Public Health Ethics and Equity: Naming and Navigating Ethical Issues in Public Health Practice

Webinar | November 21, 2017
1:00 p.m. – 2:30 p.m. (EST)

Presenter:
Dr. Bernie Pauly
Associate Professor, School of Nursing, University of Victoria
Scientist, Canadian Institute of Substance Use Research (CISUR)
UVIC Provost’s Community Engaged Scholar
Island Health Scholar in Residence

Facilitators:
Sume Ndumbe-Eyoh National Collaborating Centre for Determinants of Health
Michael Keeling National Collaborating Centre for Healthy Public Policy
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Your presenters today

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Declaration of real or potential conflicts of interest

Presenters:
Dr. Bernie Pauly, Sume Ndumbe-Eyoh and Michael Keeling

I have no real or potential conflict of interest related to the material that is being presented today.
What you said...

• The results from our questionnaire, in brief:
  How do you rate your knowledge about.....

Health equity

Putting equity into practice
What you said...

- The results from our questionnaire, in brief:
  How do you rate your knowledge about......

Public health ethics

Approaches for identifying ethical issues
The National Collaborating Centres for Public Health

- National Collaborating Centre for Aboriginal Health
  - Prince George, B.C. | www.nccah.ca

- National Collaborating Centre for Infectious Diseases
  - Winnipeg, MB | www.nccid.ca

- National Collaborating Centre for Determinants of Health
  - Antigonish, N.S. | www.nccdh.ca

- National Collaborating Centre for Environmental Health
  - Vancouver, B.C. | www.ncceh.ca

- National Collaborating Centre for Methods and Tools
  - Hamilton, ON | www.nccmt.ca

- National Collaborating Centre for Healthy Public Policy
  - Montréal-Québec, QC | www.ncchpp.ca
National Collaborating Centre for Healthy Public Policy (NCCHPP)

Our mandate

– Support public health actors in their efforts to promote healthy public policies

Our areas of expertise

– The effects of public policies on health
– Generating and using knowledge about policies
– Intersectoral actors and mechanisms
– Strategies to influence policy making
National Collaborating Centre for Determinants of Health

Our focus: Social determinants of health & health equity

Our audience: Public health practitioners, decision makers, & researchers

Our work: Translate & share evidence to influence work on the social determinants & health equity
POLL: Where do you work?

- BC
- YK
- AB
- SK
- MB
- NT
- NU
- ON
- QC
- NB
- NS
- PEI
- NL
- US
- Other
Our goals today:

- Gain knowledge about everyday ethical issues that arise in public health practice,

- Learn about how public health practitioners in various sectors navigate these issues,

- Identify resources and strategies that can help you to navigate these issues in your own professional contexts.
Navigating Different Agendas:
Ethics and Health Equity Work in Public Health

Bernie Pauly¹, Wanda Martin², Lenora Marcellus¹, Tina Revai¹, Marjorie MacDonald¹
University of Victoria¹, University of Saskatchewan²
Funders
Public health ethics is an emerging field that is distinct from biomedical ethics:

• Equity and social justice
• Populations not individuals
• Upstream action on the SDOH
• Prevention of illness and disease
PH Practitioners have a clear obligation towards health equity:

“Important values in public health include a commitment to equity & social justice” (PHAC, 2007)

Explicit ethical guidance for PH is lacking.

Relatively little known about ethical issues related to health equity work for PH practitioners.
EQUITY LENS IN PUBLIC HEALTH (ELPH)

- Intersectoral collaboration
- Health equity priorities and strategies
- Integrated knowledge translation and exchange
- Power and ethics in public health
- Health equity tools
Partners
Equity Lens In Public Health (ELPH)

To guide and inform learning about the integration of an equity lens in public health and to contribute knowledge of health inequities reduction.
STUDY OBJECTIVES

- What are the ethical issues of public health practitioners who undertake work reducing health inequities or promoting health equity in areas of mental health promotion and prevention of harms of SU?

- How do public health practitioners navigate these issues?
METHODS

• Grounded Theory approach
• One to one interviews transcribed verbatim
• Thematic qualitative analysis using constant comparison
• Team Coding
PARTICIPANTS

• Direct care public health staff with responsibilities for promoting mental health and preventing the harms of substance use

• Semi-structured interviews with 32 participants
  – 28 Female and 4 male
  – 31 had post-secondary
    • 4 certificate/diploma; 20 bachelor degree (plus 1 university unspecified), 5 Masters degree (plus 2 in process)
  – 25 RN’s
  – 6.05 Average yrs in position
  – 10.26 years in Public Health
Navigating Different Agendas: The Process of Health Equity Work in PH

- Sense Making
- Taking Action
- Ethically Challenging Situation
- Impacts
  - Practitioner
  - Client
  - System

- Intra-personal
- Interpersonal
- Organizational
- Systemic
ETHICALLY CHALLENGING SITUATIONS

1. Individual Person Centred Care Versus Situations of Structural Vulnerability

2. Health Equity Work on the Ground and Lack of a Systemic HE Lens

3. Tensions in Enacting the Public Health Role
1. Individual Person Centred Care versus Structural Vulnerability

- Judgments, Stigma, and Discrimination
- Checking lists and boxes versus meeting Client Needs
- Preserving Trust and Relationships versus social control
I find there’s more judgement. You know .... not having the same kind of emphasis or compassion, or understanding of the complexities of health inequities and the determinants of health, even though that is part of the lens in public health, there’s still sort of ... there’s a certain attitude of like they choose just for themselves (S4-12)

And I think the work that we do is also stigmatized. Like, our clients are stigmatized for their health and social status and we are stigmatized for working with them. (S4-20)
• ...certain mothers who quote unquote “qualify” for a home visit due to some varying risk factors. And is that an equitable way of treating our population? Because it leaves out that aesthetic way of knowing about that person. You know? Saying “I just have this feeling that this mom needs a visit” or “just from her tone of voice, I think she’s not telling me she’s depressed but I sense something “ so I go out and visit and sure enough, there’s several different things going on. (S4-18)
And the times where I feel like my ethics have been compromised is where I’ve been asked to have quite a specific follow up. Like, you know, one example would be to call the doctor to make sure that the client attended for a baby checkup. Or something like that. For me, I don’t feel, I mean, if that was an agreement I had with the client already personally, I would feel okay about that. But for me as maybe we’ve never even met, that feels like policing and that feels unethical to me (S4-21).
2. Doing Health Equity Work on the Ground without Systemic HE or SDOH Lens

- Inadequate system responses to HE and SDOH
- Lack of Mental Health and Substance use services
S4-20 – Because you know, you’re stuck. Because, you know, you can’t give people a better house. You can’t get them a sink, you can’t give them the basic needs, right? So you are, you’re very torn and almost feel guilty at the end of the day when you go home and you think, like “God,” you know? You stand in question of what you have and what you need, and what people need in society. You know?
2a. Health Equity w/o a HE or SDOH Lens

- So the client, the people that I work with who have been drawn into a life of poverty and heavy drug use. I want to know what brought them there and I want to focus on how did that happen, what went wrong that brought them there, not what’s wrong with their drug use. Their drug use is really just a red herring, it is a coping mechanism, what was the trauma, what happened?...And to me I’d be looking at what’s wrong socially, what’s wrong with our political system, you know.......Sort of the big structural issues that allow people to get sucked into a life that is so unpleasant. (S4 29)
2b. Lack of MH SU Services

- Lack of Mental Health Services for Post Partum Depression, Youth Mental Health and Quick Access to MH Emergency Services

- A key area was lack of harm reduction services. Ethical concerns included inability to access full range of supplies, lack of safer spaces for drug use and lack of harm reduction philosophy in organizations
3. Tensions in Enacting the PH Role

- Tensions between primary care and public health
- Tensions between Acute Care Priorities and Health Promotion/Prevention Priorities
- Tensions between targeting and universally accessible programming
3. Tensions in Enacting the PH Role

S4-02 – You have a kid who’s sleeping on the street with a guy . . . she hooks up with that man for some kind of protection . . . she doesn’t have a lot of power to advocate or to say “I want to use a condom”, so if I go and say “Here, I’m going to give you some condoms and teach you how to use them” that’s really naïve in terms of the big picture and probably putting her at risk. I would say my job is to try and get her stable housing, . . . So getting her housing as STI prevention, is the way I framed it. And still do. That is what my organization has a lot of trouble with. They want to know how many tests I do.
Discussion Point

Do the ethical tensions presented capture or resonate with your experiences in public health?

These ethical tensions emerged from practice in the areas of mental health promotion and prevention of harms of substance. What is different in relation to health equity work in the area in which you practice?
Intra-personal inter-personal organizational systemic

Sense Making

Ethically Challenging Situation

Taking Action

Impacts system practitioner client

CPHC

(client)
SENSE MAKING

Appreciation of the Population
Talking Ethically
Staying Grounded in Collective Values
Persistence in Taking the Next Step
Situational Thinking
I guess for this woman.... I’ve seen her with her children for 7 years, I’ve seen her when she’s been sober and parenting. And this was like the lowest that she’d ever been and that she’d lost everything and it was yeah, crystal meth, a nasty drug. I know the potential that I’ve seen. I guess I’ve seen that person and I know where she’s been and where she’s at and that the potential for her is still there for her to do that. (S4-30)
Discussion Point

• How do public health practitioners make sense of ethically challenging situations in your experience?

• What is missing or different in these findings compared to the area in which you work?
TAKING ACTION

Intra-personal
interpersonal
organizational
systemic

Client
Practitioner
System

Ethically Challenging Situation

Sense Making

Taking Action

Impact

System

practitioner
client
TAKING ACTION

Working Upstream
Advocating
Being Client Centred
Talking Things Through Together
Doing what it Takes
Using Survival Tactics
Discussion Point

• How do these types of actions resonate with you and the area in which you work?

• Are these actions relevant to other areas of public health? What are examples of other types of action?
Witnessing Inequities
Biting the Hand that Feeds You
Living in the Middle Ground

Unmet Client Needs
Client Needs Met
Client is Harmed
Harm Prevented
Witnessing and hearing stories of health inequities lived by the clients they serve:

• No power to address determinants of those health inequities
• Seeing very little systemic response (or a rationed response) to addressing the determinants of health in any substantive way.
• Compassion fatigue and burnout
S4-14 –[X program] is against needle exchange right, there’s just no harm reduction in that way. They will give bleach and condoms, but that’s it. So off and on at different times we have slipped the odd person a clean needle and on two occasions we were threatened that we wouldn’t be allowed to work in that [program] anymore and I find that a huge ethical issue.

I feel like our service is really valuable and I don’t want to be kicked out, but clean needles are really important as well, so that ones at a stalemate.
Taking action runs the risk of biting the hand that feeds you, i.e. going against employer’s expectations and priorities:

- “do first and ask for forgiveness later”
- retreating from dialogue as it was seen as futile
- considering other employment
S4-10 – I don’t know that my manager would feel the same way . . . And even if my manager told me I shouldn’t have done it, I still don’t, I personally wouldn’t see it as a mistake. I would apologize if she told me if it was wrong because I want to keep my job but you know . . .
and I live in the middle ground, meaning there are certain limitations to my work that I have to accept if I’m going to work for this organization, which there’s lots of perks, including a nice stable paycheque, whereas if I quit and work for an [a community organization], for example, where you get to be a bit more radical, some of those perks are gone.
Discussion Points

• What are your thoughts/comments on the various impacts that public health practitioners in our study identified?

• What other impacts are you aware of or have experienced?
CRITICAL PUBLIC HEALTH LENSES

Ethically Challenging Situation
Sense Making
Taking Action

Intra-personal
Interpersonal
Organizational
Systemic

Impacts
System
Client
Practitioner
ANALYSIS

• Increased opportunities for PH practice to take action on social justice
• PH practitioners’ conceptions of ‘doing good’ do not come from abstraction or theory
• Obligation to act comes from their situated position proximal to service users’ lived experience
• Practitioners routinely experience ethical concerns with few organizational resources available to support ethical PH practice.
Relational PH ethics (Baylis, Kenny, & Sherwin, 2008) – a promising approach to ethical PH practice

- A relational understanding of persons acknowledges the ways we are socially situated and interdependent
- Views solidarity as a key public process requiring collaboration, transparency, and accountable decision-making
- A sense that we are all in this together.
CONCLUSION

• Sitting between system intention and actual impact on the client
  – Practitioner can report on the coherence between goals and effects

• Increased focus on ethical issues, working collaboratively and reflexively
  – Potential to generate new solutions and strengthen equity strategies
CONCLUSION

A relational account of public health ethics,

“asks us to look beyond effects on individuals and to see how members of different social groups may be collectively affected by practices that create inequalities in access and opportunity . . . and enjoins us to correct patterns of systemic injustice among different groups, seeking us to improve rather than worsen systematic disadvantages in society”

Kenny, Sherwin, & Baylis (2010)
Discussion Point

• How relevant or useful is the concept of public health consciousness?
• What are strategies/recommendations that might help tilt the system towards health equity? Why is this important?
• What should public health collectively be doing to help tilt the system towards health equity?
• What is helpful/not helpful to you from this study?
• Any other questions/comments?
Thank you

Check us out!

www.uvic.ca/elph

Let us know what you think:

Email: elph@uvic.ca

Twitter: @elph_uvic
Questions and discussion
Health Equity Clicks: Organizations
Visit www.healthequityclicks.ca for a growing list of organizations taking action on the social determinants of health

Workshops & events
Visit our website to find out about the next knowledge exchange opportunity!
http://nccdh.ca/connect/workshops-events/

Resource Library
Your one-stop-shop for public health resources on the social determinants of health & health equity!
http://nccdh.ca/resources/library/

Health Equity Clicks: Community
Share what works to advance health equity - join in online conversations, networking events, and more!
www.nccdh.ca/community

Sign up for our monthly e-news
nccdh@stfx.ca
Some NCCHPP resources on public health ethics

http://www.ncchpp.ca/127/Publications.ccnpps?id_article=977

http://www.ncchpp.ca/127/publications.ccnpps?id_article=1424

http://www.ncchpp.ca/127/Publications.ccnpps?id_article=1426

http://www.ncchpp.ca/708/Repertoire_of_Frameworks.ccnpps

http://www.ncchpp.ca/127/publications.ccnpps?id_article=1525

http://www.ncchpp.ca/128/presentations.ccnpps?id_article=1553
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Dr. Bernie Pauly

Associate Professor, School of Nursing, University of Victoria
Scientist, Canadian Institute of Substance Use Research (CISUR)
UVIC Provost’s Community Engaged Scholar
Island Health Scholar in Residence

for sharing her time and expertise with us.
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To Contact Us

National Collaborating Centre for Determinants of Health

St. Francis Xavier University
PO Box 5000, Antigonish, NS
B2G 2W5

Email: NCCDH@stfx.ca and CCNDS@stfx.ca

Phone: (902) 867-5406
Fax: (902) 867-6130
www.nccdh.ca and www.ccnds.ca

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#sdoh #healthequity

National Collaborating Centre for Healthy Public Policy

Institut national de santé publique du Québec.
190 Boul Crémazie Est., Montréal, Québec
H2P 1E2

Email: ncchpp@inspq.qc.ca

Phone: (514) 864-1600 ex. 3615
Fax: (514) 864-5180
www.ncchpp.ca and www.ccnpps.ca

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Thank you for joining us

This subject interests you?

Visit NCCDH’s (www.nccdh.ca) and NCCHPP’s (www.ncchpp.ca) websites for more resources

Or, write to us:
- Sume Ndumbe-Eyoh at NCCDH (seyoh@STFX.CA)
- Michael Keeling at NCCHPP (michael.keeling@inpq.qc.ca)