- How are we preparing the future public health workforce to engage in culturally safe and anti-racist praxis? An examination of training interventions in MPH curricula — Malcolm Steinberg
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How are we preparing the future public health workforce to engage in culturally safe and anti-racist praxis? An examination of training interventions in MPH curricula - Malcolm Steinberg

Introduction/background:

Racism and colonialism operate as social determinants of health and contribute to inequities among Indigenous, racialized and equity-deserving groups. To counteract these injustices, over the last three decades, there have been a series of provincial, national and global calls to action that put forward clear recommendations for cultural safety and anti-racism training across all sectors, but in particular healthcare. Embedding this training into the learning pathways of the future public health workforce will help advance health equity for the entire population. This messaging is echoed by the most recent CPHO reports and CPHA Position Statements that call for strengthening public health practice and pedagogy through standardized competencies relevant to racial equity and Indigenous health.

Methods:

This presentation will share results from a doctoral research study that examined cultural safety and anti-racism training interventions in Master of Public Health (MPH) curricula. A qualitative case study design was applied across three universities within a common provincial context. Data was collected through key informant interviews and focus groups among departmental leadership, faculty, staff and students; and triangulated with document analysis of academic/ strategic plans, syllabi and public communications. Integrated knowledge translation ensured bidirectional feedback with knowledge users.

Results and analysis:

Framework analysis drew from implementaton science to categorize determinants of implementation across five core domains: intervention characteristics; individuals involved; process; inner setting; and outer setting. Results illustrate barriers and facilitators shaping uptake, implementation and sustainment of training interventions in MPH curricula. A variety of promising practices and areas for improvement are highlighted to inform future initiatives.

Conclusions and implications for policy, practice or additional research:

Recommendations span across practice, policy, research, and theory, and have implications for health systems, education and professional accreditation or regulatory bodies. Of key importance to this

conference, there is a strong recommendation to standardize training interventions through more consistent accreditation and refreshed core competencies for cultural safety and anti-racism.

The Governance of Core Competencies for Public Health: An Environmental Scan and Recommendations for the Canadian Context - Claire Betker

Introduction/background:

The Public Health Agency of Canada commissioned the National Collaborating Centres for Public Health to update the 2008 Core Competencies for Public Health in Canada and propose structures and processes for the future oversight and governance of the competency framework. In order to develop these recommendations, an environmental scan was conducted and included engagement with public health partners.

Methods:

The environmental scan included a rapid review of the literature, and in-depth case studies of competency frameworks from various jurisdictions around the world. Best practices were analyzed, and an initial set of recommendations were developed. The recommendations, summarized below, were reviewed with partners through collaborative processes.

Results and analysis:

The governance of competency frameworks involves collaboration and community engagement that is consensus-driven and transparent. While jurisdictions have approached review and revision in different ways, the need to review and revise competencies periodically is consistent. Insights on monitoring implementation and impact, as well as human resources and funding, were sparse.

Conclusions and implications for policy, practice, or additional research:

Recommendations for the Canadian context include: (1) Engage First Nations, Inuit and Métis governing bodies and public health organizations as partners in the governance of core competencies; (2) Engage diverse and underrepresented groups, including Black Health organizations, as partners in the governance of core competencies; (3) Advance the functions and principles of good governance; (4) Establish durable structures (e.g., governance committees and project teams) and resources (e.g., funding, human resources); (5) Establish a process for review (and subsequent revision if deemed necessary) of the core competencies that occurs approximately every three years; (6) Support the use of core competencies in systems of public health practice, education and policy; and (7) Monitor the implementation, use and application of the core competencies.

Sustainable Financing for Public Health Systems: A Comparative Case Study of British Columbia and Nova Scotia - Melanie Seabrook

Introduction/background:

Though sufficient and stable funding is critical to the effectiveness of public health (PH) systems, the existing literature on the determinants of PH funding is limited. This study aimed to address this gap by 1) describing processes of PH budget-setting, and 2) identifying and analyzing the factors influencing PH decision-making in two Canadian provinces.

Methods:

We conducted a comparative case study of the British Columbia (BC) and Nova Scotia (NS) PH systems, including a jurisdictional review of academic and grey literature on PH financing processes and trends, and semi-structured interviews with 26 key informants influential in budget-setting for PH. Taking an inductive analytical approach, we constructed a conceptual model of the political, structural, and external factors influencing PH funding trends. Building on insight from key informants and considering

the pathways of influence laid out in the model, we identified policy areas with potential for improving the sustainability of PH funding.

Results and analysis:
Our research provides a detailed description of the budget-setting process for PH in BC and NS, and uncovered key factors influencing the trends in PH spending since 2000. We found that external factors such as PH crises and major sociopolitical events create windows of opportunity for investments or cuts. BC key informants reported that a consolidated PH budget structure, as opposed to integrating PH and healthcare budgets, seemed to have a protective effect over PH funding. We also found that strong relationships between PH actors and decision-makers such as senior executives are seen to promote stable PH investment. External PH advocacy was a contrasting factor between BC and NS: it played an important role in fostering new PH investments in BC, but was minimally influential over resource allocation in NS.

Conclusions and implications for policy, practice or additional research:
The findings from this study sheds light on some of the possible policy strategies for sustaining PH funding such as inclusion of PH experts at decision-making tables, and leveraging evidence of PH program effectiveness in budget proposals. Future research will compare these results to other provincial PH financing contexts, with the aim of informing current PH system strengthening efforts.

Identifying opportunities to support, lead, and influence transformative public health action on the structural and social determinants of health - Pemma Muzumdar

Introduction/background:

The National Collaborating Centre for Determinants of Health (NCCDH) has been engaged in environmental scanning for over 10 years. Environmental scans are a forward-looking method of discovery used to synthesize knowledge, inform decision making, and support organizational and system change. The first three environmental scans have shaped the Canadian public health community's collective understanding of the roles that public health actors take to health inequities, as well as the leadership, skills, and organizational contexts required to advance health equity. The NCCDH has conducted a fourth environmental scan to identify opportunities to support, lead and influence transformative public health action to address the structural and social determinants of health.

Methods:

The NCCDH used a tailored, multi-component approach, including a scoping review of the literature, an online survey, and a series of discussion groups and key informant interviews.

Results and analysis:

How we interpret and describe the structural determinants of health is still evolving.The available literature on defining the structural determinants of health, and interventions that address these determinants, is limited. Results from the online survey, discussion groups, and key informant interviews were analysed under the following themes:
-The current context and experience of the Canadian public health community related to addressing the structural and social determinants of health.
-Knowledge gaps about public health roles and action to address the structural and social determinants of health.
-Roles for the NCCDH to support public health action to address the structural and social determinants of health.

Conclusions and implications for policy, practice or additional research:
Public health actors are not often supported to change social, political and economic structures and engage in action to bring about policies that adress the root causes of health inequities (e.g. increased minimum wage). More research, exploration and action in this important area of system and scietal transformation is needed.

The Population-Centered Medical Model - A Method of Practice for Public Health Physicians – Sudit Ranade

Introduction/background:
Public health physicians occupy a unique place in the fields of both medicine and public health. Trained in each field, and often holding positions of authority in public health systems, public health physicians are sometimes challenged to identify their roles in either field of practice. Public health physicians work to achieve population health, but there has been limited theoretical development in this field of practice. The objective of this research was understand the processes by which public health physicians care for populations.

Methods:
Using Constructivist Grounded Theory (CGT), semi-structured interviews were conducted with 18 public health physicians across Canada. Coding followed the CGT process, and memo writing, constant comparison and theoretical sampling were used during the analytic process. Researcher expertise, methodological congruence, and process fidelity were used to ensure credibility of the findings.

Results and analysis:
The findings of this study resulted in the Population-Centered Medical Model (POP-CMM). This model outlines the processes by which public health physicians care for populations. Public health physicians bring values, knowledge and stances into their practice. They view populations as patients, with attendant obligations and responsibilities that follow from the physician to the population. The primary process is one of diagnosis and intervention, focused on systems and prevention, that relies on knowledge sharing and relationship building between physician and the population.

Conclusions and implications for policy, practice or additional research:
The core process model, POP-CMM, aligns the work of public health physicians with the work of physicians in general, while highlighting specific features of the work of physicians in public health practice. It has important implications for the training and practice of public health physicians in particular, and also more broadly for physicians and public health professionals.