

# The Six Stakes



Stake 1 - Purpose

Stake 2 - Participatory Leadership

Stake 3 - Relationships and Roles for Public Health

Stake 4 - Core Public Health Functions

Stake 5 - Areas of Focus

Stake 6 - Core Competencies

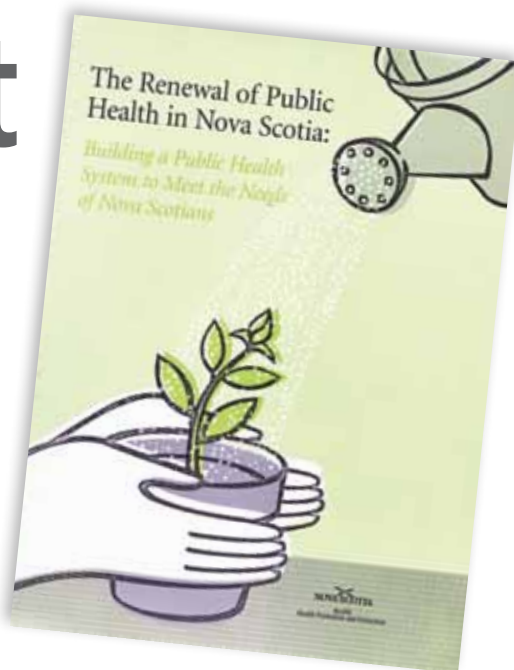


Nova Scotia Public Health  
2010

## Nova Scotia Public Health Moving Forward A Commitment to *Public Health's Future* 2010



# Context



In 2006, "Renewal of Public Health – Building a Public Health System to meet the needs of Nova Scotians" was accepted by government as the path for the renewal of public health.

It has 21 actions for system renewal. The first identifies the need and importance of a collective vision for public health.

Based on that, the public health system has been on a 14-month strategic planning journey of listening and understanding what the people of Nova Scotia want from us and our services. This journey involved 60 dialogue interviews, seven learning journeys (site visits with innovative groups), and five stakeholder gatherings involving over 450 people. This culminated in a clear purpose statement for public health and four strategic areas for innovative work and initiatives to grow.

Over a similar time period, three other processes were underway. The first process was the review of the public health system's organizational capacity. This involved interviews and several meetings with vice presidents of community health and leaders in public health. Subsequently, some DHA/ shared service areas have reviewed and re-oriented their capacity to provide local management/leadership as well as other public health core work. Others are continuing to work toward their capacity and re-orientation.

The second process was the work toward the development of a core program framework for public health in Nova Scotia. The work of this group has informed this communication.

*It is about concretely addressing the determinants of health to foster an environment that contributes to the optimal health of the population.*

The third process supports all the other processes and involves the recognition of the Core Competencies for Public Health Release 1.0. A work plan to embed these competencies into the work of all Public Health practitioners in Nova Scotia is being developed by a working group on core competencies.

Also of significance for the public health system this year was our collective experience during the H1N1 pandemic, which contributed many insights into roles, capacities and competencies for public health.\*

It is plainly obvious from indicators such as our high obesity, chronic disease and food insecurity rates as well as our demand for mental health services that Nova Scotians need to improve our collective health. Nova Scotians need this not only for the economic viability of the health care system, but for all to be able to live to their full potential in a healthy society. It is the right thing to work toward. It is bigger than anyone's individual health effort. It is about concretely addressing the determinants of health to foster an environment that contributes to the optimal health of the population.

The following is an articulation of what public health now understands to be our work. This communication is stating our stakes as leaders – what we **are now committed to do** to improve the health of Nova Scotians. We understand we are not there yet and we must develop the knowledge, skills and abilities over time. However, these are the stakes that we will be working towards – together.

*\*None of the above noted events/processes can be viewed in isolation of each other and all contribute to the following commitment stakes by leaders in public health.*

# Stake 1 Purpose

**Public health works with others to understand the health of our communities and acts together to improve health.**

Public health is rooted in and is focused on the improvement of health of the populations. To achieve this, public health practitioners work with many others from individual people to groups of citizens or other agencies. Wherever and whomever we work with, we will always have a focus on our purpose. This purpose explicitly states we are in the business of understanding our population using a variety of forms of evidence gathered in both traditional and innovative ways to inform action. We want to understand what is affecting health and act together on that understanding to improve health in our communities. Health refers to the broad determinants of health and health disparities and communities is meant to be as broad as communities can be defined many ways (geography, age/stage, minority, those disenfranchised, interest groups, etc).

*"Purpose is the invisible leader." – Toke Moeller*

# Stake 2 Participatory Leadership

We are committed to continuing to develop and integrate participatory leadership and processes throughout our culture, working within our teams and our partnerships.

# Stake 3 Relationships & Roles

Meaningful relationships are central for success in public health. We strive to do everything by connection and nothing in isolation. We work in collaboration with many others.

There are many roles for public health. Through strategic planning, public health has been asked to strengthen its role in these areas: as advocate, connector, collaborator, coach, mentor, champion, builder of competencies, facilitator (of bringing people together), catalysts for change, innovator.

# Stake 4 Core Functions

The core functions in public health are: **population health assessment, surveillance, health protection, health promotion and disease, and injury prevention.**

Public health will integrate these functions in our work. Strategic planning told us we are uniquely positioned, and needed, to provide leadership around the functions of population health assessment and surveillance. These functions along with engaging with communities are key aspects of 'understanding.' We also are particularly interested in enhancing our work in the following health promotion strategies: public policy and advocacy. The intent of focusing on these areas is to put societal conditions in place that will help improve the health of all Nova Scotians

Moreover, we are also mandated by health protection legislation to protect the health of the population particularly concerning communicable disease prevention and control, environmental health, and emergency management.

The core functions enable us to achieve our purpose by allowing us to understand the health of our communities and obligate us to bring this understanding back to communities to support decisions collectively on how to improve health.

We also understand that many other practitioners also employ these functions in their work. Our work as public health is defined by the integration of these core functions and a focus on the population.

# Stake 5 Areas of Focus

The following areas identify where public health work is focused. These are not discrete but are areas where work is focused using all the functions and approaches. Provinces across Canada and elsewhere call these different things: some call these core program areas, some mandatory programs, some simply programs. Further work to determine what Nova Scotia will call them is underway, and our focus may shift, develop or grow as our understanding of population health issues grows.

What is clear is that social justice and the determinants of health must be the underpinning of all of our work. We are being called to understand and act together – addressing social justice in our communities and have our work based in the determinants of health as we work in all these areas of focus.

**Furthermore, we can use our unique functions in population health assessment and surveillance – our 'understanding' – to provide the information that will illuminate for others how social justice and determinants of health can help address health inequities in our communities.**

**Recognizing that social justice and understanding are key threads in everything we do, the following are the areas of focus of our work:**

- Communicable Disease Prevention and Control
- Healthy Development
- Healthy Communities
- Environmental Health

Strategic planning also identified 4 strategic opportunities for innovation. These are: culture, relationships and innovation, one door, and early years.

# Stake 6 Core Competencies

We clearly recognize that we also need to enhance our collective and individual skills and competencies in the Public Health workforce to be able to make these stakes a reality. The Core Competencies for Public Health in Canada Release 1.0 are foundational for all public health practitioners. Establishing and improving organizational competencies depends on leadership and management understanding, demonstrating and coaching the core competencies. We are committed to doing this, and work has already started in many places.



Please Note: None of these stakes can be viewed on their own nor are they separate or discrete from each other. It is the combination of all the above statements of commitments that contributes to public health being successful in building a healthy population.

Essentially, for public health practitioners, it now means that:

- Some of the work of public health will remain
- Some will be enhanced
- Some will be new
- Some will change significantly or stop
- Some will be done with or by others

And how we do everything will be as important as what we do.

