



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

**LEADERSHIP FOR
HEALTH EQUITY**

WORKING INTERSECTORALLY AND ENGAGING THE COMMUNITY IN WESTERN HEALTH



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- Dr. Susan Gillam, President and Chief Executive Officer, Western Health
- Michelle House, Vice-President, Population Health, Western Health
- Tammy Priddle, Regional Director of Health Promotion and Primary Health Care, Western Health
- Brian Burke, Client Services Manager, Department of Advanced Education and Skills, Government of Newfoundland and Labrador

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ABOUT THE NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH

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

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

About the case study

Leadership is an important factor in advancing health equity, as shown in the results of the National Collaborating Centre for Determinants of Health (NCCDH) 2010 environmental scan¹ and the 2008 Chief Public Health Officer's report,² as well as an appreciative inquiry that identified factors that support leadership for health equity.³ Strong and visionary leadership and a commitment to collaborate and work intersectorally are common traits among jurisdictions that have stepped ahead in health equity work.

To expand on the evidence about effective leadership practices and supporting or limiting factors, the NCCDH has undertaken a Public Health Leadership Initiative.

Its purpose is to identify:

- factors that influence effective individual and organizational public health leadership to address the social determinants of health and advance health equity; and
- effective strategies and tools to develop public health leadership for action on the social determinants of health and health equity in Canada.

Case studies profiling examples of effective leadership to address the social determinants of health and health equity in Canada are a key part of this initiative. This case study, part of a series, looks at leadership in the Western Health region in Newfoundland and Labrador, and its role in promoting and facilitating action on the social determinants of health. The case study focuses on the question: What are the structures and processes that support leadership for intersectoral action and community engagement for health equity?

Making health equity a priority

The Western Regional Health Authority (Western Health) in Newfoundland and Labrador provides a broad range of programs and services to a population of approximately 79,460 spread across a large geographic region. Promoting health and well-being, and preventing illness and injury are two of six lines of business through which Western Health accomplishes its mandate.

Western Health has embedded a population health framework and a focus on equity throughout the organization. A population health approach focuses on improving the health of an entire population. It requires an understanding of the causes of unequal health outcomes within a population, and its use results in actions and interventions that strive to improve health for all.² Inherent in this approach is the recognition that health is influenced by the social determinants of health, or the surrounding environments and circumstances of people over their life course, and is not solely a by-product of personal choice.²

Working intersectorally has been identified as a public health practice with potential to enable local public health units to address the social determinants of health and reduce health inequities.⁴ Intersectoral action^a for health refers to “actions undertaken by sectors outside the health sector, possibly, but not necessarily, in collaboration with the health sector, on health or health equity outcomes or on the determinants of health or health equity” (p2).⁵ At Western Health, Public Health reports through the Population Health branch, where its structure, staff’s perspective and training, and intersectoral approach exemplify population health to the point where it is hard for staff to imagine any other way of working. An environment where population health and health equity are priorities and community involvement is a common mode of working is actively promoted by leadership at Western Health. For instance,

population health is identified as an executive responsibility; it is reflected in Western Health’s vision, mission, and values; and it is operationalized through its strategic plan. Beyond the walls of Western Health, though, other government departments and an engaged community also demonstrate a culture of collaboration.

Providing organizational support

“It’s just the way we work.” That’s a common response when staff are asked how the population health approach was embedded into the strategic directions and operations of Western Health. Whether it comes from the region’s Chief Executive Officer (CEO) Susan Gillam, a front-line practitioner, or a community partner, the view that health is everyone’s responsibility is consistent. Dr. Gillam brings a strong background in population health to her role. As a registered nurse, Dr. Gillam’s strong community focus is evident in what she says are “the most important things we do at a strategic, executive level: set health equity as a priority and go out and develop relationships.”

The daily demands of a health system focused on delivering acute care can, at times, present challenges to implementing a population health approach. Successful implementation requires leadership, and at Western Health, because population health is named as an executive responsibility, it is explicitly identified as a priority at the highest organizational level. Population health is reflected in Western Health’s vision that “the people of Western Newfoundland have the highest level of health and wellbeing possible” (p2).⁶ A population health approach is also evident within Western Health’s organizational and funding structures, approach to staff training, and strategies that encourage people to work intersectorally within a health promotion framework. The population health approach is firmly embedded throughout the organizational culture.

^a Please see the NCCDH’s 2012 expedited systematic literature review, *Assessing the Impact and Effectiveness of Intersectoral Action on the Social Determinants of Health and Health Equity*, for more information about intersectoral action to address the social determinants of health to improve health equity. Available from: <http://nccdh.ca/resources/entry/assessing-the-impact-and-effectiveness-of-intersectoral-action-on-the-SDOH>

At the senior executive level, no one person or department is tasked with intersectoral action—rather, it is integrated throughout the organization. This is made clear in many ways, from the funding structure to specific strategies that encourage people to work intersectorally within a health promotion framework. For instance, the Western Health Strategic and Operational Plan⁶ names equity and collaboration among its core values. “From a CEO perspective, I feel I can have the biggest impact by setting the environment and direction for health equity throughout the organization, then following through with the appropriate resources,” says Dr. Gillam.

As part of the Government of Canada’s Primary Health Care Transition Fund, established in September 2000, all staff in Western Health were trained in population health and building community relationships (see the description of the “Building a Better Tomorrow” program below).⁷ The leadership team in Population Health find it helpful to meet regularly with staff from other branches in the health region to discuss health promotion opportunities. Through these regular meetings, the Population Health branch provides support for this work throughout the organization.

Leadership for intersectoral action

Although a strong culture oriented to the determinants of health exists internally, real success in taking action to address health equity must incorporate the efforts of other government departments and partners in the community. How has Western Health gone about doing that? Again, it comes down to culture. “Our work has always been intersectoral,” echo a number of Western Health staff. Despite its widespread support, Dr. Gillam points out that intersectoral work is not easy or straightforward: “It’s hard work. It takes time and effort to develop linkages in the community, but it’s the way our people feel it should be done.”

Working interdepartmentally

To ensure their work in the community is effective, related government departments in Newfoundland’s Western Region work together through a formal structure called the Linkages Committee. Made up of senior representatives from Western Health; Advanced Education and Skills; Housing; and Child, Youth and Family Services, this committee meets quarterly to raise issues and determine how their departments can work together to address them. These issues range from barriers in communication or information sharing to specific clients who are accessing multiple services. In the end, it is about how to best serve the people across the region.

Those interviewed provided several examples of how this collaborative way of working has benefitted people served by Western Health. In one example, a resident of Western Newfoundland with complex health needs, including physical and developmental challenges, was having difficulty accessing supported housing. In response, the Linkages Committee used a team approach to advocate for this individual, whereby partners worked together to ensure that all available resources—including housing—were provided.

In another example, a focus group held with front-line staff of all the sectors and departments represented on the Linkages Committee identified opportunities for enhanced collaboration. Transportation was noted as a challenge for people who have to attend various medical or other appointments, particularly if they live in remote areas of Western Health. The Linkages Committee reviewed transportation policies to identify strengths and address service gaps.

Solving problems together

So what makes the Linkages Committee a successful avenue for problem-solving related to population health issues and intersectoral action? It seems that the working atmosphere within Western Health, where health equity work is accomplished through established relationships, extends to partner

organizations. Intersectoral collaboration builds on the tight-knit professional community, where people know each other and have established working relationships. It goes beyond that, however, to a work culture that is solution oriented and supports innovation.

Brian Burke, a manager with the Department of Advanced Education and Skills and member of the Linkages Committee, notes, “Beyond the committee structure, we all feel free to pick up the phone and talk to our colleagues in other departments. We’ve proven over time that coming together to work on issues unified us and provides a better product.” In some cases, issues are never even raised at the Linkages Committee table—the people involved take the lead and get together to resolve the problem themselves. “Bureaucracy does not stand in the way of work between peers. Our working culture is one of collaboration.” Through a shared leadership model, intersectoral action is taken to address local and regional issues.

Michelle House, Vice-President of Population Health, puts it this way: “On paper, collaboration is what we do, but at the core, our efforts are about maintaining relationships. That is the biggest strength of the Linkages Committee. We have mutual respect for each other.”

Engaging the community

The work carried out by Western Health is based on ongoing and frequent consultations with the community, which provide opportunities to establish and strengthen relationships. Local Community Advisory Committees, flexible groups made up of interested individuals and representatives from local organizations such as community centres, tenants’ associations, or school boards, meet regularly to address community issues. Their work is guided by the findings of community needs assessments. Needs assessments are conducted by Western Health every three years using telephone interviews augmented by focus groups. The concerns of young people are

identified through assessments carried out in each school throughout the region.

The views of the Western Regional Wellness Coalition are added when appropriate. It is one of six regional coalitions funded across the province of Newfoundland and Labrador to provide leadership, coordination, and support for local initiatives. The coalition provides an opportunity for citizens to get involved in local community actions through shared leadership. For example, if stress emerges as an issue in a community needs assessment and the Western Regional Wellness Coalition is engaged in work related to stress management, it will be engaged in generating solutions. The Wellness Coalition conducts community assessments that set the stage for community members to identify priorities and then work together to develop and implement action plans.

Sharing solutions

Problems are solved by taking advantage of the strengths of those on the Community Advisory Committees and outside experts, if required. For example, a community needs assessment in Corner Brook revealed a lack of support for early child development. In response, Western Health worked with the local community centre to place public health nurses in the centre so that services related to health promotion, early intervention, and disease and injury prevention were reoriented to address the needs of children and their families.

In another community, access to healthy food emerged as a concern. Members of the Community Advisory Committee noted that poor quality, limited selection, and high prices were barriers to healthy eating. They recommended a community leader who had an interest in community gardening and found someone willing to donate land. Health promotion staff contributed ideas for local alternatives to imported fruits and vegetables, and suggested options for healthy, affordable foods, such as wild game, that residents can access. This project will be staffed by volunteers from the community.

As Michelle House explains, “While there are some standard approaches to common issues, such as diabetes, our solutions are very much grounded in the community. Just ask the locals what will work.” This type of shared leadership encourages community members to bring solutions to the Community Advisory Committee and Western Health, and results in innovative, creative solutions and shared responsibility.

Bringing people together

Western Health staff facilitate opportunities to build the capacity of community members, encouraging them to view social issues through a health lens and vice versa. Conversations about inequities are supported by using local data to show the differences in health status between groups, for example, by income and employment status. Community members enhance their awareness by attending presentations at the Community Advisory Committee meetings and, more formally, at a biannual conference for members of the committees.

Essentially, while a primary health care manager coordinates activities to address identified issues, community involvement, intersectoral collaboration, and a focus on the social determinants of health are embedded “from beginning to end” in all programming at Western Health. “We couldn’t do this on our own,” notes Michelle House.

Tammy Priddle, Regional Director of Health Promotion and Primary Health Care, attributes success to the relationships staff develop and shared goals developed with the community. She notes that, “Having the community contribute ideas engages them to a much greater extent than having health staff suggest a complete program. When they contribute to the solution, residents have a vested interest in making it succeed.”

A testament to the success of this approach is the fact that a number of issues that are discussed at the Community Advisory Committees are resolved through joint problem-solving and action of health

professionals and community members. For example, when seniors in a community raised concerns related to affordable and suitable housing, Western Health staff worked with the Community Advisory Committee and local municipality to access funding to conduct a needs assessment with seniors to define the issue and develop recommendations for future action. The community is now on its way to developing solutions that will meet its needs.

Often, a community leader will emerge and take action on an issue with the help of other community members. Public Health plays a role in creating the environment, facilitating, and supporting the process. “When you bring people together, sometimes magic happens,” says Tammy Priddle.

Challenges

Although Western Health has found an approach to working intersectorally, it is not without its challenges. These include:

- **Time** – Collaboration takes time, and people are busy. It generally takes longer to jointly plan a solution than for staff to simply take action on an issue alone. This can create friction when community members are looking for a “quick fix.” Leadership at Western Health recognizes that the process is as important as the outcome and supports time for staff to work with members of the Community Advisory Committees. They use research that shows why the quick solution is not always the best. Staff ensure they are making the best use of everyone’s time, through efficient processes and attention to and building on committee members’ strengths. In the long run, everyone benefits from more effective, longer-term solutions.
- **Relationship building** – Building and maintaining relationships requires commitment and an intentional approach to recruit and retain volunteers, and support their leadership development in the community. In some cases,

it is difficult to find appropriate and willing volunteers. In others, individual agendas or skepticism created by past history must be overcome. Success can be achieved by having the right local public health practitioner reach out, often face to face, to contacts suggested by other staff or members of the Community Advisory Committees and engage them in equity work.

- **Evaluation** – In the current environment, a lot of attention in health organizations is focused on clinical efficiency and workload issues. The work of community engagement, intersectoral action, and promoting health equity is hard to measure and quantify. It is an ongoing challenge to articulate its value. Contributing to the evidence base in this area has been identified as a promising practice to address health equity.⁴
- **Common language** – To build shared understanding of issues, a common language is required. Public health practitioners can use jargon that is not easily understood across sectors. Terms such as “capacity building,” “health inequity,” or even “determinants of health” may not have common meaning across sectors and with community members. This complicates communication with the community or other government partners. It is up to the public health community to translate these terms in ways that all partners will understand. For example, the term “intersectoral collaboration” can be replaced with “partnership,” and “determinants of health” can be replaced with “factors or conditions that influence our health and well-being.”
- **Capacity building** – Public health has an important role to play in translating research and knowledge about the social determinants of health and health inequities to other sectors and to the community. That process begins with practitioners who are well versed in the issues and can communicate clearly and in different ways. From there, they can initiate and lead discussions in the broader community.

Elements of success

Leadership at Western Health has succeeded in promoting an environment where population health and health equity are priorities, and where intersectoral collaboration and community involvement is a common mode of working. Among the success factors are:

Leadership

- **Educational sessions** – Training for both staff and community members is provided to nurture leaders who are committed to equity and collaboration at all levels. See the text box “Building a Better Tomorrow” for more information.
- **Community Advisory Committees** – Meetings of these community-based groups provide opportunities for leaders to be developed among staff and community members.
- **Staff and board training** – Training on health equity takes place at all levels. The CEO of Western Health meets with all staff, conducts site visits, and attends town hall meetings focused on health promotion and partnership. All new board members and staff are oriented to the population health approach. Ongoing communications, through tools such as the CEO Communiqué, focus on issues of access and equity.

Working intersectorally

- **Setting the direction** – An environment that supports community involvement is embedded throughout the organization, through visible, high-profile measures such as its mission, vision, and values, and as part of its strategic plan.
- **Supporting efforts** – Leadership supports staff to focus on community efforts by building intersectoral work into position descriptions and workload allocations, acknowledging it, reporting on it, and rewarding it.

Building a Better Tomorrow – This training initiative currently provides modules on topics that emphasize the concepts of determinants of health, population health, and health promotion, and that help professionals build interdisciplinary teams:

- Understanding Primary Health Care
- Understanding Population Health
- Building Community Partnerships
- Enhancing Team Collaboration (two modules)
- Interpersonal and Communication Skills
- Team Functioning
- Roles and Responsibilities
- Decision Making
- Conflict Resolution
- Facilitating Adult Learning (two modules)
- Program Planning and Evaluation

Modules are provided—some through e-learning—based on needs identified by staff, and they are designed to make sure teams work as effectively as possible with each other and community members.



No manual exists for what we do. It is just the way we work. We have always had strong leaders who believe in community engagement and expect that is how work is done.

MICHELLE HOUSE

- **Establishing processes that foster intersectoral work** – It is easy to work in a silo, so there has to be a specific focus on intersectoral collaboration. In Western Health, staff are co-located with community partners as much as possible. Beyond putting people together, primary health care managers coordinate processes that support effective team work.

Building organizational capacity

- **Strong, supportive leadership** – The CEO and leadership at Western Health are key to ensuring that, as an integrated health authority, there is a strong population health focus throughout the organization.
- **Focusing on relationships** – Staff build on the trust established through long-standing connections, shared goals, and past successes of the Community Advisory Committees to act on the many opportunities for collaboration.
- **Building capacity** – Success in developing community leaders is more likely if a healthy, trusting, respectful relationship already exists. That culture of collaboration and history of excellent partnerships is a strong asset to be nurtured.



The culture of our organization is our strongest asset in continuing with the process we have in place.

MICHELLE HOUSE

- **Celebrating successes** – Whether large or small, successes are acknowledged in many ways in Western Health, from an annual meeting with Community Advisory Committees to individual partner meetings and even handwritten notes from senior staff.

QUESTIONS TO CONSIDER

1. Which of the following elements that support intersectoral action and community engagement for health equity can be found in your organization and in your community? Are there others?
 - Leadership
 - Direction, through the organization's mission, vision, values, and strategic plan
 - Staff and board education and training
 - Use of community and intersectoral committees
 - Structures and processes that foster collaboration, such as staff co-location, integrated practice teams, and staff dedicated to intersectoral action
 - An organizational culture of collaboration
2. How do these elements nurture an orientation towards leadership for health equity in your practice, organization, and community?
3. What strategies are useful in overcoming the following challenges to working intersectorally for health equity?
 - Finding the time to develop collaborative and intersectoral solutions
 - Developing skills in relationship building
 - Developing leadership competencies for intersectoral action and community engagement
 - Evaluating the work and impact of community development and promoting health equity
 - Finding common language between public health practitioners and intersectoral partners
 - Building capacity, within both public health staff and community partners, to advance health equity

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