and health equity. These three leaders represented international, provincial, and local public health perspectives.

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Respondents

All 14 people who were invited to participate in this inquiry accepted the invitation. Appointments to participate were scheduled within two weeks of being approached (100% response rate). The respondents came from six provinces and one international setting (United Kingdom). Their current job titles include: chief executive office, professor, director, manager, health promotion specialist, community/public health nurse, and retired.

Interviews

Semi-structured interviews were conducted by telephone during February and March 2012 and each lasted 45 to 60 minutes. The interviewer explained that the information would be collated, and the interviewees gave verbal consent to being included in the report as participants. The data from the three pilot test interviews were incorporated into the results because the tool was unchanged. The project team recognized that this input was valuable for this preliminary inquiry, and the respondents agreed.

Analysis

At the end of each interview, the written summary recorded by the interviewer was read back and confirmed by the interviewee. Due to time constraints no attempt was made to validate the written results. The results of the 14 interviews were collated and analyzed iteratively in keeping with the accepted standards of grounded theory data analysis.[13,14] The researcher examined and organized extracted data, while identifying themes and patterns. The thematic analysis was reviewed in the context of the total themed data set, and the identified themes were simplified. The next step was to revise the themes, summarize the data and compare it to the original interview notes to assure that important ideas had not been missed. Then thematic codes were finalized and interpretation was conducted.

RESULTS

Successful Leadership Activities on Social Determinants of Health and Health Equity

At the start of the interviews, respondents provided examples of successful leadership activities that addressed social determinants of health and health equity (see Table 1). The examples included local community initiatives, policy shifts in volunteer professional organizations or local/regional health authorities, conferences or workshops, and university programs.

Table 1: Examples of successful leadership activities to address social determinants of health or health equity

EXAMPLE OF SUCCESSFUL LEADERSHIP ACTIVITY TO ADDRESS SOCIAL DETERMINANTS OF HEALTH OR HEALTH EQUITY*	OFFICIAL ROLE DESCRIPTION OF RESPONDENT AT THE TIME OF THE CITED EXAMPLE
A research and education program focused on social justice and health equity	Professor
Regional health authority adopted an objective for addressing health equity signalling a shift in corporate culture and creating a new policy environment which expanded leadership beyond public health for addressing social determinants of health	Chief executive officer
Social Determinants of Health Conference	Professor
Local Urban Poverty and Health Initiative	Health planner
Creation of free standing committees to address tuberculosis, homelessness, disaster, bedbugs	Community health / public health nurse
Equity lens incorporated into Core Public Health Function Framework for British Columbia	Provincial public health consultant
Child poverty determinants of health regional coalition led to a conference on debt-free Alberta	Health promotion specialist
Community-wide early childhood initiative led by the community agencies	Community/ public health nurse
Registered Nurses Association of Ontario identified social determinants of health as a priority	Professor
Health Profiles for England, a joint effort of the nine United Kingdom Public Health Observatories	Director
Nobody's Perfect parenting program	Provincial project lead
Public Health Association of BC board focus (7-8 years) on capacity building with inequities in health as overriding themes	Member of board of directors
International Health Promotion Unit, University of Toronto (1990s)	Professor
Community Deaf Advocacy Initiative	Public health manager
Workshop for public health nurses to explore their role in addressing health equity	Public health manager
Community Health Equity Health Impact Assessment	Local public health manager

Some respondents provided more than one example, and the corresponding job title reflects the role they held at the time of the example.

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Supporting Factors for Effective Leadership

Respondents identified factors or conditions that contributed to successful leadership in the examples above, as well as additional factors that would enhance leadership potential on the social determinants of health and health equity. These factors are described below in three emerging themes related to organizational supports, bridging organizational activity with community action, and professional competencies.

Organizational supports

The organizational factors for leadership commitment that were mentioned most often relate to corporate policy, these are: budgets, human resources strategies, high quality data collection, and adherence to external policies and standards. This policy commitment to health equity can be seen throughout supportive organizations, reflected in a clearly articulated vision that is aligned with health equity values and in measurable program goals and outcomes.

The leaders interviewed stated from their observations that more public health organizations need to have a shift in corporate culture or value base toward more equitable policies. They also stated that board of directors and senior management need to demonstrate commitment. They could do this by recognizing that key social and economic structural failings contribute to poverty, as well as[15] by identifying sources of inequality rather than maintaining a typical view. This is a view that poverty merely is a risk factor that can be alleviated at an individual or family level by changing behaviours or trying harder. Similarly, further steps are needed to operationalize organizations' vision statements that focus on broader determinants of health and health equity – for example, by using an access and equity lens.

Budget

Successful leadership conditions were described as having funds assigned specifically to social determinants of health activities. The funds were used for program development in their organization, and in the community. Budget was allocated for staff to engage in intersectoral community activities, and research that facilitated action. Those interviewed identified that budget plans should also allocate sufficient staff time for competency development, community development, and for building and sustaining necessary relationships and partnerships.

Human resources

Organizations that are leaders in addressing health equity have recruited and retained a skilled staff complement, including an effective chief medical officer of health. Such organizations maintain a decentralized collaborative approach that supports staff autonomy and nurtures trust and respect. Respondents noted that in these organizations, staffs observe that management are willing to listen to the issues and to address health inequity. Staffs know that they will be heard because they are connected to their communities, and they are trusted by their organizations as community leaders in addressing and advocating for health equity.

> **"My boss trusts me, I trust my boss, people trust me."**
>
> Public health leader

Effective organizational leadership also nurtures peer support, mentorship, and staff development to build and maintain competency. Respondents recommend that organizations need to strengthen staff development opportunities to make sure they sustain the capacity to address health equity. This includes understanding the relevance of health assessments to health equity.

In academic settings tenure provides job security and infrastructure stability. Universities that nurture leadership demonstrate support for incorporating political action into academic inquiry, including research on health inequity. Respondents also advised that universities could reduce workload for faculty to free time for them to make scholarly contributions to addressing health equity and social justice. They specifically recommended that universities create more tenure track positions instead of the current approach of increasing sessional positions.

Population health data

Public health and academic organizations that are effectively addressing social determinants of health have set-up high quality systems to capture or access population health data. They also provide the resources to effectively communicate compelling and powerful stories about health inequity that are linked to the quantitative data.

External policies and standards

Respondents observed that the context for public health practice includes partnerships, policies, and conditions that require a community connection. Supportive organizations also ensure that evaluation relevant to health equity is embedded from the beginning of a program and project. In terms of provincial and national standards if followed, the Accreditation Canada[16] standard for public health services and partnership is useful. In turn, organizations are supported by provincial authorities that recognize the importance of health inequity and social determinants of health in public health planning and programming, for example, British Columbia's core strategies for public health.[17] Respondents, however, noted that public health leadership capacity could benefit from more provincial governments providing policy support and core funding for provincial professional groups, such as public health associations or discipline-specific groups (e.g., nurse leaders' groups).

Interviewees also suggested enhanced national support. For example the Public Health Agency of Canada (PHAC) could provide sustaining grants to support capacity building, and strengthen the Core Competencies for Public Health in Canada[18] by including specific competencies that address health equity. Also at the national level, the Canadian Public Health Association could provide greater support to the provincial public health associations. Similarly the Canadian Nurses Association could publish more articles in Canadian Nurse about work on the social determinants of health.

Bridging organizational activity with community action

In addition to addressing internal factors for advancing health equity, interview respondents were clear that public health organizations must pay attention to external community capacity. Effective leadership to address social determinants of health links organizational activities with community action, establishes partnerships and builds relationships, and moves public health roles into the community.

Being part of community action

According to the leaders that participated in the interviews, public health leadership that addresses health equity is involved in community action that takes place outside of official public health organizations. Interviewees stated that in some cases when public health departments were unable to provide internal support, they participated in building external coalitions and encouraged other organizations to advocate for health equity issues. Linking with community action often means mobilizing or joining an inclusive community network or coalition where like-minded colleagues and other community partners work together toward the same vision. Alternatively, public health leadership may use an existing structure to engage partners in addressing a health issue, or in partnering with a small group of colleagues who share the same values.

"Collaborative efforts required meticulous leadership."

Public health director

Building partnerships and relationships

Respondents talked about understanding and straddling boundaries between their employer organizations and community-based coalitions, crossing back and forth, and ensuring that the proper voice from the partnership is heard at the most appropriate time. Partnerships offer advantages such as providing a platform from which professional leaders, people affected, and smaller agencies can speak freely about a health inequity. Partnerships can also reduce duplication and produce positive spinoffs, including new approaches or products that benefit the whole community. One example from the interviewees was a new health data tool produced collaboratively among health districts to provide consistent, accurate, and comparable data that could be used to plan and evaluate health equity.

Effective leaders in community action to promote health equity recognize that partnerships are dynamic and roles change as partners work toward achieving their goals. Respondents further noted that success in health equity manifests at the local level, and that public health could better engage in sharing both solutions and problems associated with health inequity with communities.

The fundamental component of participating in community partnerships is to build trusting relationships demonstrated by respect and mutuality. Public health leaders establish relationships with health equity champions in community organizations that share the same values.[19] It was cautioned that it takes time to establish relationships and employers need to recognize that the process may be as important as the results produced, and that the measurement of both the process and the outcome are legitimate measures of collaborative work. In addition, one respondent was emphatic about the importance of being proactive, interacting with the public, and recognizing that both you and the public have much to offer each other.

Moving public health roles into the community

Roles in leadership may include offering a credible voice, expertise in public health (see Professional competency below) and financial support. Public health leaders use formal and informal expertise that connects with communities and brings in a health lens. For example Public health departments can provide high quality data that is needed for evidence to address an issue such as poverty or homelessness. Other knowledge may include technical skills to establish a memorandum of agreement, group facilitation skills, or personal contacts to access established organizations. It was emphasized that it is also important to recognize community expertise and that public health leaders have much to learn from communities. In addition large health authorities sometimes need to fund, or partner with other large organizations to fund, a community coalition when smaller organizations do not have sufficient financial or human resources.

> **"[Public health nurses] moved outside their comfort zone to other sectors where they learned the language of others – e.g., food security, transportation."**
>
> **Provincial project lead**

Professional competency

The people interviewed for this project were selected because they are known as leaders who effectively address social determinants of health and health equity. These individuals describe credible leadership as involving the development of the necessary knowledge, skills, and attitudes to understand issues associated with social determinants of health and health equity.

Knowledge

Leadership knowledge was described as being anchored by education and experience.

Education

The small group of respondents gave examples of education that included various undergraduate and graduate degree programs, and curriculum topics examples that included: knowledge and language of health inequity, public education, health studies and social justice policy, the importance of sound data, a holistic way of looking at health, and determinants of mental health. Respondents also identified university professors and government policy executives, who had been important teachers in their education. Most respondents noted the importance of working from a theoretical framework such as Critical Social Theory which refers to a structural view of society and sources of inequality; the social justice legacy that is core to public health nursing (as modeled by Florence Nightingale, Lillian Wald and others); the Hollingshead (1975) Four Factor Index of Social Status;[20] and the Framework For Social Justice developed by Cohen (2011).[21]

Continuous personal study also is an important aspect of maintaining professional competency. The interviewees use a number of strategies to keep up-to-date, including memberships in professional organizations (e.g., public health associations), listening to inspirational speakers, attending no-cost events (e.g., Human Early Learning Partnership mapping http://earlylearning.ubc.ca/maps/), subtle learning from colleagues who reference historical figures (such as Wald and Nightingale) and leaders (like Virginia Henderson and Kristine Gebbie), and using seminal academic and grey literature on social determinants of health and health equity (e.g., Canadian Nurses Association, 2008;[22] Community Health Nurses of Canada, 2011;[23] Mikkonen & Raphael, 2010;[24] PHAC).[25]

Experience
These leaders have knowledge gained from on-the-job experience in a variety of front line, management, executive, and academic positions, some examples include social worker, health promotion specialist, public health nurse, and public health physician.

Skills
Effective leadership for addressing health equity draws on skills that intentionally use knowledge in a systematic way. Interviewees said that they rely on their strong skills in working with people, communicating and facilitating to support individual, organizational or community capacity building; consistently using an equity and social justice lens; and taking advantage of opportunities that arise when circumstances align. These leaders, however, advised that there is room to strengthen staff development, moving beyond awareness to clarifying what actions need to be taken. It was noted that while some public health professionals, such as public health nurses, are knowledgeable regarding health equity action, skills still need to be strengthened and utilized especially regarding children and youth. One respondent observed that nutritionists, because of their work on food security, are used to addressing social determinants of health.

People skills
Successful leaders reported using their public credibility and personal connections. They know how to work with people who have expertise in small community groups and in large organizations. One leader talked about how they support each person in groups to contribute because "it takes a village [to address health equity]."

Communication skills
Respondents described how they employ skills for sharing population data and stories, specifically to illustrate the health impact of inequities. They use terminology cautiously because terms like *social determinants of health* can be exclusionary or poverty can provoke an overwhelming reaction and; therefore, potential allies might be not willing to come together to tackle important issues. Leaders call on a range of skills when making presentations, including engaging champions and using visual illustrations such as a poverty lunch that serves examples of contrasting low-income, medium-income and high-income meals to participants in the same room. They communicate through a social justice lens.

Facilitation skills
Effective leaders reported using multiple strategies to achieve their goals and to adapt their approach to reflect the context. Mechanisms include organizing a committee, individual meeting, presentation, or workshop. Their role could alternate between being a leader or a participant. Within their own organizations they facilitate the development of public health competencies for individual staff, for their organization, and for community capacity building. They teach and learn by being inquisitive in a respectful way. They understand the complexity of organization and community culture, and they are skilled at working within policy environments to encourage a shift to health equity. They are able to break down a big issue (e.g., poverty) into manageable activities by being strategic.

Ability to take advantage of opportunties

Interviewees talked about seeing and responding to opportunities to address health equity. They readily speak up and find teachable moments and opportunities for advocacy. They also take advantage of their knowledge of existing resources, sometimes being creative about how they use financial and human resources. This means understanding the political climate and sometimes means filling a gap. It was stated that being able to envision health equity in the context of the current policy framework is important.

Attitudes

Leadership competency involves moral conviction, risk taking, passion, energy, and motivation.

Moral conviction

Many respondents expressed concern about injustice and how they felt compelled to do what they could. Some respondents said the moral imperative was embedded in their professional code of ethics, for example, "nurses are required to uphold principles of justice." Others reported that their profession was built on convictions established for them by historical predecessors, such as Florence Nightingale or Lillian Wald, making it unethical not to take action.

Risk taking

The interviewed leaders identified themselves as being risk takers, willing to try new and innovative approaches. At the same time they recognized the importance of being flexible and adjusting their tactic according to the place and time. They make their decisions and take action based on equity and social justice lens, which is integral to their personal principles.

Passion, energy, and motivation

Respondents described their passion and energy as "drive", "perseverance" and "courage to speak up". Leaders said they are motivated by personal interests and are drawn to frameworks and theories for inspiration. They want to do something worthwhile and they recognize that other people similarly want to do something worthwhile. Respondents spoke about their strong and long-lasting interest to find ways to do something about inequities. They talked with passion about examples of leading, being involved in system change and striving to work upstream. They described being driven by a sense of responsibility to colleagues who they have partnered with in their work, and especially to marginalized people. A university professor described being motivated to give professional colleagues evidence upon which they could then continue their work.

> **"The Ontario equal access standard for public health provided a policy opening and we could call vulnerable people a priority population."**
>
> **Public health director**

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DISCUSSION

More public health professionals need to be focussed on addressing the serious health inequities that exist in Canada today.[26] To accomplish this, effective public health leaders and leadership is required. As an initial step, this study explored successful leadership activities and the factors or conditions that support effective leadership on social determinants of health and health equity. The results are important in establishing a starting point for building public health leadership capacity. The NCCDH will report separately on a scoping review of the literature, on the impact of public health leadership to address determinants of health and health equity, as well as interventions to enhance this leadership.

Organizational support

Organizational development strategies are needed to ensure that the skilled leaders work in an environment that supports enhanced efforts to improve health outcomes by improving health equity (see Appendix 2 Checklist). The respondents to this inquiry unquestioningly accepted leadership for health equity as a part of their role. The term "role" is defined as a function assumed or part played by a person… in a particular situation[27]; it also refers to a right, obligation or expected behaviour.[28] Addressing health equity may be becoming an assumed or expected public health leadership role, as was envisioned, for example, by Virchow circa 1850 in Germany or Lillian Wald circa 1934 in New York City. Yet this approach may not yet be seen as mainstream in Canada.[29] While Falk-Rafael and Betker[30] pointed out that there are systemic barriers within public health organizations to addressing health inequities, the respondents pointed out that organizations can support their leaders through corporate policy and a clear vision about health equity with a structural view of health aligned that is disseminated to all employees and to the public. This corporate vision must be accompanied by financial and staff resources to address health equity and include: skills development, data collection, and analysis of health inequities.

Bridging organizational activity with community action

Public health leaders in this investigation both influence and are influenced by their interactions beyond the organizations where they work. They are supported by their community relationships and by evidence found in the literature and external policy papers.

Health equity policy documents could be strengthened. For example statements about attitudes and values about social justice are included as preamble in the Core Competencies for Public Health in Canada,[18] but explicit examples of social determinants of health competencies for each of the seven categories of competencies would make the public health role clearer.[31,32] Some Canadian documents[17, 32,34] provide the policy support required for public health leaders to integrate addressing the social determinants of health into their role. The Ontario Public Health Standards, for example, state that the determinants of health "play a key role in determining the health status of populations as a whole" (p1) and the standards incorporate a range of activities to reduce health inequities.[35] Professional organizations such as the Canadian Nurses Association[22] assert that ethical nursing practice involves attempting to address broad aspects of social justice.

More consistent national and provincial approaches that incorporate a social justice lens are required. This would provide clarity to all public health organizations and to the public that public health has a role in addressing social determinants of health and health equity. In turn the policy of public health organizations could be to consistently provide evidence in their budgets, human resources strategies, and data collection methods to demonstrate their commitment to policy that addresses social determinants of health and health equity. To support these efforts, Cohen[21] has developed an assessment tool that will soon be published that will help public health to enhance equity considerations in population health promotion programs; develop expertise in equity-focused health impact assessment; explore the role of advocacy for health equity in public health practice; and develop indicators for public health organizational capacity for social justice and equity work.

The leaders who were interviewed reported that participating in community partnerships strengthens community capacity to advocate about social determinants of health and health equity. According to the Wellesley Institute, "the significance of the community sector resides in its capacity to attend to local needs while working to change the broad social and economic conditions that give rise to disparities"(p2).[36] Clearly public health leadership that recognizes the social and economic links to health outcomes has much to gain from working with communities. The results of this inquiry suggest that the goal of addressing health inequity can be achieved by having public health practitioners show leadership by working in a variety of roles with community partners.

Professional competency

The NCCDH has heard about the need for stronger organizational and system leadership.[1] Organizational leadership is only as good as the competency of the professionals that work within it. A team of passionate and knowledgeable people with core skills and values is required. Although the results of this appreciative inquiry clearly reveal that strong leadership capacity to address social determinants of health and health equity already exists, more people showing this leadership is needed. Existing leaders can be used in educational and practice settings to further develop other effective public health leaders.

There is extensive knowledge available to willing learners about health equity.[1,25,37] Potential health equity leaders also require knowledge about critical social theory frameworks and public health ethical analysis which has received little attention to date,[38] as well as the traditional public health art and science topics such as epidemiology, immunology, community development, health promotion, human growth, and development. Some of these skills and knowledge should be learned in formal educational settings – and there is an imperative to encourage more public health education in university programs. Public health professionals, however, must move beyond knowledge and awareness to mastering the skills and the attitudes necessary to address social determinants of health and health equity. The results of this inquiry identified several leadership competencies that will support effective action, examples are: being inquisitive in a respectful way, and being active in both teaching and learning.

Within organizations public health leaders can mentor and facilitate skill development and nurture passion required for advancing health equity. These leaders have opportunities to leverage their capacity by verifying information about community inequity from front line practitioners. Further leverage will be gained by helping practitioners to develop their leadership skills. Established leaders support potential leaders to act on their moral responsibilities by recognizing the opportunities to act effectively to address health equity issues. Effective leaders can nurture and unleash passion that exists within their internal communities of public health practitioners. At the same time modern public health leaders at every level will need to draw on their personal and collegial strengths to take risks and to gather the courage required to address the inequities that our communities are experiencing.[26] The experiences of the leaders interviewed for this project suggests that energy, passion, and motivation can be drawn from multiple sources such as their organizations, community groups with whom they work, and from continuously learning in both formal and informal methods.

CONCLUSION

Through effective public health leadership societal inequalities that lead to health inequities can be reduced. The examples provided by interview respondents confirm that there are leadership opportunities to successfully address social determinants of health and health equity. The results of this project, however, also indicate that more could be done. The leaders in this study identified many factors that support taking action on the opportunity – and need – to expand the leadership activities of public health professionals to address social determinants of health and health equity. Respondents emphasized that the broader understanding of theoretical frameworks that support social justice must be internalized by public health practitioners, if they are to be effective advocates for health equity.

Academic literature and public policy documents can go a long way to confirm the credibility and support the activities of health equity leaders, however, organizational and individual values drive a social justice agenda. Organizations that envision health equity within their mandate will ensure that there are financial and human resources to enhance and sustain energy and commitment for this work. The public health leaders who were interviewed emphasized that their passion and moral conviction to do the right thing was paramount in motivating them to advocate in their communities for improved health equity.

Clearly more education and mentorship for the public health leaders could help to unleash the energy and moral responsibility of the broader public health workforce in Canada to address health inequities. Given the varied organizational cultures and professional backgrounds in public health, further research about effective approaches to leadership development for social determinants would assist organizations and academic centres to support building a broader team of public health professionals to address the serious health inequities that exist in Canada, today.

APPENDIX 1 – INTERVIEW TOOL

National Collaborating Centre for Social Determinants of Health
Public Health Leadership Interview Guide

Leadership in Public Health is identified in most reports, including Butler-Jones (2008), as necessary to advance health equity. Seventy five percent (75%) of respondents in the NCCDH 2010 environmental scan online survey who answered a question about needs and gaps flagged the need for stronger organizational and system leadership. Positive leadership exists within early adopter local organizations & provinces that have stepped ahead in health equity work. However, even though there is significant agreement that this is a priority area, there is little consensus or evidence about effective public health leadership practices and supporting or limiting factors. A preliminary consultation session with several MOHs from five provinces suggested that leadership needs are very divergent (Connie Clement, February 2010, personal communication). As a result, the NCCDH has identified public health leadership as a priority area.

The purpose of the NCCDH's Public Health Leadership Initiative is twofold. It is to identify the factors that influence effective individual and organizational public health leadership about social determinants of health and health equity, and to identify strategies and tools to develop public health leadership for social determinants of health and health equity in Canada.

The following questions have been developed using an Appreciative Inquiry Framework. This approach emphasizes what works best in organizations rather than focusing on what is not working. (Cooperrider et al., 2003). The result of an Appreciative Inquiry is a series of statements grounded in experience and history that describes an organization working at its highest potential and what else should be done to further optimize the potential.

QUESTIONS:

1. Describe a time from your practice experience when you and /or your organization were most successful in leading an activity to address social determinants of health or health equity.

2. What contributed to making this situation work? (What were the factors or the conditions that most contributed to the success of this experience?) Probe for individual practices and organizational roles.

   1.
   2.
   3.
   4.
   5.

Of the list above, mark the 3 most significant factors or conditions

3. What additional organizational elements/ factors/ conditions would you want to be present to achieve successful outcomes?

   1.
   2.
   3.

4. Is there anyone else in your organization or outside that you think we should speak with?

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