Ontario Public Health Association
l'Association pour la santé publique de l'Ontario
Established/Établi 1949

Diversity Competent Public Health Professionals

A Position Paper and Two Resolutions adopted by the
Ontario Public Health Association
Code: 2006-01 (PP) / 2006-01 (RES) / 2006-02 (RES) ***Status:*** Active

Submitted by the OPHA Access, Equity and Social Justice Standing Committee

CONTENTS

Diversity Competent Public Health Professionals

Public Health is often described as the science and art of promoting health, preventing disease, prolonging life, and improving quality of life through the organized efforts of society. (Dr. David Naylor, Health Canada, 2003). Public health combines sciences, skills, and beliefs directed to the maintenance and improvement of the health of all people through collective action.

In order to carry out this work, Public Health professionals require a number of concrete skill sets. Among these are key ones relating to diversity competence. The justification for these professionals possessing these skills can be found in numerous places including in various public health unit mandates, key public health guiding documents, the mandates and directions of health-related organizations, the health research literature, as well as in recent developments in the public health field. A number of these that are pertinent to this discussion include:

1. Public Health Mandates (Ontario):

In Ontario, public health units are guided by the provincial Mandatory Health Programs and Service Guidelines (Ministry of Health, 1997) which set out minimum health programs and standards that all Ontario public health units must provide. In addition, public health units are required to address access and equity issues as part of the overall planning, service delivery and evaluation agenda. In order to ensure that everyone in Ontario has access to public health programs and in order to reduce educational, social and environmental barriers to accessing mandatory public health programs, public health units are required to meet the Equal Access Standard which states:

1. The board of health shall provide mandatory public health programs and services whenever practical and appropriate, which are accessible to people in special groups for whom barriers exist. Broadening access may require adjusting existing programs, promoting accessibility and developing special programs including special educational materials, tailored service delivery and active outreach.

2. When planning to use facilities and sites for mandatory public health programs, the board of health shall select those which are barrier-free and have suitable access for special groups.

3. The board of health shall establish ongoing community processes to identify needs, recommend approaches and monitor progress toward achieving access to the mandatory public health programs and services.

2. Ontario Public Health Association (OPHA):

One of OPHA's key values is to promote equity, social justice, inclusion and diversity. Indeed, OPHA's Access, Equity and Social Justice Standing Committee has been active over the past decade in advocating for improved access, equity, and social justice in the public health sector as well as better requirements and measurements for ensuring inclusive public health programming that is accessible and equitable for all populations and communities in Ontario.

Access refers to the extent to which consumers are able to secure the services they need; and are represented and/or participate in the planning, development, delivery and administration of those services (Ontario Public Health Association, 2000). Equity is addressed when public resources are distributed according to individual and community needs in order to substantially narrow the gap between the advantaged and the disadvantaged and to achieve improved levels of health and well being for all in Ontario.

The Ontario Public Health Association's Access & Equity Policy (2000) notes that equity as a public policy goal requires the movement toward achieving three major elements. These include 1) access to services (removal of barriers to existing services to achieve the access necessary to ensure maximum benefit); 2) participation in decision-making (the opportunities for effective and broader participation for a fair distribution of power and representation); and 3) better outcomes (differential opportunities for improved health and well being across populations and between communities).

3. The Ottawa Charter for Health Promotion:

According to the World Health Organization, "*health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector*." (World Health Organization, 1978).

Health Promotion, *"is the process of enabling people to increase control over, and to improve, their health*". It is an approach to public health practice that involves a key set of strategies. The Ottawa Charter for Health Promotion, a founding document for health promotion, states that health promotion focuses on achieving equity in health and reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential (World Health Organization, 1986).

4. Health Canada's Population Health Template

Health Canada's The Population Health Template: Key Elements and Actions that Define a Population Health Approach (2001) is an overarching template that sets forth the parameters of a population health approach and highlights the overarching goals:

- To maintain and improve health status of the entire population
- To reduce inequities in health status between population groups

Population Health, as an approach, addresses the entire range of individual and collective factors that determine health. Among these factors are issues of diversity, access, and equity.

In recent years, there has been increased interest nationally and internationally in the area of health inequalities. Although the health of a population may improve as an average, there continues to be unequal distribution of who is healthy and who is not. In many areas, the gap between those who are healthy and not healthy is widening. Health inequalities are unacceptable. Often, inequalities start early in life and persist not only into old age but subsequent generations.

Tackling health inequalities is becoming a top priority for Canada. Indeed, the Health Council of Canada states that inequalities in health is the number one health problem in Canada. Public health services need to improve programs and services to help narrow the health gap between disadvantaged groups, communities, and to improve health overall. The Public Health Agency of Canada (PHAC) has also cited the growing issue of health inequalities. Several key documents commissioned by PHAC are related to the issue of health inequalities, and implications and strategies to address these inqualities. Although Canadians are among the healthiest people in the world, major health disparities exist - the most important relate to socio-economic status (SES), racialized groups, aboriginal identity, gender and geographic location.

5. Social Inclusion and Exclusion

Social inclusion can be described as the structures and dynamic processes for participation among groups in society. Social exclusion refers to the inability of certain groups or individuals to participate fully in life due to structural inequalities in access to social, economic, political and cultural resources. These inequalities arise out of oppression related to race, class, gender, disability, sexual orientation, immigrant status and religion (Galabuzi and Labonte, 2002). Social exclusion is experienced by both individuals and communities in multiple and often reinforcing dimensions.

In addition to the negative health effects of relative economic and social deprivation, the actual experience of inequality and the stress associated with dealing with exclusion tend to have pronounced psychological effects and to impact negatively on health status (Wilkinson, 1996 as cited in Galabuzi and Labonte, 2002). For example, children whose health is most at risk tend to live in low-income families, single-parent families, or among racialized group populations, including immigrant and refugee families and Aboriginal families.

Rationale for Mandatory Diversity Training

In order to address all of the above-mentioned issues and in order meet the challenges of our increasingly diverse populations, public health professionals require mandatory and sustained diversity competence training and professional development. In fact, the Federal/Provincial/Territorial Public Health Human Resources Joint Task Group (PHHRJTG) has identified 62 draft core competencies for all pubic health professionals. These include four specific competencies under the Socio-Cultural Domain. As part of the review of the organization and capacity of the public health system, the Capacity Review Committee of the Ontario Government has recommended the adoption of these public health core competencies.

Mandatory diversity training is required in order to ensure that minimum knowledge and expectations are set out for all staff and management in public health units. All public health programs are required to ensure that no group faces barriers to accessing information and services. This requires constant review of the program and the demographics of populations being served. In addition, mandatory training for all public health practitioners will assist in longer-term organizational changes to improve social inclusion of all communities being served, and begin to tackle health inequalities among groups.

Diversity Competent Approach

'Best practices' in public health and population health are "people-centred" (Zollner and Lessof cited in Health Canada, 2001). This means that programs and services should be reflective of the populations, communities or groups being serviced. As communities become more diverse, it is increasingly important for public health professionals to understand the many dimensions of diversity, their meanings and how these can be key determinants of health.

Public health professionals must consider the diversity dimensions and social positions of the individuals, families or communities that programs or services intend to serve. This includes increasing access to appropriate health and social services for marginalized groups facing barriers, ensuring inclusive policies and procedures, training health workers to be diversity competent, hiring health workers from minority groups, helping minority communities build support networks undertaking research into the impacts of the multiple dimensions of social exclusion on the health status of the target group, empowering marginalized groups to participate in developing policy and program responses to the multiple dimensions of social exclusion.

Ensuring mandatory diversity competence training for all public health professionals will assist in achieving best practices in public health and population health. Any diversity competence training that this undertaken should be reflective of the population the health unit serves and should include at a minimum, but not limited to, the following topics:

- diversity dimensions, a) racial identity, ethnicity and culture; b) new immigrants and refugees; c) sexual orientation, sexual identity, gender, and gender identity; d) Aboriginal communities; e) socio-economic status, class; f) mental and physical abilities; g) language, literacy, education; h) age; i) geographic limitations; j) other
- anti-racism, anti-oppression and social inclusion;
- service delivery, programming, and organizational changes that lead to better access and inclusion of diverse populations.

Finally, in addition to mandatory diversity competence training, public health units need to consider and ensure various mechanisms in order to help create a supportive environment for embracing and sustaining the diversity competence training. Among other things, these could include ensuring existence of an inclusive organizational philosophy, formally incorporating diversity in a health unit's mission, vision and guiding principles, establishing goals and accountability by integrating diversity with management practices (e.g. by establishing diversity-related performance objectives for managers and employees); and encompassing training as an on-going strategy and not just a one time event.

References:

Capacity Review Committee. (2006). *Revitalizing Ontario's Public Health Capacity: The Final Report of the Capacity Review Committee.* Ministry of Health and Long-Term Care Queen's Printer for Ontario.

Galabuzi, G. and R. Labonte. (2002). *Social Inclusion as a Determinant of Health*. November 2002. Retrieved June 30, 2006 from: http://www.phac-aspc.gc.ca/ph-sp/phdd/pdf/overview_implications/03_inclusion_e.pdf.

Health Canada. (2001 Draft). *The Population Health Template: Key elements and actions that define a population health approach*. Ottawa, ON: Health Canada, Population and Public Health Branch.

Ministry of Health. (1997). *Mandatory health programs and services guidelines*. Health Information Centre: Toronto

Moloughney, B. for the F/P/T Public Health Human Resources Joint Task Group.(2004) *The Development of a Draft Set of Public Health Core Competencies*. Retrieved June 30, 2006 from http://www.opha.on.ca/projects/phcci/corecompetencies.html.

Naylor, D. (2003). *Learning from SARS - Renewal of Public Health in Canada*. Ottawa, ON: Health Canada.

Ontario Public Health Association. (2000). *Access and Equity Policy*. OPHA: Ontario

World Health Organization (1986). *Ottawa Charter for Health Promotion*. Geneva: World Health Organization.

World Health Organization. (1998a). *Health Promotion Glossary*. Geneva: World Health Organization.

OPHA Resolution for 2006 AGM: Diversity Competent Public Health Professionals

Resolution #1:

THEREFORE BE IT RESOLVED that the position paper, "Diversity Competent Public Health Professionals" be adopted as the position of OPHA.

Resolution #2:

WHEREAS boards of health are required to provide mandatory public health programs that are accessible to people in special groups for whom barriers exist

WHEREAS the Ottawa Charter for Health Promotion states that health promotion focuses on achieving equity in health and reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential

WHEREAS the Health Council of Canada states that Inequalities in Health is the number one health problem in Canada

WHEREAS the Ontario government's Capacity Review Committee report of the organization and capacity of the public health system recommended the adoption of public health core competencies, of which socio-cultural competence is a key domain area

WHEREAS public health practitioners continue to experience the pressure of meeting growing complex needs of diverse populations

WHEREAS social exclusion of groups facing oppression and barriers results in poorer health outcomes

THEREFORE BE IT RESOLVED that OPHA call upon local boards of health and Ontario health units to implement all-staff mandatory diversity training using best practices related to knowledge translation and reflecting the population that the health unit serves; such training to also include, at a minimum, modules on:

- diversity dimensions, including but not limited to a) racial identity, ethnicity and culture; b) new immigrants and refugees; c) sexual orientation, sexual identity, gender, and gender identity; d) Aboriginal communities; e) socio-economic status, class; f) mental and physical abilities; g) language, literacy, education; h) age; i) geographic limitations;
- anti-racism, anti-oppression and social inclusion;
- service delivery, programming, and organizational changes that lead to better access and inclusion of diverse populations.

BE IT FURTHER RESOLVED that OPHA implement diversity training within its organization, including workgroup members, staff, project staff and Board of directors

BE IT FURTHER RESOLVED that OPHA call upon academic institutions that provide public health training to develop and increase curriculum related to diversity, access, equity and social inclusion

BE IT FURTHER RESOLVED that OPHA call upon the Ministries related to public health to develop and implement standards to ensure equitable access to public health programs and services

BE IT FINALLY RESOLVED that OPHA call for the inclusion of ongoing diversity, anti-oppression and social inclusion training in all forms for all health professionals through professional development through professional organizations.

Regarding Resolutions, Position Papers, and Motions:

Status: Policy statements (resolutions, position papers, and motions) are categorized as:

Active, if:
1. The activities outlined in the policy statement's implementation plan have not yet been completed,
2. The policy statement addresses an issue that is currently relevant to public health in Ontario.

Archived, if:
1. The activities outlined in the policy statement's implementation plan have been completed, or
2. The policy statement addresses an issue that is not currently relevant to public health in Ontario or is not based upon the most current evidence. The statement remains the position of the OPHA until a new statement is adopted that effectively reverses or essentially negates all or major elements of an earlier statement. In this instance, the former supercedes the latter.