

# Health equity and the value of public health generalists: An interview with Connie Clement

J. Ross Graham, MSc, CHE



**Ms. Connie Clement**

**C**onnie Clement has spent a career working to reduce health inequities. This includes her current work as Scientific Director of the National Collaborating Centre for Determinants of Health (NCCDH), a role she has held since 2011. Prior to this role, Connie held various leadership roles in the non-profit sector, including Executive Director of Health Nexus (Nexus Santé). Connie worked at Toronto Public Health (TPH) for 15 years in multiple sexual health and health promotion front-line, consultant and management positions, and for over two years as the Director of Planning and Policy. Early in her career, Connie was engaged in community-based activism to improve women's health, including co-founding *Healthsharing* magazine, published quarterly from 1979 to 1993.<sup>1</sup>

## Interview

**J. Ross Graham (JRG):** *What attracted you to public health?*

**Connie Clement (CC):** Being raised by a nurse and an environmentalist, I entered public health through activism, not training. I became involved as a teenager with sexual health education initiatives and supported a local mayor with a community recycling program. I identified as a feminist by the time I completed high school and this informed how I spent university, both in terms of what I studied and my activities. For instance, I co-founded a women's centre where I led "our bodies, ourselves" groups, and at school created independent studies about women and health. I chose to work in health after university because health touches everyone – and everyone's everyone – and health can be a powerful force for social change and social justice.

I began working at Toronto Public Health (TPH) as a Family Planning Community Worker when I was about 30. At the time, we were TPH's only community workers. Alongside birth control teaching, one of the first things I did was create an interagency network to help local services collaborate. Bringing people together to share know-how to improve community well-being has been a theme throughout my career.

**JRG:** *What have been the most exciting experiences of your career?*

**CC:** Situations with a high degree of change are always exciting. Being at TPH after the amalgamation was undoubtedly the most concentrated and complex public health experience I will have in my career. Planning and policy touched on nearly everything TPH did, which made it a remarkable experience. As director I might, in a single day, address polychlorinated biphenyl (PCB) storage,

explore matching up divergent approaches to abortion in our clinics, stick-handle media about a food-borne disease outbreak, and contribute to harmonizing grants policies. And, it was always fast.

As part of the municipality, public health staff actively collaborated with other departments, such as urban planning and public works. Even before amalgamation, I chaired an intersectoral committee on prostitution, involving Toronto Police Services, Justice, politicians, prostitutes and community organizations. Bringing varied perspectives together to determine reasonable solutions to a difficult situation was challenging and important work. We ended up recommending an occupational health and safety approach, similar to what the Supreme Court of Canada recommended in late 2013. I guess we were over 20 years ahead of our time! Across these experiences, it's always been exciting to be involved with something new.

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**JRG:** *Conversely, what have been some challenging experiences of your career?*

**CC:** A major challenge in public health is when you put your heart and soul into something, but it doesn't go ahead. This was the case with Toronto's Public Health Research, Education and Development (PHRED) program.<sup>2</sup> A turning point occurred when the Province, which had previously fully funded this innovative "teaching health unit" initiative, asked the involved municipalities to cost-share the program. The then recently amalgamated City of Toronto said "No way!" Luckily, we managed to maintain all the program's positions through financial sleight-of-hand, yet losing the program set us back.

A related challenge for public health is how to work and communicate across boundaries and disciplines. In Toronto post-amalgamation, it took time to establish communication pathways within the new structure, especially since the amalgamation took an emotional toll on nearly all staff. Another example was with the PHRED program: the six separate PHRED units operated in relative isolation until it was recognized that the program's impact would be greater if collaboration and communication with stakeholders across sites increased. Happily, that coincided with enough trust having been established such that collaboration was actually possible. This also applies to the National Collaborating Centres (NCCs), which started with a collaborative title, but not a collaborative practice. Today, the NCCs continue to learn so that we can work more closely together to determine priorities, develop resources and support public health practitioners.

**JRG:** *What are some of the challenges of leading a NCC?*

**CC:** We have a tiny budget yet a national scope. With a budget of less than \$1M, we need to be skillful at leveraging if we are to have a national impact. This requires clarity about key audiences, goals and methods.

Regarding methods, there are divergent views about knowledge translation, what it is and what approaches are most valuable. There's an impression that clinical trials and systematic reviews are best. These methods are good for some things, but not everything. For example, systematic reviews are ill-suited to address emergent issues because literature won't be advanced. The National Collaborating Centre for Determinants of Health (NCCDH) conducts reviews, yet we spend more time generating case studies and supporting knowledge exchange, such as knowledge transfer from one jurisdiction to another. Exploring complex interventions also requires different knowledge translation methods, since these interventions are context-specific. We know interventions must be tailored to context; conversely understanding context is a critical aspect of effective knowledge exchange.

It's also challenging to be applying knowledge to help public health address inequities – something that has been at the heart of public health since our field's inception, yet isn't formally required in all provinces. Even in the Public Health Agency of Canada's core competencies, equity is a value and philosophy that isn't well supported by standardized expectations. Attention to outbreaks jumps to the fore and intervening at individual lifestyle is comfortable. This requires our NCC to be inventive at creating openings to influence change. At the same time, interest in understanding how best – concretely – to advance equity through health is growing, and that creates new opportunities.

**JRG:** *What skills have been most valuable during your career?*

**CC:** Everyone in public health needs strong communication skills. We need to communicate what we do. This includes communicating what is causal and what isn't, and often explaining the basis of non-obvious, innovative solutions to those outside public health. Effective communication is also vital for addressing health inequities. This includes being able to speak effectively with people from different disciplines, tell stories well and translate evidence to the neighbourhood level.

While it's not a skill, it is important to maintain community involvement. In fact, NCC staff conducted an appreciative inquiry study with public health leaders engaged in health equity work.<sup>3</sup> The results suggested leaders were most successful when they kept one foot in their institution, and one foot in the community. And, being a team contributor is vital. As a leader, I strive to know colleagues well enough to provide opportunities for everyone to use their strengths and, at the same time, to learn and grow. I would have accomplished very little without great allies.

**JRG:** *What are the greatest opportunities for today's public health practitioners?*

**CC:** I am excited to be part of NCCDH's work to support practitioners to determine how best to utilize public health resources to narrow inequities. This work is fundamental and touches every public health program. The World Health Organization Commission on Social Determinants of Health said it neatly: "Inequities are killing people on a grand scale," and public health *must* contribute to solutions.<sup>4</sup>

I see opportunities to value more the role of the "generalist" in public health. Over the time of my career, I've seen public health nurses change from neighbourhood generalists to program specialists who deliver pre-designed programs. The generalist, with a wide array of expertise, is better equipped to analyze community needs and assets and to tailor responses. I'm saddened by this trend to early specialization. Somehow we have the misperception that specialization is more evidence-based, yet a good generalist is highly skilled at working in complexity. Because of our focus on health equity, our NCC relies on evidence about effective processes and skills that are very cross-cutting – specialist, but in a generalist way!

I also hope we continue diversifying who holds public health leadership positions across Canada. There's an opportunity and need for more women in public health leadership roles (beyond nursing leadership) and more individuals from diverse backgrounds, ideally Indigenous leaders, immigrants and those raised outside of Canadian cities.

Beyond those opportunities, there is also tremendous work to be done in environmentalism and climate health to improve human health. Similarly, the area of early childhood development is still of fundamental importance and deserves greater attention.

**JRG:** *What advice do you have for those considering a public health leadership role?*

**CC:** Focus on the long haul. Everything we do is slow and incremental. Leadership in public health takes tenacity, perseverance and patience. Make sure you find good mentors and trusted peers. Likewise, you should nurture those around you. Practitioners need to find balance because public health leadership

is hard work. Try to balance a range of activities to keep things interesting – within work and in your personal life. Be open to learning and change. It's important to learn from our mistakes and to create a safe environment for others to learn from theirs. In public health we tell many good-news stories, yet we're often uncomfortable discussing errors. This needs to change. While learning from failure is particularly challenging for some areas of public health, let's acknowledge that we take many risks and some don't work out even when they're calculated and based on good knowledge. We need to learn from our mistakes in order to progress further, faster.

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