



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

PART OF THE
**LEARNING
FROM
PRACTICE**
SERIES

SUMMARY

LEARNING TO WORK DIFFERENTLY: IMPLEMENTING ONTARIO'S SOCIAL DETERMINANTS OF HEALTH PUBLIC HEALTH NURSE INITIATIVE



INTRODUCTION

This report presents results of a case study on the development and implementation of public health nurse (PHN) positions focused on the social determinants of health (SDH) across Ontario public health agencies. These positions were funded by the Ministry of Health and Long Term Care to improve the capacity of public health agencies to act on SDH and advance health equity. This is a strategy of interest to many public health organizations across Canada.

Our findings identify leadership, organizational change management, organizational culture (including values and ideology), provincial standards, and the need for active engagement in policy development and implementation across multiple levels as key factors to the success of the initiative. A summary of recommendations from case study findings is presented here for consideration by policy-makers, public health agencies, educators, and researchers.



Funding from the Ministry had a dual benefit. It served as a catalyst for health units that had not yet begun to reorient their practice to align with health equity. Many PHUs were clear that their local level work would not have been possible without funding. For those units already acting on SDH and health equity, the funding enhanced their capacity to do so.



RECOMMENDATIONS

Policy- makers

Involving local public health agencies in policy development at the provincial level may help reduce the gap between policy expectations and local implementation. Increased dialogue and communication across levels about requirements and expectations prior to role creation and funding could enhance clarity across the public health system.

Providing guidance to public health agencies on how to implement health equity mandates while maintaining flexibility for local adaptation enhances implementation.

Ongoing feedback mechanisms between systems and organizational stakeholders can help ensure that local public health agencies have the support needed to fully implement health equity positions and related activities.

Accountability measures help ensure that positions are used to meet the intended mandate of increasing organizational health equity capacity.

A multidisciplinary approach that draws from a range of disciplines to take action on the social determinants of health and health equity provides diverse skills and perspectives.

Support for knowledge exchange and network development for those in similar roles enhances information sharing and joint planning, and will amplify gains across the public health system.

Public Health Agencies

Clearly defining responsibilities for health equity positions and drawing explicit links between provincial mandates and locally planned actions, minimizes the disconnect between what the province plans and what is perceived by local public health agencies.

Including health equity considerations in program planning and delivery supports public health unit staff to explicitly and consistently address SDH and health equity. This helps to address doubts about the role of public health in addressing SDH/health equity, alleviate tension in the practice environment,

and demonstrates organizational leadership support. It underlines the need to shift public health from a largely behavioural and biomedical focus to a broader SDH and health equity focus.

Aligning workplace values, culture, and practices with equity and social justice supports organizations seeking to better address the social determinants of health and health equity. By doing so, they create an environment for professionals to develop a reflexive public health practice.

- Characteristics essential for public health organizations to support staff, including PHNs, include developing and promoting a shared vision, mission, and goals that prioritize health equity and are understood and valued throughout the organization; and
- fostering a culture of creativity and responsiveness that will support PHNs and other staff to practice the full scope of their competencies.

A supportive learning environment in which there is continued development enables staff to gain the skills required to be effective in their roles. This means cultivating a healthy organizational culture in public health by

- transforming power relationships within the organization and beyond;
- encouraging access to and free flow of information;
- supporting innovation and new methods; and
- creating a learning environment.

Ensuring that internal structures are in place brings public health staff together and helps reduce siloes that exist between roles in a public health unit. Given that most SDH lie outside the direct mandate of public health, working in collaboration with communities, health and non-health partners is an essential part of the health equity role and well within the scope of public health practice.

Visionary and empowering leadership supports the integration of health equity as part of everyday public health practice. Enhancing these leadership styles will help further organizational action.

Educators

Continuing education and professional development that addresses SDH and health equity is needed by all disciplines in public health to support the development of knowledge and skills. Competency development with all positions across public health agencies would ease concerns of being siloed, diffuse collegial tension, and position health equity specialist roles within a supportive agency framework.

Competencies necessary to address SDH and health equity that are highlighted in this study include

- knowledge of SDH and health equity;
- organizational change and development;
- systems change strategies;
- program development and evaluation with specific consideration to equity;
- advocacy;
- policy development;
- community engagement;
- intersectoral action; and
- leadership.

Researchers

The critical yet still-emerging area of health equity and addressing SDH would benefit from further research that explores the following:

1. the relationship between organizational culture (including values and ideology) and an organization's capacity to work on a health equity agenda;
2. the impact of workplace inequities (e.g., disempowerment of nurses) on health inequity priorities;
3. the activities of PHNs focused on SDH and their influence on their respective organization's capacity to address health equity work;
4. the disciplines and public health professionals best positioned to effectively advance the health equity agenda and how best to prepare/educate these disciplines and professionals; and
5. the development of similar public health roles in other jurisdictions to strengthen the science behind public health equity work and to increase the strength of the transferability of the findings.

METHODS

We used case study methods to examine how the Ontario Ministry of Health and Long Term Care's initiative on SDH nurses was developed and implemented at the local public health level. We explored the concept of leadership and what can be learned from this case about building the capacity for public health organizations in other settings. We conducted individual interviews with 42 participants (SDH PHNs, managers, directors, chief nursing officers, and medical officers of health) and examined 226 documents.

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