National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

LEARNING FROM PRACTICE:

IMPLEMENTING HEALTH EQUITY FRAMEWORKS TO GUIDE HEALTH EQUITY ACTION

INTRODUCTION

Health equity frameworks are one tool that public health practitioners and partners can use to build shared understanding of core health equity concepts, generate momentum for health equity action, and provide flexible guidance on joint actions required to advance progress towards health equity. Health inequities, which are unfair, unjust and modifiable differences in health, are driven by social, economic and environmental conditions that include socially constructed factors such as race, gender, sexuality, religion and social status.[1]

While much is known about the existence of health inequities, there is limited guidance on ways to address them. Recognizing the role that frameworks can play in actioning health equity, the National Collaborating Centre for Determinants of Health (NCCDH), in collaboration with the British Columbia Ministry of Health, conducted a rapid review of the literature to answer this question: Which health equity frameworks exist that can be used to inform public health planning, decision-making and service delivery? Forty-seven frameworks were identified that can guide health equity action

These practice examples summarize interviews with health equity practitioners Alexandra Lamoureux and Hinna Hafeez from the Provincial System Support Program at the Centre for Addiction and Mental Health, and with Cheryl Louzado and Anila Sunnak, formerly with the Canadian Partnership Against Cancer. Visit www.nccdh.ca for other case studies in the Learning from Practice series.

in public health contexts. However, the review found that there is limited guidance on how to implement health equity frameworks to disrupt systems of oppression and advance health equity for all. The review report also suggests that there is no "right path" or single "recipe" to implement and advance equity.[2]

This resource attempts to address this gap in the literature by summarizing practice examples from two different health organizations that co-created health equity frameworks and laid the groundwork for their implementation.

Interviews were conducted with health equity practitioners from the Provincial System Support Program at the Centre for Addiction and Mental Health and from the Canadian Partnership Against Cancer in 2023. The information presented should be viewed in the context of that time. The purpose of these interviews was to gather insights and recommendations based on the extensive work these organizations were doing to co-create and use health equity frameworks.

These practice examples can be used to inspire and inform action for the co-creation and implementation of health equity frameworks in varied population and public health and health care settings, including mental health and substance use contexts.

PRACTICE EXAMPLE 1: PROVINCIAL SYSTEM SUPPORT PROGRAM, CENTRE FOR ADDICTION AND MENTAL HEALTH

Background and context

Alexandra Lamoureux and Hinna Hafeez, health equity practitioners at the Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health (CAMH), shared insights and reflections from their ongoing work to co-create a departmental health equity framework, for use at a system level in a mental health and substance use setting. Hinna and Alex wanted to acknowledge that, in addition to their perspectives, the insights and reflections shared in their interview were informed by the collective experiences and wisdom of their equity colleagues.

PSSP at CAMH works at the system level with communities, service providers, government and system partners to move evidence to action and create sustainable change in Ontario's mental health and addictions system.

The goals of the health equity framework that Hinna and Alex were co-developing with internal partners included:

- articulating a series of paths to further advance health equity and meaningful engagement of people with lived and living experience of mental health and substance use challenges;
- developing evidence-informed, actionable steps that will lead to more equitable processes, practices and outcomes; and
- tracking progress made to strengthen a focus on health equity and lived experience analysis in projects and practices.

Journey towards implementation: insights and recommendations

This section, based on Alex and Hinna's experiences with laying the groundwork for implementation of a health equity framework, describes barriers to implementation and ways to adapt, progress and overcome them.

Focusing on the needs, experiences and lives of equity-denied communities is critical to building better systems of care. The exercise of drafting and implementing health equity frameworks within institutional contexts comes with many challenges and opportunities. Part of the journey itself, if organizations are to be successful, is to understand the tensions at play in trying to advance this work, and to be as tuned in and responsive as possible to barriers and facilitators that can either hinder or foster the advancement of this work.

Navigate historical and current contexts

Population health, public health and health care, like other systems, have legacies of oppression, and this has been particularly true of the mental health and substance use system. Often, organizations that require health equity strategies have been complicit in perpetuating oppression, historically and currently. It can be challenging to move forward with this work while knowing that the institutions we work within have ongoing work to do to improve relationships with equity-denied communities.

Recommendations to overcome this:

- Encourage honesty from organizations about their legacies of oppression. The first step in righting a wrong is to speak the truth, then demonstrate sustained change.
- Include striving for reciprocal relationships with equity-denied communities as part of an equity strategy, and seek out funding and opportunities to be responsive to community-identified needs.
- Build in deep reflection on who decides, funds, implements and evaluates projects, programs, policies and initiatives. Consider how we can make space to shift power and decision-making towards equity-denied people and communities.
- Ensure that guidelines, principles and strategies developed by First Nations, Inuit and Métis communities and by Black communities are integrated in health equity frameworks, to promote equitable data sovereignty practices. Consider and work to honour the inclusion of the First Nations principles of ownership, control, access and possession (OCAP®)[3]; the Principles of Ethical Métis Research[4]; the National Inuit Strategy on Research[5]; and the Engagement, Governance, Access, and Protection (EGAP) Framework developed by Black communities.[6]

Disrupt Western biomedical world views and knowledge agendas

The mainstream mental health and substance use system centres Western medicine and biomedical understandings and treatment approaches in response to what gets labelled as mental illness. This approach and dominant world view is inherently disconnected from Indigenous communities, communities of the Global South and Mad communities. Furthermore, it tends to overlook histories of oppression in medicine, which have had profoundly negative impacts on trust, care experiences and health outcomes for equity-denied groups.

Mainstream health science research agendas have also systematically overlooked the needs, priorities and demands of communities experiencing different forms of marginalization. Advancing equity in a system that continues to operate from a world view that does not acknowledge or take responsibility for its own gaps in reaching equity-denied communities poses a significant challenge.

Recommendations to overcome this:

Consider disrupting dominant world views, such as the biomedical model, and mainstream knowledge agendas by asking:

- How are different forms of knowledge valued, legitimized and prioritized within health care and population and public health spaces? (Think of academic sources, practice-based knowledge, traditional and cultural knowledge, and knowledge that comes from people and communities with lived experience of structural marginalization.)
- What do communities impacted by structural marginalization have to say about their service needs and their experiences in the system? How can their perspectives be prioritized through meaningful engagement that leads to sustained change?
- Is a proposed project or initiative aligned with the priorities of people experiencing disparity and those with lived and living experience?

Focus on action as the end goal

Consider how we can make sure that we are supporting our work with evidence, without getting overly stuck in the process and methods.

A challenge we have faced is to remember that our end goal is to create change and action so that the health equity framework does not become a performative report that ends up sitting on the shelf. We know that the quality of equity research is variable, and we want to make sure that what we propose is supported by evidence, including experiential evidence. At times, it has been easy to get caught up in the process and the methods in trying to advance this work because we know that citing evidence is important for equity proposals to be considered credible. It has been challenging trying to balance that while also wanting to build on work that has already been done by social justice advocates, collectives and other organizations so that we can get to the most important part as quickly as possible: changed practices and improved outcomes for staff and equity-denied communities.

Recommendations to overcome this:

- Include an evaluation plan to track progress against a baseline, and regularly update key partners and affinity groups.
- Collaborate with other organizations and partners that are also working to advance equity; share insights around analyzing organizational gaps and identifying solutions; and ensure these collaborations are reciprocal and meaningful to all involved, with attention to power dynamics.

Recognize constraints and find the spaces to advance equity

There is never a perfect time or a perfect setting to embark on an equity journey as an organization or program. Much of the work is about figuring out how to work within constraints and finding the spaces for opportunity as we work towards advancing equity within institutional and project settings that have limitations. Within various constraints, there are strategies that can help move the needle.

Recommendations to overcome this:

- Assess for readiness, to gain as much clarity as possible on the organization's strengths and areas requiring improvement to move equity forward.
- Seek out champions at all levels of the organization to contribute to advancing the equity framework.
- Look for alignment with other strategic planning processes and broader system or organizational drivers to create momentum and support for the prioritization of equity.

PRACTICE EXAMPLE 2: CANADIAN PARTNERSHIP AGAINST CANCER

Background and context

The Canadian Partnership Against Cancer (the Partnership) is federally funded to "accelerate action on cancer control for all Canadians"[7] by collaborating across jurisdictions and organizations and serving as steward of the Canadian Strategy for Cancer Control 2019–2029 (the Strategy).[8]

The Partnership's national reach and role offer opportunities — with use of a health equity framework as one internal tool — to influence and drive systemic change for health equity along the cancer continuum through collaboration and partnership. As steward of the Strategy, the Partnership works with people and communities, as well as across jurisdictions and organizations, to identify priorities for improving the experiences of and outcomes for Canadians with cancer. The Strategy incorporates the voices and experiences of people and communities who identified inequity in cancer experience and outcomes. Identification of these inequities during the Strategy's development was the main driver for developing a health equity framework at the Partnership.

Appreciating that equity is a verb (actions) and a noun (outcomes), the Partnership began gathering information about health equity frameworks, with support from the NCCDH providing a review of the literature, to inform the development of the Partnership's Health Equity Framework. The Partnership also conducted internal assessments or "looked inside" at the Partnership's capacity and current activity. It concluded it was critical to prepare internally as initial steps in the journey to advance health equity. This involved visiting all the work it does and its functions, which include those of leadership and the Board of Directors, and looking externally at how it does its work with partners in its roles as steward of the Strategy and a funder.

The Partnership is working to build capacity through awareness, skill development and behaviour change while deeply considering the context of the systems, structures and communities it works with, and especially the factors impacting equity-denied populations.

Over the last 2 years, the Partnership has been implementing a diversity, equity and inclusion road map with enabling priorities within the Partnership and with partners. This road map is action-oriented, with specific, measurable, achievable and time-specific goals identified. A broader framework, the Partnership's Health Equity Framework, is in development and includes two non-linear, flexible paths of *diversity, equity and inclusion* and *reconciliation*. These two paths are both synergistic and uniquely distinct, with their own priorities and goals. The Partnership's Health Equity Framework aligns directly with the Strategy. In particular, First Nations, Métis and Inuit partners have confirmed that the framework's reconciliation path is consistent with priorities named in the Strategy.

Journey towards implementation: barriers to overcome

This section describes barriers the Partnership has encountered when laying the groundwork to implement its Health Equity Framework, and ways it has found to adapt, progress and overcome them.

Insincere or performative commitment to equity: "check-box leadership"

Recommendations to overcome this:

- Revisit why equity matters.
- Build awareness and skills.
- Aim for behaviour change.

Racism: covert and overt racism that contributes to resistance

Recommendations to overcome this:

- Strike the balance of stretching people to grow and giving them grace. We need to bring people along to advance equity (not shame and blame).
- Use the go-slow approach and figure out what people need to be brought along.

Resistance: occurring at any or multiple levels — individual, organizational, jurisdictional or system

Recommendations to overcome this:

- Listen carefully to and address the concerns or reasons for resistance (e.g., not enough time or information), then see what is left. Resistance is often related to personal sacrifice. Explore this to get to the root of resistance, then see how you can help, respectfully and with humility.
- Find critical allies and leaders in equity. Build awareness and skills, and lean into the influence of allies who can enact change (e.g., CEOs and senior leadership team members).
- Retain focus on why equity matters.
- Accept that some resisters might remain, but over time, osmosis will occur and dominant narratives will shift.

Resources: limitations in workforce and insufficient and unsustainable funding that can be a barrier internally and externally with partners

Hiring staff to do equity work (often racialized people) without resourcing it or without giving them decision-making power is harmful and offensive.

Recommendations to overcome this:

- Ensure there is adequate compensation for Black, Indigenous and racialized people who are predominantly doing this work. Consider retention and the needs of those with the additional burden of doing this work.
- Foster the power, influence and decision-making capacity of leaders in equity.

"Plug-and-play" frameworks: perceptions that frameworks can be used in any setting without adaptation or co-development specific to the surrounding context

Recommendations to overcome this:

- Recognize that frameworks can provide a useful starting point but are specific to the context where they were developed and the people and populations they were developed with and for.
- Review all your organization's work, and tailor plans andactions to the context.
- Understand that you cannot do everything at once.
- Build a road map that will help make progress over time.

Journey towards implementation: levers for progress

This section, also based on the Partnership's experiences with laying the groundwork for its Health Equity Framework, describes key levers and actions that can help advance framework implementation.

Explicit commitment from leadership: "walking the talk"

- As organizational leaders, take simple yet genuine actions like walking around, engaging your workforce, and asking how people are progressing with your organization's road map and framework. Ask of projects: "Has this been through a diversity, equity and inclusion lens?"
- Ensure organizational commitments consider and reflect an understanding of power and systems of oppression.
- Bring the Board of Directors along.

Connecting to your mission

- Show how equity action is important to achieve your organization's mission.
- Recognize that it takes time to make a social justice case, but connecting equity work to your mission can help make a strong case quickly for action in these areas.

Building in accountability

- Embed accountability for advancing equity into your organization's structure, departments and leaders.
- Establish accountability directors (who are accountable but not responsible for everything) and review your road map quarterly.
- Keep asking: "Is doing really good work for only some people enough?"

Flexibility

- Recognize that equity work is non-linear, and action plans and evaluation plans should be co-developed and co-implemented with partners, people and communities.
- Adapt and shift when priorities of partners, people and communities change.

Responsibility

- Build awareness and capacity with a clear expectation that all have a responsibility for equity.
- Include equity competencies in staff performance assessments to help convey this responsibility.

Resources

- Provide dedicated budget and workforce with independence, influence and decision-making ability.
- Have staff doing equity work report directly to the CEO to help give this work weight.

Critical allies and health equity leaders

- Identify and sustain relationships with critical allies in health equity work across departments, organizations and agencies and broadly in health systems to support momentum in health equity priorities and actions.
- Look for allies in formal leadership roles, such as the CEO and senior leadership team members.

CONCLUSION

These two case examples illustrate many of the complexities involved in advancing health equity using frameworks in organizations and systems. These examples show that incremental, coordinated and strategic actions are needed at all levels within an organization to create enabling environments for meaningful health equity work to happen. These actions make a significant difference as to whether a framework can be used in impactful ways to advance health equity for all.

Interviewees from both CAMH and the Partnership identified several approaches to advance health equity work using frameworks, including the need to build and sustain relationships with critical allies inside and outside an organization, particularly at senior leadership levels, and with networks of health equity champions. Additionally, embedding levers for accountability within an organization, for example, by integrating equity performance indicators into performance reviews, can help to ensure there is collective accountability for moving health equity forward.

Disrupting predominant biomedical world views that exist in many health organizations, promoting a deeper understanding of the structural and social determinants of health that create the complex interplay of equities and/or inequities for different populations, and recognizing and addressing historical and ongoing harms perpetuated by colonial health systems can all help to advance impactful health equity work. World views that frequently perpetuate systems of oppression, like racism and sexism, often translate into the values or implicit biases that individuals hold. This requires, as one interviewee noted, a balance between starting with where people are at, giving them grace and holding them accountable to advance health equity work.

Interviewees noted that there is never a perfect context or point in time to initiate equity work; instead, it is about finding the space and opportunity to do so and to start there. A foundational part of this work is for practitioners to understand the paradoxes at play and to be as attuned as possible to addressing barriers and amplifying facilitators to advance this work.

Many of the strategies identified in this Learning from Practice document align with the seven levers identified by van Roode et al.[9] that are needed to prioritize health equity work in health systems:

- create a "systems value" for health equity;
- engage health equity champions;
- explicitly name health equity as a priority at all levels of an organization;
- incorporate a health equity lens in all decision-making;
- dedicate needed resources;
- build capacity for health equity work; and
- ensure a coordinated, comprehensive approach to prioritizing health equity within health systems.

REFERENCES

1. National Collaborating Centre for Determinants of Health. Glossary of essential health equity terms [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; [updated 2022 Mar; cited 2024 Aug 12]. Available from: https://nccdh.ca/learn/glossary.
2. National Collaborating Centre for Determinants of Health. Health equity frameworks as a tool to support public health action: a rapid review of the literature [Internet]. Antigonish (NS): NCCDH, St. Francis Xavier University; 2023 [cited 2024 Aug 12]. 48 p. Available from: https://nccdh.ca/images/uploads/NCCDH_Health_Equity_Frameworks_Review_EN.pdf
3. First Nations Information Governance Centre. The First Nations principles of OCAP® [Internet]. Akwesasne (ON): FNIGC; [cited 2024 Aug 12]. [about 8 screens]. Available from: https://fnigc.ca/ocap-training.
4. National Aboriginal Health Organization, Métis Centre. Principles of ethical Métis research [Internet]. Ottawa (ON): NAHO; 2010 [cited 2024 Aug 12]. 5 p. Available from: https://achh.ca/wp-content/uploads/2018/07/Guide_Ethics_NAHOMetisCentre.pdf
5. Inuit Tapiriit Kanatami. National Inuit strategy on research [Internet]. Ottawa (ON): ITK; 2018 [cited 2024 Aug 12]. 44 p. Available from: www.itk.ca/wp-content/uploads/2018/04/ITK_NISR-Report_English_low_res.pdf
6. Black Health Equity Working Group. Engagement, governance, access, and protection (EGAP): a data governance framework for health data collected from Black communities in Ontario [Internet]. Toronto (ON): BHEWG; 2021 [cited 2024 Aug 12]. 46 p. Available from: https://blackhealthequity.ca/wp-content/uploads/2021/03/Report_EGAP_framework.pdf
7. Canadian Partnership Against Cancer. Partner services [Internet]. Available from: Toronto (ON): CPAC; [cited 2024 Aug 12]. [about 3 screens]. www.partnershipagainstcancer.ca/work-with-us/partner-services/.
8. Canadian Partnership Against Cancer. Canadian Strategy for Cancer Control 2019–2029 [Internet]. Toronto (ON): CPAC; 2019 [cited 2024 Aug 12]. 53 p. Available from: www.partnershipagainstcancer.ca/wp-content/uploads/2019/06/Canadian-Strategy-Cancer-Control-2019-2029-EN.pdf
9. van Roode T, Pauly BM, Marcellus L, Strosher HW, Shahram S, Dang P, et al. Values are not enough: qualitative study identifying critical elements for prioritization of health equity in health systems. Int J Equity Health. 2020;19:Article 162 [13 p.]. doi:10.1186/s12939-020-01276-3.

CONTACT INFORMATION

National Collaborating Centre
for Determinants of Health
St. Francis Xavier University
Antigonish, NS B2G 2W5
nccdh@stfx.ca
www.nccdh.ca

ACKNOWLEDGEMENTS

Written by Allison Wiens, MPH Practicum Student, Nandini Saxena, Knowledge Translation Specialist, and Caralyn Vossen, Knowledge Translation Coordinator, at the National Collaborating Centre for Determinants of Health (NCCDH); and Hinna Hafeez and Alexandra Lamoureux at the Provincial System Support Program, Centre for Addiction and Mental Health. Special thanks to our internal reviewer Claire Betker and to our external reviewer Jean Lederer.

Special thanks to Cheryl Louzado and Anila Sunnak, formerly with the Canadian Partnership Against Cancer, and to Hinna Hafeez and Alexandra Lamoureux, with the Provincial System Support Program, Centre for Addiction and Mental Health, for sharing their insights with the NCCDH.

The NCCDH is hosted by St. Francis Xavier University. We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health. (2024). *Learning from Practice: Implementing health equity frameworks to guide health equity action.* Antigonish, NS: NCCDH, St. Francis Xavier University.

ISBN: 978-1-998022-54-0

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the NCCDH. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available electronically at www.nccdh.ca. La version française est également disponible au www.ccnds.ca sous le titre *Apprendre par la pratique : mise en œuvre des cadres d'équité en santé pour orienter l'action sur l'équité en santé.*