As we continue to develop new cases and refine their application in the classroom, we would welcome feedback on these cases and testimonials about how you have used them. Any corrections to this set of cases will also be gratefully received. Please get in touch with us via the program’s email: publichealth@schulich.uwo.ca.

Western Public Health Casebook 2017

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Photos on front cover are graduates from MPH Class of 2016.

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I believe a Master of Public Health degree is more than a qualification. It is a passport to change the world. By which I mean that there are very few ways to spend your working life that are as impactful as pursuing a career in public health. Consider the role of a public health leader working with others to effect change in all aspects of people’s lives. There are many factors that influence health: income, education, employment, our environment and our biology. Public health issues are created by many interrelated factors and are often system-wide issues involving many different players. The global nature of public health means that issues can cross borders and have an impact at the local, national and international levels. As leaders, we cannot work in isolation if we want to have an impact. Improving population health requires us to work with our partners across sectors to create the conditions that promote health. We need systematic approaches to understand and address the interplay of the many variables that contribute to health. To accomplish this, we need leaders who are able to work with and influence others within and outside of the health system to ensure policies, programs and decisions provide people the opportunities for good health. As such, the ability to make team-based decisions is important for future public health leaders. Public health leaders need to seek to understand issues from different perspectives, garner support from different stakeholders, and create supportive environments to embrace the benefits and challenges of working in teams.

Over the course of my career as a public health executive, I have had the opportunity to work at local, national and international levels. I left Scotland to become the President and CEO of Public Health Ontario (PHO) in 2014, because I believe that in this province, we have the potential to have the best public health system in the world.

PHO is a provincial agency dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. Our organization plays a critical role in Ontario’s health system, by providing expert scientific and technical advice and support to those working in public health, health care, government and related sectors across the province. Our key role is to enable informed decisions and actions that shape policies for a healthier Ontario. To advance our work, we collaborate with our partners and clients across health, education, employment, labour, environment and research sectors and make team decisions to address issues of mutual interest and concern.

One example that comes to mind is PHO’s work to prepare for and respond to Zika virus. In 2015, Zika virus emerged as a public health concern in South America. Although it was first identified in Uganda in 1947, this mosquito-borne virus was not considered a serious threat to human health. In 2016, the World Health Organization declared Zika virus a public health emergency of international concern following a cluster of outbreaks in Central and South America that appeared to have a connection with an increase in microcephaly cases and other neurological disorders. As it spread to Mexico, the Caribbean and the United States of America, global attention turned to preventing and minimizing the impact of Zika virus. Recognizing the potential impacts this global virus could have on Ontarians, we established a cross-functional team of PHO experts in emergency preparedness, epidemiology, microbiology,
entomology, clinical practice, issues management and communications to develop tools and provide support and advice to the Ministry of Health and Long-Term Care, public health units and health care providers. No single individual in Public Health Ontario had all of the expertise to make decisions on the best way to respond to Zika virus. The establishment of a cross-functional team brought together staff across the organization with complimentary knowledge, skills and experience.

Together, the team made decisions to inform the province’s overall response. Key aspects of our response to this emerging virus included:

- Monitoring and assessing Zika virus infection in collaboration with the MOHLTC, the Office of the Chief Medical Officer of Health and the Public Health Agency of Canada;
- Evaluating evidence and surveillance to provide scientific and technical support to the Chief Medical Officer of Health;
- Consulting with clinicians on who to test and what tests were available for individual patients;
- Introducing molecular testing for Zika virus in Ontario, in collaboration with the National Microbiology Laboratory; and,
- Co-ordinating specimen testing with the Public Health Agency of Canada’s National Microbiology Laboratory.

The convergence of individuals with a wide array of skills, knowledge and experience allowed us to develop products and services to meet the needs of various stakeholders, including physicians, government officials, public health units and the public. Our achievements can be credited to bringing together the right people to better understand the threats posed by Zika virus and develop and implement appropriate advice and tools.

It has been my experience that involving others in the decision-making process not only contributes to developing more effective interventions and approaches to addressing issues, but also solutions that are more likely to be accepted. With the interplay of many factors and players come competing interests and priorities. Stakeholders impacted by decisions want their perspectives to be heard and considered. Team-based decision-making requires openness to the ideas of others. Decisions that only take into consideration one individual’s, organization’s or sector’s perspective are less likely to garner support from others. Team-based decision making also allows those impacted by decisions to come together to develop shared goals, objectives and outcomes. Individuals are also more likely to feel like they were part of the decision-making process and that decisions were made in a transparent way. The process allows public health leaders to gain buy-in for action among those who are impacted. I’ve often told my staff at PHO that I believe we are stronger as a whole than the sum of our parts. I believe the same is true for our public health system.

One way PHO is supporting team-based decision-making with public health system partners is through our Locally Driven Collaborative Projects (LDCP) initiative. This initiative brings together representatives from public health units, academia and other stakeholders for collective applied research and evaluation projects. The teams explore a topic, intervention or program related to an important public health issue that is relevant across the Ontario public health system. Led by a public health unit, each team typically includes representatives from three to six other stakeholders. Teams for past and current projects have had much success in addressing topics of mutual interest, including:
• Engaging communities in fall prevention for older adults;
• Identifying best practices for social media planning, implementation and evaluation at health units in Ontario;
• Identifying areas of focus for mental health promotion in children and youth for Ontario public health; and,
• Identifying health equity indicators for Ontario local public health agencies.

One of the strengths of the LDCP initiative is that it allows leaders who are closest to the issue to explore relevant topics together and develop joint decisions. It leverages knowledge, expertise and resources from multiple stakeholders and helps create momentum for teams to work together on an issue of mutual interest. The participation of many partners in the projects has led to the development of tools and programs that are widely accepted and implemented across the province.

I’ve found that the most effective teams are the ones comprised of a diverse group of individuals – teams that are heterogeneous in their skills, knowledge, experience and perspectives. But diversity alone does not make a team successful. As mentioned previously, teams also need to develop shared goals, objectives and outcomes. To make decisions, teams require supportive environments to collaborate effectively. The focus on creating supportive environments should be on promoting psychological safety and the effective expression of diverse and conflicting perspectives to enable innovation. With diversity comes multiple viewpoints and opinions, which is why it is so important that leaders can manage conflicting perspectives. Teams require supportive environments so that they can embrace challenges.

One of my first initiatives at PHO was to work with the leadership team to identify the types of behaviours we want to see modelled by all of our staff. The norms that we developed complement our organization’s six values: credible, innovative, responsive, collaborative, integrity and respect. Together our values and norms help create safe spaces for teams to problem solve and innovate. They also establish a standard that is expected to be modelled by everyone to ensure we all play by the same rules.

At PHO, we have taken our commitment to supporting a psychologically safe work environment even further by requiring all members of the management team to complete workplace mental health training. The training is focused on the development of empathetic and solution-focused leadership skills that promote mental health and optimal performance. It has helped our leaders create a supportive workplace culture and provide staff with the encouragement and confidence to express their views.

As future leaders, you will play a critical role in bringing different parts of the health and other sectors together to make and influence decisions on factors that impact health. You will need to be able to put together information, experiences and people to understand and address issues that impact population health. You will need to garner support from others. And you will need to build supportive environments to nurture a team-based culture. I believe that our best decisions are the ones that result from applying our collective knowledge, skills, experiences and perspectives in a safe and supportive team environment. Working together is what changes the world. This article itself is a demonstration of PHO teamwork. I would like to thank Amrita Maharaj, Mei Ling, Rhonda Pollard and Colleen Geiger for their assistance.