National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

HEALTH EQUITY LEARNING PATHWAY
FOR PUBLIC HEALTH MIDDLE MANAGERS

TABLE OF CONTENTS

Background information

The NCCDH commissioned two internal reports[1,2] to inform the development of this learning pathway:

The first report, *Learning pathways* (2018), identifies learning strategies and design elements of effective learning pathways through a brief review of the literature.[1]

The second report, *Middle management competencies* (2018), identifies existing middle management competencies that could be applied or adapted to the public health context through a brief review of the literature.[2]

These reports are available upon request from the NCCDH in English only.

National Collaborating Centre for Determinants of Health
Centre de collaboration nationale des déterminants de la santé

CONTACT INFORMATION

National Collaborating Centre for Determinants of Health (NCCDH)
St. Francis Xavier University
Antigonish, NS B2G 2W5
nccdh@stfx.ca
tel: (902) 867-6133
fax: (902) 867-6130
www.nccdh.ca
Twitter: @NCCDH_CCNDS

INTRODUCTION

Middle managers (directors, managers and supervisors) play a very important role in facilitating and supporting the innovative health equity work that public health organizations undertake. Middle managers require health equity knowledge, skills and attitudes (competencies)[2] to be successful in this role.

For this reason, facilitating and supporting the professional development of middle managers is a priority for the National Collaborating Centre for Determinants of Health.

LEADERSHIP COMPETENCIES

This learning pathway is a resource that includes publications and tools organized using five middle-management competency domains adapted from the Government of Canada's Key Leadership Competency profile[3]:

1. Create vision and strategy
2. Mobilize people and achieve results
3. Uphold integrity and respect
4. Collaborate with partners and stakeholders
5. Promote innovation and guide change

Using competencies to cluster tools and resources allows you to see how the knowledge you gain from using this learning pathway can be used to develop the skills and attitudes you need to be more successful in your role.[2] Each domain includes a description of competency statements adapted from the Key Leadership Competencies profile and corresponding job-specific behaviours of middle managers to facilitate public health action on health equity.

The learning resources and tools[1] consist of the following:

Learning resources:
- Selected readings and videos from the NCCDH online Resource Library, categorized into Introductory Resources and Resources for Additional Learning

Learning tools:
- Quizzes for self-assessing your knowledge before and after reviewing introductory resources
- Questions that facilitate thinking through the practical, job-related implications of the knowledge gained from reviewing the introductory resources
- Questions and reflection activities to help you take away practical lessons from each resource you review

TIME COMMITMENT

For each of the five competency domains, expect to spend one hour on the introductory resources and 45 minutes on the additional learning resources.

PROCESS

Before you start, grab your favourite note-taking tool so you can keep track of your responses and take notes as you go. You are encouraged to:

- take control of your learning and use the resources and tools in ways that best fit your learning preferences;
- use the resources and tools either sequentially or in an order that works for you; and
- review each component of the pathway as many times as you wish.

SCORING

No component of this learning pathway is mandatory. However, you are encouraged to aim for a score of 80% or higher in the post-assessment quizzes.

We hope you enjoy your learning journey!

REFERENCES
1. Meighoo P. Learning pathways. Brampton (ON): Durlaksar Inc.; 2018.
2. Meighoo P. Middle management competencies. Brampton (ON): Durlaksar Inc.; 2018.
3. Government of Canada. The key leadership competency profile [Internet]. Ottawa: Government of Canada; 2016 Jun 7 [cited 2018 Jul 13]; [about 4 screens]. Available from: www.canada.ca/en/treasury-board-secretariat/services/professional-development/key-leadership-competencyprofile.html

CREATE VISION AND STRATEGY

DOMAIN 1:
CREATE VISION AND STRATEGY

HOW TO COMPLETE THIS DOMAIN
Here is the process we recommend for completing Domain 1 of this learning pathway:

STEP 1: Review the competency statements below, which are adapted from the Government of Canada's Key Leadership Competency profile.[1]

STEP 2: Take the **Pre-Resource Review Self-Assessment Quiz**. This will allow you to assess your level of understanding of key concepts *before* reviewing this Domain's resources. An answer key is provided at the end of the quiz.

STEP 3: Review the **Introductory Resources** and, if possible, the Resources for **Additional Learning**. For each resource, we've indicated which leadership competencies are addressed and have offered reflection questions to guide your reading.

STEP 4: Take the **Post-Resource Review Self-Assessment Quiz**. This will allow you to assess your level of understanding of key concepts *after* reviewing this Domain's resources. An answer key is provided at the end of the quiz.

STEP 5: Proceed to Domain 2.

COMPETENCY STATEMENTS ADAPTED FROM THE KEY LEADERSHIP COMPETENCIES PROFILE[1]	JOB-SPECIFIC BEHAVIOURS OF MIDDLE MANAGERS TO FACILITATE PUBLIC HEALTH ACTION ON HEALTH EQUITY
Middle managers are adept at understanding and communicating context, factoring in the social determinants of health.	■ Directors, managers and supervisors inform analysis with a thorough understanding of health inequities and the social determinants of health. ■ Directors, managers and supervisors communicate with clarity and conviction about health inequities and the social determinants of health.
Middle managers build on diverse ideas and perspectives and create consensus around compelling visions.	■ Directors engage others to translate implementation strategies into concrete objectives aimed at reducing health inequities. ■ Managers translate implementation strategies, objectives and direction into concrete activities aimed at reducing health inequities. ■ Supervisors work with others to implement concrete work activities aimed at reducing health inequities.
Middle managers balance organizational and sector priorities and improve health outcomes.	■ Directors implement strategies that respond to organizational and sector priorities to improve health equity. ■ Managers design and implement solutions to operational challenges to improving health equity. ■ Supervisors implement solutions to changing priorities to improve health equity.

PRE-RESOURCE REVIEW

SELF-ASSESSMENT QUIZ

1 **What is the difference between inequity and inequality?**

a. There is no difference; they are interchangeable terms.

b. Inequality is about providing the same services to everyone, while inequity is about giving people what they need.

c. They mean the same thing, but the one you use depends on your world view.

d. They both refer to differences between individuals or groups, but inequity also includes the idea that the difference is unfair.

2 **Which of the following is not true of health inequities?**

a. They are differences in the health of populations.

b. They are systemic, avoidable and unfair.

c. They are rooted in natural differences between populations.

d. They are rooted in power imbalances.

3 **Which of the following is a public health role for advancing health equity?**

a. Reporting population health data without including equity indicators

b. Delivering programs in the same way to all population groups

c. Partnering with other sectors to develop policies to improve the social determinants of health

d. Redistributing income

4 **Which of the following competencies does the public health workforce not need in order to act on health equity:**

a. Policy development

b. Organizational change and development

c. Counselling skills

d. Systems change strategies

5 **Which of the following are structural determinants of health?**

a. Working conditions and unemployment

b. Racism and sexism

c. Social policies

d. Housing and transportation

6 **In communicating effectively about income inequality, what should you avoid?**

a. Challenging conventional wisdom

b. Using exhaustive documentation

c. Using stories

d. Using a conversational or familiar tone

7 **When we communicate about social determinants of health such as income, it is important for our audiences to do all of the following, except:**

a. Understand the topic
b. See that change is possible and needed
c. Change their underlying values
d. Use our message to make changes

8 **In a market justice world view, the free will of the market and effort of _____ is the ultimate driver that determines the outcome. In a social justice world view, emphasis is placed on the _____, where basic assurances are available to all.**

a. the collective; individual
b. individuals; collective good
c. organizations; system
d. systems; organization

9 **What does taking a health equity approach mean in terms of public health work?**

a. Tackling the inequitable distribution of power and resources
b. Aligning public health activities with social justice values
c. Aiming to make health outcomes equitable for all groups
d. All of the above

10 **The kind of meaningful, sustained community engagement that advances a health equity agenda requires all of the following actions, except:**

a. Using community development approaches to remove barriers to participation in social processes
b. Using participatory processes to identify problems and generate solutions
c. Involving communities in decision-making about interventions and delivering them
d. Working with institutions to address systemic inequities on behalf of the populations affected by them

ANSWER KEY

1 d **2** c **3** c **4** c **5** b **6** b **7** c **8** b **9** d **10** d

GUIDED REVIEW OF HEALTH EQUITY RESOURCES

INTRODUCTORY RESOURCES

Let's Talk: Health equity [2]

Estimated reading time: 5 minutes

Competencies addressed
- Middle managers are adept at understanding and communicating context, factoring in the social determinants of health.

Questions and activities to help you take away practical lessons from this reading
- Write down how you would explain the difference between inequity and inequality to a co-worker, and include an example to illustrate your key points.

Common agenda for public health action on health equity [3]

Estimated reading time: 38 minutes

Competencies addressed
- Middle managers are adept at understanding and communicating context, factoring in the social determinants of health.
- Middle managers build on diverse ideas and perspectives and create consensus around compelling visions.
- Middle managers balance organizational and sector priorities and improve health outcomes.

Questions and activities to help you take away practical lessons from this reading
- What does the term *common agenda* refer to and what is its purpose?
- As you read the document, note the following:
  - Two specific shorter-term actions you can take now as an individual
  - Two specific longer-term actions you can influence within either your organization or the broader community, depending on your role

Communicating about the social determinants of health: Income inequality and health[4]

Estimated reading time: 19 minutes

Competencies addressed
- Middle managers are adept at understanding and communicating context, factoring in the social determinants of health.
- Middle managers build on diverse ideas and perspectives and create consensus around compelling visions.

Questions and activities to help you take away practical lessons from this reading
- Consider a recent event in which you delivered a message to an audience or where you participated as an audience member. Ideally, this should be a message about health equity, but if you have no examples related to health equity, any other topic will do. Jot down the main message you gave or heard in a few sentences.
- As you read the steps described in this document, imagine how you would revise the message to better tailor it to the target audience and make it more effective.

RESOURCES FOR ADDITIONAL LEARNING

Economic arguments for shifting health dollars upstream[5]

Estimated reading time: 25 minutes

Competencies addressed
- Middle managers are adept at understanding and communicating context, factoring in the social determinants of health.
- Middle managers balance organizational and sector priorities and improve health outcomes.

Questions and activities to help you take away practical lessons from this reading
- Select a specific audience that you interact with regularly or one individual or group you find exacting in their need for information. This activity is more useful if you choose is a real person or group rather than an imagined one.
- As you read through this document, select up to five concepts, arguments or pieces of data you would present to your chosen audience to convince them of the need to shift health dollars upstream.
- An additional step to stimulate your thinking: For each point you wish to make to this person or group, think of a counterargument they might make, a concern they might have or a question they might ask.

POST-RESOURCE REVIEW

SELF-ASSESSMENT QUIZ

You are a middle manager in a public health organization that serves a large urban centre with residents from diverse backgrounds. Health inequities among population groups are evident in this city. The senior leaders in your organization recognize the need to take action and have decided to develop and implement a new strategic plan aimed at reducing health inequities. The following 10 questions relate to your participation in the process of creating a vision and strategy. References are listed on page 11.

1 **Developing a new strategic plan aimed at reducing health inequities is an example of which public health role for advancing health equity?**

    a.   Assess and report
    b.   Modify and orient interventions
    c.   Partner with other sectors
    d.   Participate in policy development

2 **A senior leader suggests calling the new strategic plan for addressing health equity "Reducing health disparities in our region." Based on your new knowledge about health equity, what would you say in response?**

    a.   "That's a good idea. *Health disparities* is a more objective term for health inequities."
    b.   "The meanings of the two terms aren't exactly the same, but the difference is small enough that it doesn't matter."
    c.   "The term *health inequities* better reflects the social justice values we have included in the plan."
    d.   "I think our staff and partners prefer the term *health inequities*, so we should consider using that instead."

3 **What would be the most appropriate response to a colleague who, during a strategy development exercise, says, "I think poverty will always exist and there is nothing public health can do to eliminate or reduce it, so we should not include it in our strategic plan"?**

    a.   "You may be correct, but poverty puts people at higher risk of many negative health outcomes, so the large number of possible positive outcomes makes poverty-reduction strategies worth trying."
    b.   "There is an 11-year difference in life expectancy between men in the lowest and highest income neighbourhoods in our city. There are actions we can take as a public health organization to address this sort of income-related health inequity."
    c.   "Your opinion on whether poverty is inevitable or not depends on your world view, and not everyone shares your world view."
    d.   "Strategic plans are meant to be 'blue sky,' so including poverty-elimination in our vision statement is fine."

4 **After a heated discussion about the adequacy of the evidence base for health equity interventions, the planning committee decides to include both "acting on existing evidence,"[3] and "strengthening the evidence base"[3] as strategic priorities. Which of the following actions does not support these priorities?**

    a.   Partner with researchers to increase the capacity of your organization to actively contribute to the evidence base.

    b.   Facilitate the use of existing evidence through knowledge mobilization that supports dialogue and exchange across disciplines, regions and sectors.

    c.   Comprehensively document the processes and outcomes of innovative practices, including successes and failures.

    d.   Pilot low-risk interventions suggested by the community, with a plan for evaluating them rigorously.

5 **Building and leveraging organizational and system capacity to address health inequities is one of the plan's strategic goals. Which of the following actions would you <u>not</u> suggest for working toward this goal?**

    a.   Use existing tools like health equity impact assessments, existing lenses and intersectionality-based policy analysis to modify core programs.

    b.   Adopt a critically reflexive practice approach to identify how public health may be reproducing inequities.

    c.   Advocate for and influence resource allocation within the health care system to support equity-oriented action.

    d.   Fill all new vacancies in the organization with professionals from non-traditional public health disciplines such as political science and economics.

6 **"Meaningful and sustained community engagement"[3(p17)] is another strategic goal (see question 5). Which of the following actions would help in attaining this goal?**

    a.   Allowing communities to take on more responsibility for their health

    b.   Keeping communities informed about decisions that affect them

    c.   Developing processes that allow community members to participate in identifying solutions

    d.   Addressing broad structural inequities that affect disadvantaged populations

7 **Your organization wants to take a more policy-oriented approach to action on the social determinants of health. Which of the following actions would you suggest prioritizing to effect policy change to advance health equity?**

    a.   Partner with a local anti-poverty coalition to advance a housing-first strategy to end homelessness in your city.

    b.   Consult with a local employer to support their development of a workplace healthy-eating policy that sets nutritional standards for catering at their company's meetings and events.

    c.   Advocate in the media for greater investment in the health care system.

    d.   None of the above

8 **You overhear an employee explain to her co-worker that the root causes of health inequities are income and housing. What should you say to clarify the employees' understanding of the determinants of health inequities?**

a. "There are many other root causes of health inequities, such as education and food insecurity."

b. "Income and housing do have an important impact on health. However, the most fundamental determinants of health inequities are the aspects of society that influence how determinants like income and housing are distributed, such as racism and sexism."

c. "The root causes of health inequities are theoretical. Public health focuses on things we can measure, like outcomes."

d. "Health inequities are caused by some groups being more vulnerable to poor health outcomes than others are."

9 **After reviewing the draft strategic plan, senior leaders are concerned that there is not enough political will to address health inequities and that public health will lose the support of the local government. However, they are willing to advocate for health equity initiatives if you can increase political support. Which of the following actions would you <u>not</u> include in a plan to increase political support?**

a. Use the existing public concern about precarious work as a lever for gaining support for public health initiatives that address social determinants related to income and employment.

b. Provide local politicians with exhaustive documentation of health inequities affecting the local community.

c. Use a comprehensive communication and social marketing campaign to raise public awareness about health inequities.

d. Produce a series of press releases on the health impacts of social determinants of health that are of concern to local residents.

10 **You have arranged to speak to the local business association members about your organization's new strategic plan and the role members can play in it. Your colleague advises you to "prime"[4(p3)] the audience to hear your message. What is your colleague referring to?**

a. Providing refreshments so that the audience will form a good impression of you

b. Sending out lots of literature to them ahead of time so they won't be surprised by your message

c. Framing the message in terms that are relevant to the audience and that reflect their interests, beliefs and values

d. Having the association president introduce you as a valuable ally before you speak

ANSWER KEY

1 a **2** c **3** b **4** d **5** d **6** c **7** a **8** b **9** b **10** c

REFERENCES

1. Government of Canada. The key leadership competency profile [Internet]. Ottawa: Government of Canada; 2016 Jun 7 [cited 2018 Jul 13]; [about 4 screens]. Available from: https://www.canada.ca/en/treasury-board-secretariat/services/professional-development/key-leadership-competency-profile.html.

2. National Collaborating Centre for Determinants of Health. Let's talk: health equity [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2013 [cited 2018 Jun 1]. 5 p. Available from: http://nccdh.ca/resources/entry/health-equity.

3. National Collaborating Centre for Determinants of Health. Common agenda for public health action on health equity [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2016 [cited 2018 Jun 1]. 38 p. Available from: http://nccdh.ca/resources/entry/common-agenda-for-public-health-action-on-health-equity.

4. National Collaborating Centre for Determinants of Health. Communicating about the social determinants of health: income inequality and health [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2014 [cited 2018 Jun 1]. 15 p. Available from: http://nccdh.ca/resources/entry/income-inequality-and-health.

5. National Collaborating Centre for Determinants of Health. Economic arguments for shifting health dollars upstream [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2016 [cited 2018 Jun 1]. 27 p. Available from: http://nccdh.ca/resources/entry/economic-arguments-for-shifting-health-dollars-upstream.

MOBILIZE PEOPLE AND ACHIEVE RESULTS

DOMAIN 2:
MOBILIZE PEOPLE AND ACHIEVE RESULTS

HOW TO COMPLETE THIS DOMAIN

Here is the process we recommend for completing Domain 2 of this learning pathway:

STEP 1: Review the competency statements below, which are adapted from the Government of Canada's Key Leadership Competency profile.[1]

STEP 2: Take the **Pre-Resource Review Self-Assessment Quiz**. This will allow you to assess your level of understanding of key concepts *before* reviewing this Domain's resources. An answer key is provided at the end of the quiz.

STEP 3: Review the **Introductory Resources** and, if possible, the Resources for **Additional Learning**. For each resource, we've indicated which leadership competencies are addressed and offered reflection questions to guide your reading.

STEP 4: Take the **Post-Resource Review Self-Assessment Quiz**. This will allow you to assess your level of understanding of key concepts *after* reviewing this Domain's resources. An answer key is provided at the end of the quiz.

STEP 5: Proceed to Domain 3.

COMPETENCY STATEMENTS ADAPTED FROM THE KEY LEADERSHIP COMPETENCIES PROFILE[1]	JOB-SPECIFIC BEHAVIOURS OF MIDDLE MANAGERS TO FACILITATE PUBLIC HEALTH ACTION ON HEALTH EQUITY
Middle managers manage performance and provide constructive, respectful feedback to encourage and enable performance excellence.	■ Directors invest time and resources to support continuous learning about health inequities and the social determinants of health. ■ Managers establish learning and development plans and provide opportunities for continuous learning about health inequities and the social determinants of health. ■ Supervisors identify opportunities for learning about health inequities and the social determinants of health that challenge employees and encourage their development.
Middle managers mobilize and manage resources to deliver on organizational priorities, improve outcomes and add value.	■ Directors align people, work and systems to achieve efficiencies and address the social determinants of health. ■ Managers align people with work in order to achieve organizational objectives and address the social determinants of health. ■ Supervisors coordinate and prioritize work activities to contribute to organizational objectives and address the social determinants of health. ■ Directors, managers and supervisors take ownership and acknowledge the impact and outcome of decisions on health inequities.
Middle managers anticipate, plan, monitor progress, make timely decisions and adjust as needed.	■ Directors set and revise goals and plans to reflect changing priorities and conditions. ■ Managers set and revise operational plans to reflect changing priorities and conditions. ■ Supervisors follow through on operational plans and revise them when priorities or conditions change.

PRE-RESOURCE REVIEW

SELF-ASSESSMENT QUIZ

1 **Which of the following is not a category or domain of competencies in the Core Competencies for Public Health in Canada?[2]**

    a.   Policy and program planning, implementation and evaluation
    b.   Diversity and inclusiveness
    c.   Assessment and analysis
    d.   Innovation and change

2 **Middle managers can use public health core competencies to build the capacity of staff in their organization in all of the following ways, except:**

    a.   Incorporating competencies into job postings
    b.   Using competencies as the basis for progressive discipline
    c.   Incorporating competencies into hiring interview questions
    d.   Using competencies as benchmarks for annual performance reviews

3 **All of the following strategies are ways to strengthen the ability of public health competencies to support health equity work, except:**

    a.   Including specific content on the determinants of health
    b.   Using active language in reference to the determinants of health
    c.   Implicitly incorporating health equity and social justice concepts
    d.   Providing examples of addressing the determinants of health

4 **Core competencies that relate to specific values are important in providing guidance for health equity practice in public health because:**

    a.   They clarify what values public health practitioners need to have.
    b.   They provide guidance on which populations to prioritize for health equity work.
    c.   They help public health practitioners recognize the importance of reducing health inequities.
    d.   They provide guidance on identifying effective health equity interventions.

5 **In addition to providing practice guidance, competency development serves other important purposes. Other purposes for developing discipline-specific public health competencies include all of the following, except:**

    a.   Articulating the value of public health to each of the disciplines
    b.   Distinguishing public health specialization within each discipline
    c.   Articulating the role of different disciplines within public health
    d.   Demonstrating the amount of value placed on social justice by each discipline

6 **Purposeful reporting is a strategy that is used to:**

    a.   Highlight an issue
    b.   Track long-term trends
    c.   Disseminate data quickly to those who need it
    d.   Monitor communicable diseases

7 **Which of the following is an example of a role for public health in policy development to improve the determinants of health?**

   a.   Assessing the health equity impact of municipal by-laws

   b.   Advocating for public policies that address the social determinants of health

   c.   Changing organizational policies to incorporate a health equity approach

   d.   All of the above

8 **The Public Health Roles for Health Equity Action Framework[3] can help a public health practitioner do which of the following?**

   a.   Articulate what health inequities are.

   b.   Understand the breadth of actions that can be taken.

   c.   Assess the strengths and weaknesses of their health equity work.

   d.   Identify where leadership is needed to remove obstacles.

9 **Building and sharing a list of promising practices and the evidence supporting them is an example of which public health role for advancing health equity?[3]**

   a.   Partnering with other sectors improve health outcomes

   b.   Assessing and reporting on interventions to reduce health inequities

   c.   Leading and innovating

   d.   Advocating for healthy public policy in the media

10 **Collaborating with communities or groups that are marginalized by social systems when developing services of any kind is an example of which public health role for advancing health equity?[3]**

   a.   Advocating for healthy public policy

   b.   Assessing and reporting on interventions to reduce health inequities

   c.   Modifying and orienting services to reduce inequities by understanding the needs of populations that are marginalized

   d.   Partnering with other sectors to identify strategies to improve the health of populations that experience marginalization

ANSWER KEY

1 d   **2** b   **3** c   **4** c   **5** d   **6** a   **7** d   **8** a   **9** b   **10** c

GUIDED REVIEW OF HEALTH EQUITY RESOURCES

INTRODUCTORY RESOURCES

Do public health discipline-specific competencies provide guidance for equity-focused practice? [4]

Estimated reading time: 40 minutes

Competencies addressed
- Middle managers manage performance and provide constructive, respectful feedback to encourage and enable performance excellence.

Questions and activities to help you take away practical lessons from this reading
- Competencies are the knowledge, skills and attitudes required to carry out a professional role successfully. List at least five ways in which you, as a middle manager, can use competencies to support the professional development of your employees, and at least two ways in which you can use competencies to support your own professional development. Select one action from each list to implement over the next year.
- What role do values play in public health competencies?
- When reading the recommendations directed to the Public Health Agency of Canada (PHAC) (p. 19), open the Core Competencies Reference Card and try to imagine the changes you would make to PHAC's core competencies in order to implement the recommendations.

Public Health Speaks: Purposeful reporting for health equity [5]

Video, running time: 6:48

Competencies addressed
- Middle managers mobilize and manage resources to deliver on organizational priorities, improve outcomes and add value.
- Middle managers anticipate, plan, monitor progress and adjust as needed.

Questions and activities to help you take away practical lessons from this video
- While viewing this video, take notes to answer the following questions:
  - Why is it important to use data to advance a health equity agenda?
  - What are some of the challenges in doing purposeful reporting for health equity?
  - What practical advice do the experts on the video give about purposeful reporting for health equity?

Let's Talk: Public health roles for improving health equity [3]

Estimated reading time: 7 minutes

Competencies addressed
- Middle managers mobilize and manage resources to deliver on organizational priorities, improve outcomes and add value.
- Middle managers anticipate, plan, monitor progress and adjust as needed.

Questions and activities to help you take away practical lessons from this reading
- For each of the four public health roles described, list two specific actions (indicating what, with whom, when, where, how) you can take within the scope of your current position.

RESOURCES FOR ADDITIONAL LEARNING

Learning to work differently: Implementing Ontario's Social Determinants of Health Public Health Nurse Initiative[6]

Estimated reading time: 55 minutes

Competencies addressed
- Middle managers manage performance and provide constructive, respectful feedback to encourage and enable performance excellence.
- Middle managers mobilize and manage resources to deliver on organizational priorities, improve outcomes and add value.

Questions and activities to help you take away practical lessons from this reading
- List three actions taken by middle managers in the study that facilitated the implementation of the Social Determinants of Health Public Health Nurse Initiative.
- List three actions that someone in your current role could take to improve the implementation of a similar initiative in your organization (based on the barriers the researchers identified). Be as concrete and realistic as you can, and think of actions that fully utilize your scope of responsibility/authority. For example, as a director, instead of listing "create a learning environment," you might list "allocate $5,000 to train your management team on how to create a learning environment" as a concrete, realistic action for you and your team.

Integrating health equity into population health status reporting — Telling the health equity story: The importance of local data[7]

Video, running time: 7:49

Competencies addressed:
- Middle managers mobilize and manage resources to deliver on organizational priorities, improve outcomes and add value.
- Middle managers anticipate, plan, monitor progress and adjust as needed.

Questions and activities to help you take away practical lessons from this video:
- While viewing this video, take notes to answer the following questions:
  - How does local data collection add to public health's knowledge about an issue?
  - What other purposes can local data serve?

POST-RESOURCE REVIEW

SELF-ASSESSMENT QUIZ

Imagine you are a middle manager in a public health organization that serves a large urban centre with residents from diverse backgrounds. Health inequities among population groups are evident in this city. Your organization has developed a strategic plan aimed at reducing health inequities in your jurisdiction and is in the process of implementing it. The following 10 questions relate to your role in mobilizing people to implement the new plan and achieve results.

1 **The management team wants to use public health core competencies to enable performance excellence in the area of health equity. All of the following would be acceptable ways of using core competencies to do this, except:**

a. Assessing your employees' learning needs and areas of strength
b. Helping employees plan their career development pathways
c. Developing organizational protocols and policies that guide practices
d. Standardizing public health practices

2 **A colleague notes that there have been calls to "strengthen public health competencies across disciplines related to social determinants of health, health equity and social justice."[4(p19)] They suggest that your organization modify some of the core and discipline-specific competency statements prior to adopting them within your organization. Which of the following modifications would you suggest?**

a. Expand the determinant of health content in the practice examples.
b. Include up-to-date health equity definitions in the competencies.
c. Revise indirect references to the determinants of health found within the competencies using specific and active language.
d. All of the above.

3 **A colleague is unclear about how the discipline-specific public health competencies relate to PHAC's Core Competencies for Public Health in Canada.[2] Which of the following statements would provide him with accurate information about this topic?**

a. "PHAC's Core Competencies and the discipline-specific public health competencies are unrelated to one another."
b. "PHAC's Core Competencies are derived from the common elements of all the discipline-specific competencies."
c. "The discipline-specific competencies are all adapted from PHAC's Core Competencies to reflect the essential knowledge, skills and attitudes required by disciplines within the public health workforce."
d. "The discipline-specific competencies were all precursors to, and were replaced by, PHAC's Core Competencies."

4 **Your team members are unsure about how to collaborate with other agencies to collect and analyze data on the social determinants of health. They are particularly concerned that they do not know what barriers they may face. Potential barriers or challenges to collecting local data on the social determinants of health include all of the following, except:**

a.   The data available from community partners may not be in a useable format.
b.   In small communities, data may not be shareable for reasons of confidentiality.
c.   Data-sharing agreements may not be in place or community partners may not be familiar with how to use them.
d.   There is very little data available at the local level.

5 **Staff delivering services to homeless clients are concerned that public health is spending too much of its resources on producing reports documenting the existence of health inequities among homeless persons rather than providing more services to the growing numbers of homeless persons in the community. How can you explain the importance of purposeful public health reporting for health equity to their work?**

a.   "Reporting helps make our community aware of the important work you are doing."
b.   "Measuring health problems helps us understand them better and advocate for resources to improve them."
c.   "Monitoring the health status of the population is an equally valid role for public health."
d.   "Reporting is short term. First, we collect enough data to prove the need of the community and then we re-allocate resources to more programs."

6 **Some middle managers are interested in learning more about purposeful reporting. What accurate information can you share with them about the value of purposeful reporting?**

a.   "Purposeful reporting allows close monitoring of issues by public health professionals."
b.   "Purposeful reporting of health equity data allows certain topics to be brought to the forefront to prompt action by decision-makers."
c.   "Purposeful reporting is useful for evaluating the impact of interventions."
d.   "Purposeful reporting is about using different sources of data to tell a story."

7 **The management team is interested in learning more about using the Public Health Roles for Health Equity to guide staff development in the area of health equity practices. Which of the following would you provide as an illustration of the "assess and report"[3(p2)] role?**

    a.   Analysing who public health services are reaching and who they are not reaching

    b.   Engaging and serving people who have difficulty in accessing public health services

    c.   Working with social service agencies interested in removing barriers for people not accessing public health services

    d.   Considering the health equity impacts of public health policies

8 **A director in your organization wants to know how using a health equity framework like the Public Health Roles for Improving Health Equity will impact the organization. All of the following are impacts you can mention, except for:**

    a.   "The framework can impact how priorities are set."

    b.   "The framework can impact how partnerships are pursued."

    c.   "The framework can impact how core competencies are used."

    d.   "The framework can impact how leadership is enacted."

9 **The management team is interested in learning more about using the Public Health Roles for Health Equity Action Framework to guide staff development in the area of health equity practices. Which of the following would you provide as an illustration of the "modify and orient interventions"[3(p2)] role?**

    a.   Building a health equity team that includes staff, parents and students of a local school, as well as community members

    b.   Collaborating with populations that experience marginalization to design a new service

    c.   Looking for relationships between people's health outcomes and their sociodemographic characteristics

    d.   Collaborating on advocacy for public policies and changes in social, economic, cultural and environmental conditions that address the social determinants of health

10 **Staff are interested in learning how using a health equity framework like the Public Health Roles for Improving Health Equity will impact programs. Which of the following is not a program-level impact?**

    a.   The framework can impact how programs are evaluated.

    b.   The framework can impact which programs are implemented.

    c.   The framework can impact how programs are planned.

    d.   The framework can impact which staff deliver programs.

ANSWER KEY

❶ d   ❷ d   ❸ c   ❹ d   ❺ b   ❻ b   ❼ a   ❽ c   ❾ b   ❿ d

REFERENCES

1.   Government of Canada. The key leadership competency profile [Internet]. Ottawa: Government of Canada; 2016 Jun 7 [cited 2018 Jul 13]; [about 4 screens]. Available from: https://www.canada.ca/en/treasury-board-secretariat/services/professional-development/key-leadership-competency-profile.html.

2.   Public Health Agency of Canada. Core competencies for public health in Canada: release 1.0 [Internet]. Ottawa (ON): PHAC; 2008 [cited 2018 Apr 13]. 29 p. Available from: https://www.canada.ca/en/public-health/services/public-health-practice/skills-online/core-competencies-public-health-canada.html.

3.   National Collaborating Centre for Determinants of Health. Let's talk: public health roles for improving health equity [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2013 [cited 2018 Jun 9]. 38 p. Available from: http://nccdh.ca/resources/entry/lets-talk-public-health-roles.

4.   National Collaborating Centre for Determinants of Health. Do public health discipline-specific competencies provide guidance for equity-focused practice? [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2014 [cited 2018 Jun 9]. 28 p. Available from: http://nccdh.ca/resources/entry/do-public-health-discipline-specific-competencies-provide-guidance-for-equi.

5.   National Collaborating Centre for Determinants of Health. Public health speaks: purposeful reporting for health equity [video on the internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2013 [cited 2018 Jun 9]. 7 minutes. Available from: http://nccdh.ca/resources/entry/public-health-speaks-purposeful-reporting-for-health-equity-video.

6.   National Collaborating Centre for Determinants of Health. Learning to work differently: implementing Ontario's social determinants of health public health nurse initiative [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2013 [cited 2018 Jun 9]. 34 p. Available from: http://nccdh.ca/resources/entry/learning-to-work-differently-implementing-ontarios-sdoh-public-health-nurse.

7.   National Collaborating Centre for Determinants of Health. Integrating health equity into population health status reporting: telling the health equity story: the importance of local data [video on the internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2013 [cited 2018 Jun 9]. 8 minutes. Available from: https://www.youtube.com/watch?v=-hUwIoiYmeA.

MOBILIZE PEOPLE AND ACHIEVE RESULTS

DOMAIN 3:
MOBILIZE PEOPLE AND ACHIEVE RESULTS

HOW TO COMPLETE THIS DOMAIN

Here is the process we recommend for completing Domain 3 of this learning pathway:

STEP 1: Review the competency statements below, which are adapted from the Government of Canada's Key Leadership Competency profile.[1]

STEP 2: Take the **Pre-Resource Review Self-Assessment Quiz**. This will allow you to assess your level of understanding of key concepts *before* reviewing this Domain's resources. An answer key is provided at the end of the quiz.

STEP 3: Review the **Introductory Resources** and, if possible, the Resources for **Additional Learning**. For each resource, we've indicated which leadership competencies are addressed and offered reflection questions to guide your reading.

STEP 4: Take the **Post-Resource Review Self-Assessment Quiz**. This will allow you to assess your level of understanding of key concepts *after* reviewing this Domain's resources. An answer key is provided at the end of the quiz.

STEP 5: Proceed to Domain 4.

COMPETENCY STATEMENTS ADAPTED FROM THE KEY LEADERSHIP COMPETENCIES PROFILE[1]	JOB-SPECIFIC BEHAVIOURS OF MIDDLE MANAGERS TO FACILITATE PUBLIC HEALTH ACTION ON HEALTH EQUITY
Middle managers exemplify ethical practices, professionalism and personal integrity.	▪ Directors, managers and supervisors hold themselves and their organizations to the highest ethical, anti-racist, anti-oppressive and professional standards.
Middle managers encourage the expression of diverse opinions and perspectives while fostering collegiality.	▪ Directors, managers and supervisors implement practices to advance an inclusive, anti-racist, anti-oppressive organization, respectful of the diversity of people and their skills and free from harassment and discrimination.
Middle managers are self-aware and seek out opportunities for personal growth.	▪ Directors, managers and supervisors engage in self-reflection to support anti-racism, anti-oppression and decolonization and act upon insights.

PRE-RESOURCE REVIEW

SELF-ASSESSMENT QUIZ

1 **All of the following statements about racism are true, except:**

a. Racism is a structural system that grants opportunities and privileges based on race.
b. Racism functions to normalize discriminatory practices.
c. Anti-Indigenous racism, anti-Black racism and orientalism are forms of racism.
d. Racism disadvantages White peoples in favour of Indigenous and racialized peoples.

2 **Racism impacts health in all of the following ways, except:**

a. By inducing psychosocial trauma
b. By inducing anti-racist activism
c. By leading to inadequate or inappropriate health and social services
d. By reducing access to health-producing determinants such as income and education

3 **Achieving racial health equity means:**

a. All races have the same health outcomes
b. Treating everyone the same, regardless of difference
c. Opportunities for health and well-being are no longer assigned based on race
d. No longer seeing skin colour as a meaningful difference between people

4 **All the following statements about the term *white supremacy* are true, except:**

a. *White supremacy* refers specifically to the actions of White people to oppress others.
b. Regardless of a person's racialized identity, they can participate in practices that support white supremacy.
c. Colonialism, anti-Black racism and orientalism are essential components of white supremacy.
d. *White supremacy* refers to a system of thinking that assumes the practices of whiteness are the right way of organizing human life.

5 **Which of the following is an example of systemic racism?**

a. An Indigenous woman with a closed head injury is assumed by hospital staff to be drunk and is left to "sleep it off."
b. An Indigenous woman loses her "Indian" status after marrying a Jamaican-born immigrant.
c. A racialized person votes for a white candidate in an election instead of an equally qualified racialized candidate because "he looks like a leader."
d. An unsuccessful candidate for a promotion is angry and tells everyone the successful candidate only got the job "because he's Black."

6 **Public health roles for achieving racial health equity include all of the following, except:**

a. Building public health capacity for understanding and acting on racism

b. Assessing and reporting on the health impacts of racism

c. Promoting diversity and multiculturalism initiatives

d. Engaging with broad social movements

7 **Anti-racist practices include all the following, except:**

a. Addressing power imbalances — historical and current — openly and directly

b. Ensuring the voices of racialized groups are at the forefront of anti-racism work

c. Advocating for multiculturalism

d. No longer treating racism as solely deliberate acts that are overt and easy to identify

8 **When using a population health approach, the following health equity principles are important to keep in mind, except:**

a. Diversity exists within demographic groups.

b. Public health professionals need to take an objective stance on social issues.

c. Advantage exists, in addition to disadvantage.

d. The words we use to describe groups affect power dynamics.

9 **The following considerations should be kept in mind when attaching labels to populations, except:**

a. Labels focus attention on individuals instead of systemic issues.

b. Labels make it easier to measure outcomes.

c. Avoiding labels is the best approach.

d. Labelling groups as *vulnerable* can be disempowering.

10 **Which of the following statements about intersectionality is most accurate?**

a. Intersectionality is an approach to understanding the forces that shape inequalities.

b. Intersectionality is a framework for public health action on inequalities.

c. Intersectionality is an approach that challenges public health's traditional practice of categorizing people based on a single social identity or demographic factor.

d. Intersectionality is a theory about how different social identities or categories interact to create an individual's or group's experience of systemic oppression.

ANSWER KEY

1 d **2** b **3** c **4** a **5** b **6** c **7** c **8** b **9** c **10** d

GUIDED REVIEW OF HEALTH EQUITY RESOURCES

INTRODUCTORY RESOURCES

Let's Talk: Racism and health equity [2]

Estimated reading time: 10 minutes

Competencies addressed
- Middle managers exemplify ethical practices, professionalism and personal integrity.
- Middle managers encourage the expression of diverse opinions and perspectives, while fostering collegiality.
- Middle managers are self-aware and seek out opportunities for personal growth.

Questions and activities to help you take away practical lessons from this reading
- Before reading this document, do some self-reflection and challenge your thinking by writing down five beliefs you have about racism.
- As you read through the document, look for statements that directly support, contradict or clarify your existing beliefs.
- If you have any beliefs that contradict the information in the reading, reflect on the origins of your beliefs and whether the information you read changes your beliefs about racism or not. Try to articulate an argument to support your beliefs about racism.

Let's Talk: Populations and the power of language [3]

Estimated reading time: 6 minutes

Competencies addressed
- Middle managers exemplify ethical practices, professionalism and personal integrity.
- Middle managers encourage the expression of diverse opinions and perspectives while fostering collegiality.
- Middle managers are self-aware and seek out opportunities for personal growth.

Questions and activities to help you take away practical lessons from this reading
- Find a report or plan that was recently produced by your organization. Look through the document for statements that apply labels to population groups, such as "teen mothers in our community are a marginalized group" and pick one statement. Use this statement to do the following:
  - Think of members of this population group to whom this label does not apply (e.g., teen mothers who are not marginalized).
  - Think of members of another population group who share experiences with this original group (e.g., young parents who have not finished high school, single mothers facing job insecurity).
  - Since the label could apply across population groups, would it make sense for public health to target the systemic issues, such as racism, that lead to labelling populations as marginalized/vulnerable/priority?
  - Rewrite the statement you picked from your local report to put the focus of public health intervention on the systemic issues instead of the population group.

Public Health Speaks: Intersectionality and health equity[4]

Estimated reading time: 21 minutes

Competencies addressed
- Middle managers exemplify ethical practices, professionalism and personal integrity.
- Middle managers encourage the expression of diverse opinions and perspectives while fostering collegiality.
- Middle managers are self-aware and seek out opportunities for personal growth.

Questions and activities to help you take away practical lessons from this reading
- Write a definition of intersectionality in your own words. Include an example, fictional or real, that you can use to illustrate what intersectionality is to someone who is unfamiliar with the concept.
- Think about how the concept of intersectionality applies to your own personal experiences and collective, group identities. Which of your group identities do you experience as a source of power or privilege? Which do you experience as a source of oppression?

RESOURCES FOR ADDITIONAL LEARNING

Taking action on the social determinants of health: Insights from politicians, policymakers and lobbyists[5] (available in English only)

Estimated reading time: 22 minutes

Competencies addressed
- Middle managers exemplify ethical practices, professionalism and personal integrity.
- Middle managers encourage the expression of diverse opinions and perspectives, while fostering collegiality.
- Middle managers are self-aware and seek out opportunities for personal growth.

Questions and activities to help you take away practical lessons from this reading
- In your own words, describe what the researchers argue are ethical and moral concerns with using objective, evidence-based approaches to policy development.
- In your own words, summarize how the researchers recommend addressing these concerns.
- Based on the activities above, formulate one feasible action you can take in your organization to promote ethical practices around the development of strategies, programs, interventions or policies.

POST-RESOURCE REVIEW

SELF-ASSESSMENT QUIZ

Imagine you are a middle manager in a public health organization that serves a large urban centre with residents from diverse backgrounds. Health inequities among population groups are evident in this city. Your organization developed and is implementing a strategic plan aimed at reducing health inequities in your jurisdiction. Some staff are very enthusiastic about implementing the strategies; others feel unsure or even disapprove of them. Much discussion ensues, sometimes affecting workplace collegiality. The following 10 questions relate to your role of leading staff through changes in a way that maintains collegial relationships and upholds integrity and respect.

1   **One of the activities involved in implementing the organization's strategic plan is staff development. As a part of this activity, you are asked to speak to a group of public health professionals from various departments and backgrounds about intersectionality. Which of the following is an accurate statement about intersectionality that you might use in this situation?**

   a.   "Intersectionality is an approach that asks us to ensure we include people from diverse racial groups in public health decision-making."

   b.   "Intersectionality is a framework that helps us understand that groups are heterogeneous and are often being impacted by multiple social systems both positively and negatively."

   c.   "Intersectionality explains that being racialized and poor is different from being just poor."

   d.   "Intersectionality promotes the use of gender-based analyses to inform public health work."

2   **An employee asks about how existing diversity and multiculturalism initiatives fit with anti-racism practices. What could you say to help the employee understand the differences between the approaches to addressing difference?**

   a.   "Diversity and multiculturalism are just older terms for anti-racism; they all mean the same thing."

   b.   "The human resources department is responsible for diversity and multiculturalism initiatives, and public health practitioners use anti-racism approaches, so there is no conflict."

   c.   "Diversity and multiculturalism are familiar to people, so we will continue to use these terms even though we will be implementing anti-racism practices."

   d.   "Diversity and multiculturalism do not explicitly address power imbalances and dynamics between groups; understanding and addressing power is core to anti-racism."

3   **A racialized employee has raised concern to management that the celebration of Black History Month within your predominantly white organization is only a superficial engagement with Blackness and racism. The employee wants to see more concrete action by your organization to address racism and support racial health equity. Which of the following actions might you suggest your organization take to address their concern?**

   a.   Develop a process to start collecting race-based data

   b.   Implementing racial equity assessments to identify how your organization is addressing racism and implement appropriate changes

   c.   Host a workshop for staff designed to build their understanding of how public health institutions contribute to ongoing racism

   d.   All of the above

4 **A project team is concerned that the requirement to include community members in the program planning process will negatively affect the team's efficiency. They suggest that the diversity within their team sufficiently compensates for excluding community members. What direction or advice would you offer based on your knowledge of intersectionality?**

a. "I agree that including too many people is not efficient. It's fine to ask your team members to use their own knowledge of their ethnic backgrounds to inform the planning process."

b. "Members of our team bring important and unique perspectives to our planning process. Given that there are a range of experiences within groups, it is important to include direct community voices in our planning process."

c. "Please review research that has been done on the needs of different social groups relevant to the program. That's the best way to ensure the program you develop meets the needs of a diverse community."

d. "It's hard to find the balance between efficiency with inclusion. I think you need to wait until the senior leadership team provides clearer direction on working with our community."

5 **A community coalition has formed to address homelessness in your jurisdiction. The coalition requests public health support with a race-based analysis of the issue, using population health status data. This work will necessitate a significant amount of resources and is not part of your implementation plan. In a discussion of this issue at a management meeting, what statement could you make that would demonstrate your understanding of public health's role in addressing racial inequity?**

a. "We could let them know that we'll be producing a report on racism in the next two years, since it's public health's role to make decisions about how to use health status data."

b. "We could inform them that, since it's public health's role to take the lead on addressing the social determinants of health, we will not only supply them with a health status report but also goals, objectives and a list of strategies to implement."

c. "We should take advantage of this opportunity because partnering to address the broad societal issues affecting health inequities is a role for public health."

d. "We need to work with them to make sure their actions align with our objectives because public health's role is to ensure all anti-racism work is informed by high-quality research evidence."

6 **An employee expresses that they find the term *white supremacy* offensive and that they will not use it when speaking to others about anti-racism. How do you respond to this employee's concern in a sensitive way that does not undermine your organization's strategic goals?**

a. "Others in our community will find it offensive too, so let's just say *systemic issues* instead."

b. "The term refers to a system of oppression that people participate in, often unwittingly, regardless of their racialized identity. It's important to use language that helps us understand the root of the problem and develop appropriate responses to racism."

c. "This term may be offensive, but in health equity work we can't help offending people."

d. "It offends me too, but we have to use it, so let's practice how to say it without offending people at our team meeting."

7 **Your team is particularly motivated to integrate anti-racism practices at work. Which of the following activities or strategies would you suggest to get started?**

a. Plan a workplace social event to celebrate different cultures.
b. Invite Indigenous leaders to speak about the social determinants of health that their communities have identified as priorities for public health action.
c. Implement a system for collecting data about the racial background of all employees.
d. Start an awareness campaign to help coworkers recognize that skin colour does not matter.

8 **A workgroup tasked with routinely reviewing and updating organizational policies asks whether the new institutional anti-racism strategy will include reviewing workplace culture policies such as anti-bullying policies. What would be the most appropriate answer?**

a. "Racism is not related to bullying, so it isn't necessary to look at anti-bullying policies when implementing anti-racism practices."
b. "Anti-racism only applies to the way in which public health professionals interact with marginalized groups, not co-workers, so implementing it does not imply a need for reviewing workplace policies."
c. "Implementing anti-racism practices should involve a review of all policies guiding workplace conduct."
d. "Addressing workplace culture is not a priority of anti-racism practice, which focuses on how institutional power directly affects marginalized groups."

9 **A senior leader requests that your team of data analysts prepares a briefing note on the demographic characteristics of vulnerable people in your community. He frames his request by saying, "I need to know what vulnerable people in this community look like." Which of the following statements could be included in an accurate response to this request?**

a. "We should be careful about our choice of language when describing groups that are less healthy or at risk of ill health."
b. "The demographic data we collect on clients who use our supervised injection sites would give you a good idea of what the vulnerable people in our community look like."
c. "They probably look a lot like you and me because anyone can be vulnerable."
d. "They are likely going to be racialized peoples and Indigenous peoples."

10 **Other middle managers on your team express discomfort with speaking to their employees about power and oppression, or even have others speak to employees on these topics. They claim it will "open a whole can of worms, especially as labour negotiations are going poorly at the moment." How would you respond to this statement in a factual way?**

a. "You seem uncomfortable with the idea of power. I think learning more about it would help you feel more positive."
b. "We could have the invited speaker focus on power issues in the community and avoid talking about power relationships within the institution."
c. "It would be difficult for our staff to work on health inequities without understanding how power and oppression create and maintain health inequities."
d. "Let's just focus on gathering and analyzing data in the first phase of our implementation. Staff can learn about power next year, when we actually need to go out and talk to marginalized people."

ANSWER KEY

❶ b ❷ d ❸ d ❹ b ❺ c ❻ b ❼ b ❽ c ❾ a ❿ c

REFERENCES

1. Government of Canada. The key leadership competency profile [Internet]. Ottawa: Government of Canada; 2016 Jun 7 [cited 2018 Jul 13]; [about 4 screens]. Available from: www.canada.ca/en/treasury-board-secretariat/services/ professional-development/key-leadership-competency-profile.html.

2. National Collaborating Centre for Determinants of Health. Let's talk: racism and health equity [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2018 [cited 2018 Jun 1]. 8 p. Available from: http://nccdh.ca/resources/ entry/lets-talk-racism-and-health-equity.

3. National Collaborating Centre for Determinants of Health. Let's talk: populations and the power of language [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2013 [cited 2018 Jun 1]. 6 p. Available from: http://nccdh.ca/resources/entry/lets-talk-populations.

4. National Collaborating Centre for Determinants of Health, National Collaborating Centre for Healthy Public Policy. Public health speaks: intersectionality and health equity [Internet]. Antigonish (NS) and Montréal (QC): NCCDH, St. Francis Xavier University and NCCHPP; 2016 [cited 2018 Jun 9]. 8 p. Available from: http://nccdh.ca/resources/ entry/public-health-speaks-intersectionality-and-health-equity.

5. Carey G, Crammond B. Taking action on the social determinants of health: insights from politicians, policymakers and lobbyists [Internet]. Australia: Social Determinants of Health Alliance; 2014 [cited 2018 Jun 9]. 21 p. Available from: http://nccdh.ca/resources/entry/taking-action-on-the-social-determinants-of-health-insights-from-politician.

COLLABORATE WITH PARTNERS AND STAKEHOLDERS

DOMAIN 4:
COLLABORATE WITH PARTNERS AND STAKEHOLDERS

HOW TO COMPLETE THIS DOMAIN

Here is the process we recommend for completing Domain 4 of this learning pathway:

STEP 1: Review the competency statements below, which are adapted from the Government of Canada's Key Leadership Competency profile.[1]

STEP 2: Take the **Pre-Resource Review Self-Assessment Quiz**. This will allow you to assess your level of understanding of key concepts *before* reviewing this Domain's resources. An answer key is provided at the end of the quiz.

STEP 3: Review the **Introductory Resources** and, if possible, the Resources for **Additional Learning**. For each resource, we've indicated which leadership competencies are addressed and offered reflection questions to guide your reading.

STEP 4: Take the **Post-Resource Review Self-Assessment Quiz**. This will allow you to assess your level of understanding of key concepts *after* reviewing this Domain's resources. An answer key is provided at the end of the quiz.

STEP 5: Proceed to Domain 5.

COMPETENCY STATEMENTS ADAPTED FROM THE KEY LEADERSHIP COMPETENCIES PROFILE[1]	JOB-SPECIFIC BEHAVIOURS OF MIDDLE MANAGERS TO FACILITATE PUBLIC HEALTH ACTION ON HEALTH EQUITY
Middle managers are deliberate and resourceful about seeking the widest possible spectrum of perspectives.	■ Directors and managers build and nurture effective collaborative networks and relationships with communities of practice, colleagues and stakeholders, including communities affected by health inequities (e.g., Indigenous communities, racialized communities and people experiencing poverty). ■ Supervisors demonstrate effective collaboration with communities of practice, colleagues and stakeholders, including communities affected by health inequities (e.g., Indigenous communities, racialized communities and people experiencing poverty). ■ Supervisors encourage open, constructive discussion of diverse perspectives on the social determinants of health. ■ Directors, managers and supervisors actively listen to understand the impact of issues and perspectives of others. These outside parties include communities affected by health inequities (e.g., Indigenous communities, racialized communities and people experiencing poverty).
Middle managers demonstrate openness and flexibility to forge consensus and improve outcomes. In negotiating solutions, they are open to alternatives and skillful at managing expectations.	■ Directors engage others to support horizontal initiatives focused on the social determinants of health. ■ Managers seek and leverage opportunities to enhance outcomes through partnerships focused on the social determinants of health. ■ Supervisors encourage employees to participate in collaborative initiatives. ■ Directors implement strategies that enhance collaboration focused on the social determinants of health. ■ Managers and supervisors implement and communicate strategies that enhance collaboration focused on the social determinants of health.
Middle managers share recognition with their teams and partners.	■ Directors, managers and supervisors acknowledge the contribution of others in reducing health inequities.

PRE-RESOURCE REVIEW

SELF-ASSESSMENT QUIZ

1 **Which of the following sectors might public health want to collaborate with while trying to promote health equity?**

a. Transportation
b. Social services
c. Policing
d. All of the above

2 **Choose the most accurate statement to describe collective impact.**

a. Collective impact is a framework for developing partnerships between organizations with similar mandates.
b. Collective impact is a strategy in which organizations increase their chances of success in bringing about social change by coordinating efforts across sectors.
c. Collective impact is a strategy used by public health to increase its chances of meeting its long-term objectives through collaboration across sectors.
d. Collective impact is a framework for bringing about social change by working together.

3 **Which of the following is _not_ a condition required for successful intersectoral collaboration?**

a. Supportive infrastructure
b. Shared measurements
c. Regular meetings
d. Common agenda

4 **What does the term _mutually reinforcing activities_ refer to, in general?**

a. All partners implementing the same or similar activities to increase the number of people reached
b. Each partner carrying out activities to which they are best suited, and doing so in a coordinated manner
c. Activities that offer the greatest opportunities for collaboration among partners
d. Any activity that meets the objective of the common agenda

5 **Which of the following is _not_ a way that using an equity lens improves intersectoral collaboration?**

a. An equity lens ensures that the people affected by the issue contribute to the common agenda.
b. An equity lens reveals health inequities by using the same measurement in different groups.
c. An equity lens ensures communications are accessible and do not normalize inequities.
d. An equity lens builds sustainability by involving community members.

6 **Which of the following is <u>not</u> a benefit of shared measurements?**

a. Shared measurements support evidence-based decision-making.

b. Shared measurements build capacity among partners for conducting evaluations.

c. Shared measurements allow partners to track progress toward shared objectives.

d. Shared measurements hold organizations accountable for their actions.

7 **The following steps are needed to get started on an intersectoral collaboration, except:**

a. Assessing your community and potential partners

b. Identifying champions and form your cross-sector group

c. Analyzing any baseline data you can find to identify your key issues and gaps

d. Ensuring your work is not duplicating already existing collective impact initiatives

8 **What does public health bring to a collective impact initiative?**

a. Objectivity and resources

b. Legitimacy, credibility and resources

c. Expertise in health equity and resources

d. Backbone support and resources

9 **Intersectoral collaboration provides public health with the opportunity to advance health equity by:**

a. Building the capacity of the community to use evidence

b. Influencing the social determinants of health

c. Building recognition as a leader in the community

d. Extending the reach of public health's core services

10 **Useful approaches to intersectoral collaboration include:**

a. Ensuring partners know the value of having public health at the table

b. Having clear policies and guidelines in place before seeking partners

c. Ensuring the collaboration includes partners from a wide variety of sectors

d. Not getting involved in issues that directly affect only one partner

ANSWER KEY

1 d **2** b **3** c **4** b **5** d **6** b **7** d **8** b **9** b **10** c

GUIDED REVIEW OF HEALTH EQUITY RESOURCES

INTRODUCTORY RESOURCES

Public Health Speaks: Intersectoral action for health equity[2]

Video, running time: 7:24

Competencies addressed
- Middle managers are deliberate and resourceful about seeking the widest possible spectrum of perspectives.
- Middle managers demonstrate openness and flexibility to forge consensus and improve outcomes. In negotiating solutions, they are open to alternatives and skillful at managing expectations.
- Middle managers share recognition with their teams and partners.

Questions and activities to help you take away practical lessons from this video
- What are some of the benefits of intersectoral collaboration?
- What are some of the challenges?
- What piece of advice given by the speakers particularly surprised you or piqued your interest?

Collective impact and public health: An old/new approach — Stories of two Canadian initiatives[3]

Estimated reading time: 40 minutes

Competencies addressed
- Middle managers are deliberate and resourceful about seeking the widest possible spectrum of perspectives.
- Middle managers demonstrate openness and flexibility to forge consensus and improve outcomes. In negotiating solutions, they are open to alternatives and skillful at managing expectations.
- Middle managers share recognition with their teams and partners.

Questions and activities to help you take away practical lessons from this reading
- In your own words, write down a brief summary (two to three sentences) of each of the five conditions of collective impact.
- Summarize what public health brings to collective impact initiatives, according to this document. Is there anything else you can think of to add to this list, either relevant to public health in general or your organization in particular?

RESOURCES FOR ADDITIONAL LEARNING

Review of core competencies for public health: An Aboriginal public health perspective[4]

Estimated reading time: 20 minutes

Competencies addressed
- Middle managers are deliberate and resourceful about seeking the widest possible spectrum of perspectives.

Questions and activities to help you take away practical lessons from this reading
- List four to five consequences of colonialism on Indigenous communities.
- Summarize some of the different Indigenous perspectives on the attitudes and values that can be enhanced in the Core Competencies for Public Health in Canada.
- How can you integrate "two-eyed seeing" into your approach to public health sciences?
- Summarize some of the different Indigenous perspectives on the competencies for partnership, collaboration and advocacy contained in the *Core Competencies for Public Health in Canada*[5] document.
- How will Indigenous perspectives on partnership, collaboration and advocacy change the way you collaborate with Indigenous communities and groups?

POST-RESOURCE REVIEW

Imagine you are a middle manager in a public health organization that serves a large urban centre with residents from diverse backgrounds. Health inequities among population groups are evident in this city. Your organization has developed a strategic plan aimed at reducing health inequities. Your plan identified collaboration as a key strategy to address the social determinants of health and reduce inequities. The following 10 questions relate to the implementation of your organization's strategic plan related to collaboration.

1 **Your team is eager to begin building collaborations to address the issue of poverty in your jurisdiction. Which of the following statements indicate that your team members intend to take a collective impact approach?**

   a. "Collaboration will allow us to expand the reach of our high-risk home visiting program."
   b. "Collaboration will increase our chances of successfully addressing a wider range of social determinants of health."
   c. "It's important that public health takes the lead in this collaboration to ensure its interventions are evidence informed."
   d. "We need to collaborate with larger, more powerful organizations in order to implement population health policy interventions."

2 **You are trying to determine your team's level of knowledge about intersectoral collaboration. Which of the following statements would indicate a basic but accurate understanding of intersectoral collaboration?**

   a. "We already do intersectoral collaboration in our partnerships with the local hospitals."
   b. "We need to identify ways in which our vision aligns with that of people in the business community."
   c. "Intersectoral collaboration is very time consuming and tricky. We should only use it when no other option exists."
   d. "We need to collaborate with marginalized communities by holding focus groups in poor neighbourhoods to find out what they need."

3 **A group of employees are questioning the need to use an explicit equity lens with an approach that is already community based. Which of the following statements would you use to convince them of the need to use an equity lens?**

   a. "The explicit use of an equity lens can help prevent you from normalizing existing inequities in your messaging."
   b. "Explicit use of an equity lens replaces the collective impact approach."
   c. "Explicit use of an equity lens will appeal more to community members and you will get more buy in."
   d. "Explicit use of an equity lens will make the common agenda more applicable to marginalized groups."

4   **A colleague remarks that, from his experience with intersectoral collaboration, public health is usually the only organization at the table with resources to offer. Which of the following statements would you <u>not</u> use to correct your colleague's misperception?**

a.   "Community organizations bring the opportunity for public health to connect directly with the people most affected by health inequities."

b.   "Community organizations increase the reach — and potentially the impact — of public health's evidence-based messages."

c.   "Community organizations' participation in intersectoral collaboration allows public health to role-model collaborative skills for their benefit."

d.   "The participation of community organizations in collaborations allows public health to benefit from the diverse skills and experiences of community agencies' staff."

5   **The chair of the management meeting asks for ideas about activities that can assist in implementing strategies and structures that support collaboration. You could suggest any of the following, except:**

a.   Providing organization-wide education

b.   Regularly reviewing public health's strategic plan to ensure it aligns with the common agendas of collective impact initiatives

c.   Building flexibility into operational procedures to ensure public health can adapt to community needs

d.   Providing clear direction to staff on which groups to collaborate with and what the collaboration can involve

6   **Some of your team members have had previous experiences with failed collective impact initiatives. As a result, your team is not enthusiastic about collective impact work. You explain that a collective impact initiative can be successful if five conditions are met, including:**

a.   Core members who provide funding for the initiative through their organizations

b.   Infrastructure to manage the administrative work of the initiative

c.   A clear focus on health inequities

d.   Finding partners who already share your world view

7   **A senior leader in your organization notes that many collective impact initiatives fail because they lack dedicated resources and staff to carry out their work. Choose the best response to address this leader's concern:**

a.   "Public health should invest more funds in providing the backbone support that these important initiatives need to succeed."

b.   "A more cost-effective approach is to use guidelines and processes to create a more flexible infrastructure to support the initiative's work."

c.   "In order to do collective impact well, we need to find a permanent funding source."

d.   "Actually, collective impact initiatives fail because of a lack of support from the public."

8 **A middle manager colleague who is new to public health asks why public health is not focusing efforts on partnering with primary health care and hospitals since all three share a common mandate for improving health. What would be an appropriate way to explain to her the importance of intersectoral collaboration?**

a. "In order to move the health equity agenda forward, public health must encourage private companies to provide funding for health initiatives."

b. "Developing healthy public policy requires access to politicians."

c. "To improve the health status of the population, public health needs to address factors and issues that fall outside of the mandate of the health sector."

d. "Primary care's and hospitals' bio-medical perspectives are not what is needed to address the social determinants of health."

9 **A public health workgroup is excited about using a collective impact approach to get more people to quit smoking. They are particularly excited about the condition of *mutually reinforcing activities* because they would like to train staff from other agencies to provide counselling to smokers. How could you clarify for them what mutually reinforcing activities are?**

a. "Mutually reinforcing activities are activities that do not run counter to one another."

b. "Mutually reinforcing activities are provided by different agencies, according to what they do best, and coordinated to work together."

c. "*Mutually reinforcing activities* refers to different agencies collaborating to provide comprehensive services in one place."

d. "Mutually reinforcing activities are activities that belong to the same strategic plan."

10 **You have been tasked with preparing a short list of guidelines to help staff think of the essential steps needed to get started on a collective impact initiative. You should include all of the following tips, except:**

a. Identifying an influential champion and adequate resources, and assessing the level of urgency for change

b. Analyzing any baseline data you can find to identify your key issues and gaps

c. Completing the paperwork for obtaining approvals from public health management

d. Planning your governance structure

ANSWER KEY

❶ b ❷ b ❸ a ❹ c ❺ d ❻ b ❼ b ❽ c ❾ b ❿ c

REFERENCES

1. Government of Canada. The key leadership competency profile [Internet]. Ottawa: Government of Canada; 2016 Jun 7 [cited 2018 Jul 13]; [about 4 screens]. Available from: http://www.canada.ca/en/treasury-board-secretariat/services/professional-development/key-leadership-competency-profile.html.

2. National Collaborating Centre for Determinants of Health. Public health speaks: intersectoral action for health equity [video on the internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2013 [cited 2018 Jun 9]. 7 minutes. Available from: http://nccdh.ca/resources/entry/public-health-speaks-intersectoral-action-for-health-equity.

3. National Collaborating Centre for Determinants of Health. Collective impact and public health: an old/new approach — stories of two Canadian initiatives [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2017 [cited 2018 Jun 9]. 23 p. Available from: http://nccdh.ca/resources/entry/collective-impact-and-public-health-stories-of-two-canadian-initiatives.

4. Hunt S. Review of core competencies for public health: an Aboriginal public health perspective [Internet]. Prince George (BC): National Collaborating Centre for Aboriginal Health; 2015 [cited 2018 Jun 9]. 27 p. Available from: https://www.nccih.ca/495/Review_of_Core_Competencies_for_Public_Health__An_Aboriginal_Public_Health_Perspective.nccih?id=145.

5. Public Health Agency of Canada. Core competencies for public health in Canada: release 1.0 [Internet]. Ottawa (ON): PHAC; 2008 [cited 2018 Apr 13]. 29 p. Available from: https://www.canada.ca/en/public-health/services/public-health-practice/skills-online/core-competencies-public-health-canada.html.

PROMOTE INNOVATION AND GUIDE CHANGE

DOMAIN 5:
PROMOTE INNOVATION AND GUIDE CHANGE

HOW TO COMPLETE THIS DOMAIN

Here is the process we recommend for completing Domain 5 of this learning pathway:

STEP 1: Review the competency statements below, which are adapted from the Government of Canada's Key Leadership Competency profile.[1]

STEP 2: Take the **Pre-Resource Review Self-Assessment Quiz**. This will allow you to assess your level of understanding of key concepts *before* reviewing this Domain's resources. An answer key is provided at the end of the quiz.

STEP 3: Review the **Introductory Resources** and, if possible, the Resources for **Additional Learning**. For each resource, we've indicated which leadership competencies are addressed and offered reflection questions to guide your reading.

STEP 4: Take the **Post-Resource Review Self-Assessment Quiz**. This will allow you to assess your level of understanding of key concepts *after* reviewing this Domain's resources. An answer key is provided at the end of the quiz.

COMPETENCY STATEMENTS ADAPTED FROM THE KEY LEADERSHIP COMPETENCIES PROFILE[1]	JOB-SPECIFIC BEHAVIOURS OF MIDDLE MANAGERS TO FACILITATE PUBLIC HEALTH ACTION ON HEALTH EQUITY
Middle managers create an environment that supports bold thinking, experimentation and intelligent risk-taking to address the social determinants of health and reduce health inequities.	■ Directors identify opportunities for and barriers to innovation. They propose creative approaches to addressing the social determinants of health and reducing health inequities. ■ Managers and supervisors identify opportunities for and barriers to innovation. ■ Directors and managers encourage employees to generate new and innovative approaches to addressing the social determinants of health and reducing health inequities. ■ Supervisors encourage employees to explore new perspectives when problem-solving.
Middle managers use setbacks as a valuable source of insight and learning for addressing health inequities.	■ Directors implement practices to learn from setbacks and mistakes. ■ Managers and supervisors adjust practices to address lessons learned following setbacks and mistakes.
Middle managers take change in stride, aligning and adjusting milestones and targets to maintain forward momentum for reducing health inequities.	■ Directors adapt plans and strategies to respond to the scope and pace of change. ■ Managers adapt plans in response to changes in direction and priorities. ■ Supervisors implement plans that respond to changes in direction and priorities. ■ Directors, managers and supervisors understand the impact of change on employees and take appropriate action.

PRE-RESOURCE REVIEW

SELF-ASSESSMENT QUIZ

1   **Which of the following is a challenge for a universal approach to public health interventions?**

a.   A universal approach costs too much to sustain over the long term.

b.   A universal approach can increase inequity if the effects of an intervention differ among groups.

c.   A universal approach often has little political support.

d.   A universal approach does not address the structural determinants of health inequities (i.e., social stratification arising from economic, social and public policy, culture and social values, etc.).

2   **Which of the following is a challenge for a targeted approach to public health interventions?**

a.   A targeted approach costs too much to sustain over the long term.

b.   A targeted approach can increase inequity if some groups are not able to access the intervention.

c.   A targeted approach often has little political support.

d.   A targeted approach may not address the structural determinants of health inequities (i.e., social stratification arising from economic, social and public policy, culture and social values, etc.).

3   **In order to modify and reorient existing public health programs to a targeting-within-universalism approach, it is important to do all of the following, except:**

a.   Integrate community members as service providers to enhance program effectiveness.

b.   Systematically gather feedback from clients and service providers.

c.   Ensure policy development is included in the modification plan.

d.   Ensure that staff are able to recognize and respond to equity issues.

4   **Which of the following is an example of a targeting-within-universalism approach?**

a.   An intensive home visiting program for teenage mothers

b.   A universal vision-screening program for preschool-aged children

c.   Free flu vaccines for seniors, infants and children, as well as those in regular contact with these populations

d.   A school health promotion program that provides resources to all schools combined with additional resources for selected schools that require more support

5   **All of the following are simple ways of facilitating the integration of health equity into programs, policies and practices, except:**

a.   Using a common language

b.   Building relationships across sectors

c.   Building staff knowledge and skills

d.   Using data to start conversations about health equity

6 One of the themes from the _Rio Political Declaration on the Social Determinants of Health_[2] is:

a. Promoting participation in policy-making and implementation
b. Investing in scaling-up innovations
c. Fostering public awareness of health inequities
d. Building the capacity of the public health workforce for health equity work

7 In Canada, the health sector's role in health equity has included:

a. Building a foundation for action
b. Creating and using a strong knowledge base
c. Collaborating with non-health sector partners
d. All of the above

8 In relation to health equity work, the priorities of public health organizations at the provincial/territorial level include all of the following, except:

a. Looking for and supporting early adopters at the local level
b. Advocating for greater investment in primary care
c. Engaging communities most affected by health inequities
d. Fostering public conversation to generate awareness of, and support for, policy change and to put pressure on politicians

9 Public health challenges to doing health equity work include all of the following, except:

a. An inadequate understanding of the meaning of health equity
b. Tension between universal and targeted programming
c. Lack of evidence on the existence of health inequities
d. Lack of clarity in identifying and defining priority populations

10 The characteristics of "wicked problems"[3] include all of the following, except:

a. Every problem is the symptom of another problem
b. Solutions are not right or wrong, but better or worse
c. No problem is unique
d. No problem has a definitive formulation

ANSWER KEY

1 b **2** d **3** c **4** d **5** b **6** a **7** d **8** b **9** c **10** c

GUIDED REVIEW OF HEALTH EQUITY RESOURCES

Let's Talk: Universal and targeted approaches to health equity [4]

Estimated reading time: 6 minutes

Competencies addressed
- Middle managers create an environment that supports bold thinking, experimentation and intelligent risk-taking.
- Middle managers use setbacks as a valuable source of insight and learning.
- Middle managers take change in stride, aligning and adjusting milestones and targets to maintain forward momentum.

Questions and activities to help you take away practical lessons from this reading
- Fill in the following table while you read:

COMPARATIVE FACTOR	UNIVERSAL APPROACH	TARGETED APPROACH	BLENDED APPROACH
Description			
Strengths			
Challenges			
Example intervention			

Learning from Practice: Targeting within universalism at Capital Health [5]

Estimated reading time: 10 minutes

Competencies addressed
- Middle managers create an environment that supports bold thinking, experimentation and intelligent risk-taking.
- Middle managers use setbacks as a valuable source of insight and learning.
- Middle managers take change in stride, aligning and adjusting milestones and targets to maintain forward momentum.

Questions and activities to help you take away practical lessons from this reading
- How did Capital Health identify the need for change?
- Describe a specific challenge that Capital Health faced in modifying and reorienting their program, and the approach they took to overcoming it.

Advancing provincial and territorial public health capacity for health equity: Proceedings [6]

Estimated reading time: 37 minutes

Competencies addressed
- Middle managers create an environment that supports bold thinking, experimentation and intelligent risk-taking.
- Middle managers use setbacks as a valuable source of insight and learning.
- Middle managers take change in stride, aligning and adjusting milestones and targets to maintain forward momentum.

Questions and activities to help you take away practical lessons from this reading
- For three of the 26 priority action steps listed, identify one concrete action you can take today, within the scope of your role, to move toward completing each of the three steps.

RESOURCES FOR ADDITIONAL LEARNING

Public health use of digital technology to advance health equity [7]

Estimated reading time: 23 minutes

Competencies addressed
- Middle managers create an environment that supports bold thinking, experimentation and intelligent risk-taking.

Questions and activities to help you take away practical lessons from this reading
- Complete section 1 (Competency) of the survey in Appendix A. How do you compare with survey respondents?
- Would increasing your competence in social media use be advantageous in your current role?
- Would increasing your team members' competence in social media use be advantageous for health equity work? If so, how?

POST-RESOURCE REVIEW

SELF-ASSESSMENT QUIZ

Imagine you are a middle manager in a public health organization that serves a large urban centre with residents from diverse backgrounds. Health inequities among population groups are evident in this city. Your organization has developed a strategic plan aimed at reducing health inequities. Senior leaders in your organization are aware of the need for innovation and change in the way public health works in order to address health inequities. The following 10 questions relate to the planning and implementation of strategies to promote innovation and guide change in your organization.

1 **A senior leader in your organization has identified a targeted home visiting program in your department that needs to be modified and reoriented to a targeting-within-universalism approach. How would you communicate to staff about the benefits of modifying a favorite program in which they have seen many individual client success stories over the years to a targeting-within-universalism approach?**

   a. "Targeting within universalism will allow us to meet the needs of the entire population while addressing the additional needs of groups that are marginalized."
   b. "Targeting within universalism will allow us to extend the benefits of the program to more people."
   c. "Targeting within universalism will allow us to keep the old program and add another one for the general population."
   d. "Targeting within universalism will allow us to focus on the needs of the average family, rather than just groups that are marginalized."

2 **A planning meeting participant asks about what the research shows on facilitators – that is, factors that promote health equity work in public health organizations. Aware of the <u>Renewal of Public Health Systems</u>[8] (RePHS) project, you are able to offer all of the following examples of facilitators of health equity work, except:**

   a. Recruiting culturally diverse staff
   b. Access to and sharing of local data
   c. Management commitment
   d. Standardizing services

3 **In a team meeting discussion about "wicked problems"[3] such as poverty, an employee questions why public health is trying to address unsolvable problems. You realize his question stems from an incomplete understanding of what wicked problems are. Which of the following statements could you use to address this knowledge deficit?**

   a. "We do not have to completely solve wicked problems, but if we do nothing they will only get worse."
   b. "Wicked problems are poorly understood, but by trying to define and solve them we improve our understanding of them."
   c. "We can solve wicked problems with enough resources and evidence-based solutions."
   d. "Solving wicked problems is an upstream approach that is consistent with the aims of population health and health equity."

4   **Your provincial/territorial public health agency is inviting input from all public health organizations about priority actions to promote health equity. Which of the following would you suggest as a priority action for your agency?**

a. Engaging communities most affected by health inequities
b. Creating evidence-based guidelines for health equity work in the province
c. Providing enhanced funding to build the capacity of the public health workforce to reduce health inequities
d. Providing standardized training for public health workers on health equity

5   **Your team needs to address the "wicked problem"[3] of poverty. In your first planning meeting, your team members admit they do not know how to start. How would you advise them?**

a. "Make every effort to include the voices of people usually left out of social processes."
b. "Review intervention research for innovative ideas that have been successful in other communities."
c. "Collaborate with sector and community leaders to define innovative solutions."
d. "Start with an environmental scan to identify what other public health agencies are doing."

6   **The management team is planning for organizational changes to support health equity work. In response to a question about what changes to organizational infrastructure will be needed, you might suggest any of the following, except:**

a. Making everyone equally accountable for health equity action
b. Mandating equity action through governance structures
c. Communicating and advocating effectively for equity action
d. Allocating core, flexible funding for health equity action

7   **At a planning meeting, a participant asks about challenges with promoting health equity work in public health organizations identified in the literature. Aware of the Renewal of Public Health Systems (RePHS) project, you are able to offer the following information about the public health practitioners:**

a. The RePHS project found there was a strong commitment to act on health equity but a lack of consensus on how to do so.
b. The RePHS project found there was an inadequate understanding and lack of consensus on the meaning of health equity.
c. The RePHS project found there was a very good understanding of the meaning of health equity but a lack of consensus on how to address it effectively.
d. The RePHS project found there was a good understanding of health equity but a lack of knowledge about effective actions to address it.

8 **A member of your team proposes developing an online network of community partners working on the social determinants of health because they discovered that networks could be a good way to share information. You think this is a good idea because you also know that networks:[6]**

a. Are easy to set up and require little maintenance, so they can be a "quick win"
b. Encourage collaboration, innovation and inclusion
c. Allow public health to take the lead on health equity work
d. Are an efficient and cost-effective way to disseminate information

9 **Concerned about how organizational changes will affect his role, an employee asks for examples of health equity actions that other public health organizations have done. All of the following are examples of public health actions on health equity that have been undertaken in Canada, except:**

a. Investments in people and organizational structures
b. Incorporating health equity into strategic priorities
c. Evaluating local health equity initiatives
d. Producing health status reports with an equity lens

10 **Many employees in your organization feel overwhelmed by the size of the task of promoting health equity in their work. For this reason, the management team has asked you to draw up a list of quick wins that could boost employees' confidence in their ability to address health inequities. You include all of the following on your list, except:**

a. Disseminating knowledge from resources developed by the NCCDH
b. Adopting or developing a glossary of health equity terms to ensure everyone in the organization is understanding and discussing the same thing
c. Learning to facilitate difficult conversations about the root causes of health inequities, such as racism
d. Building relationships across sectors

ANSWER KEY

1 a **2** d **3** b **4** a **5** a **6** a **7** b **8** b **9** c **10** d

REFERENCES

1. Government of Canada. The key leadership competency profile [Internet]. Ottawa: Government of Canada; 2016 Jun 7 [cited 2018 Jul 13]; [about 4 screens]. Available from: http://www.canada.ca/en/treasury-board-secretariat/services/professional-development/key-leadership-competency-profile.html.

2. World Health Organization. Rio political declaration on social determinants of health [Internet]. Rio de Janeiro (BR): WHO; 2011 [cited 2018 Jun 9]. 7 p. Available from: http://nccdh.ca/resources/entry/rio-political-declaration-on-social-determinants-of-health.

3. Rittel HWJ, Webber MM. Dilemmas in a general theory of planning. Policy Sciences. 1973;4:155-169.

4. National Collaborating Centre for Determinants of Health. Let's talk: universal and targeted approaches to health equity [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2013 [cited 2018 Jun 9]. 6 p. Available from: http://nccdh.ca/resources/entry/lets-talk-universal-and-targeted-approaches.

5. National Collaborating Centre for Determinants of Health. Learning from practice: targeting within universalism at Capital Health [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2014 [cited 2018 Jun 9]. 6 p. Available from: http://nccdh.ca/resources/entry/learning-from-practice-targeting-within-universalism.

6. National Collaborating Centre for Determinants of Health. Advancing provincial and territorial public health capacity for health equity: proceedings [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2015 [cited 2018 Jun 9]. 24 p. Available from: http://nccdh.ca/resources/entry/advancing-provincial-and-territorial-public-health-capacity-for-health-equi.

7. National Collaborating Centre for Determinants of Health. Public health use of digital technology to advance health equity [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2017 [cited 2018 Jun 9]. 34 p. Available from: http://nccdh.ca/resources/entry/public-health-use-of-digital-technology-to-advance-health-equity.

8. MacDonald M, Hancock T, Pauly B, Valaitis R. Renewal of public health services in BC and Ontario [Internet]. Victoria (BC): RePHS, University of Victoria; [date unknown; cited 2018 Jun 9]; [about 2 screens]. Available from: https://www.uvic.ca/research/groups/cphfri/projects/currentprojects/rephs.

CONGRATULATIONS!

Upon completing the final domain of this learning pathway, you have taken valuable steps to increase your individual competence — and, therefore, capacity to act — regarding the social determinants of health. This is an important component of advancing health equity in your role as a middle manager.

As a middle manager (i.e., director, manager or supervisor), you play an essential role to facilitate and support the health equity work of your staff, organization and community. The NCCDH believes it is a priority to support the professional development of middle managers, and the development of this learning pathway reflects our commitment.

As you consider the broader applications of this knowledge and skill, you may find it valuable to learn more about how to improve your organization's capacity to promote action on health equity. We recommend the resources in our Organizational Capacity for Health Equity Action Initiative, which can help public health practitioners, including middle managers, understand how to identify and move past the barriers to action in this area.

We appreciate hearing your feedback, questions and stories of how you have used this resource. Please contact us at nccdh@stfx.ca.