EVENT SUMMARY

National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

Using health equity frameworks to advance health equity in organizational and system contexts: Learnings from the field

A workshop report

ACKNOWLEDGEMENTS

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We want to thank everyone who attended the workshop for their active participation and for generously sharing their knowledge, experience and expertise on ways to advance health equity in organizations and systems. Thank you to members of the Health Equity Frameworks Advisory Committee for their work to co-create a workshop focused on dialogue and action.

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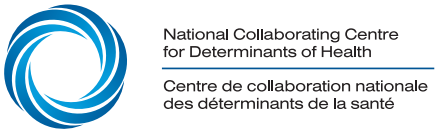

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Executive Summary

In June 2024, the National Collaborating Centre for Determinants of Health (NCCDH) convened a two-part online workshop with approximately 50 participants from varied public health, health care and social service settings to explore how to use health equity frameworks to advance health equity in organizations and systems.

While the existence and underlying causes of health inequities are documented, less is known in the literature about how to implement and advance health equity action in organizations and public health systems, identified in a 2023 NCCDH rapid review of the literature on health equity frameworks. By bringing together health equity practitioners, this workshop aimed to address this gap in the literature by collectively hearing and building on participants' practice-based knowledge, experience and expertise to co-create knowledge on ways to use and implement frameworks.

This report highlights key themes and critical questions relevant to each stage of working with health equity frameworks: selection, co-creation and adaptation; application; and evaluation of frameworks and their impact. Across each of these stages, four cross-cutting themes emerged as foundational to all health equity work, whether using a framework or not:

- **How we work together matters.** Using anti-oppressive, equity-oriented approaches at all stages of health equity work is key.
- **Create space for people and communities to exercise their power at all levels and stages of doing health equity work.** Participants identified that addressing inequitable power relations and centring the voices of equity-denied communities lie at the heart of all health equity work. Specific leadership mechanisms include the use of non-hierarchical leadership approaches, diversifying who holds formal leadership roles, and ensuring that health equity lead positions are positioned to have decision making power.
- **Establish supportive, enabling structures and environments at system and organizational levels.** Participants discussed several enabling factors, including legislation, embedding accountability for health equity in organizations, integrating policies and practices that are conducive to this work, and fostering organizational transparency, creativity and space to learn.
- **Commit required resources.** Several resources enable this work to happen including dedicated funding and time; recruiting, retaining, promoting and appropriately compensating people doing this work; and committing resources to monitor and evaluate all health equity efforts.

Readers can use these overarching themes — and specific insights on co-creation, use and evaluation of frameworks identified throughout this report — to inform and guide their own work to advance health equity and disrupt systems of oppression in organizations and systems.

Context setting and purpose

In June 2024, the National Collaborating Centre for Determinants of Health (NCCDH), in collaboration with an external Health Equity Frameworks Advisory Group, convened a two-part online workshop with approximately 50 participants from varied public health, health care and social service settings to explore how to use health equity frameworks to advance health equity in organizational and system contexts.

Tapping into the knowledge and expertise of all participants, the goal of this workshop was to support a culture of equity in health systems by:

1. Fostering relationships and information sharing across people and organizations co-creating, using and/or interested in using health equity frameworks to advance health equity
2. Co-creating and accelerating learning about health equity frameworks as a tool to disrupt systems of oppression and advance health equity for all

The rationale for holding this workshop was that, while the existence and underlying causes of health inequities are documented, less is known in the literature about *how* to implement and advance health equity action in organizations and public health systems.

Health equity frameworks are defined in a 2023 NCCDH rapid review of the literature on health equity frameworks as "guidance (may or may not be structured) to move forward and act on achieving equitable processes and health equity outcomes"[1] (p. 46). They are an important tool that public health practitioners, in collaboration with communities and partners, can use to advance work to disrupt systems of oppression (e.g., systemic racism, colonialism) and promote health equity for all.

The NCCDH review identified additional advantages to using a framework, including to:

- engage partners to centre and formalize commitments to action health equity in organizations and systems
- build shared understanding of core health equity concepts
- create shared momentum for health equity action
- provide flexible guidance on ways to move forward together to advance health equity
- provide a structure for measuring progress towards health equity goals and outcomes

[1] National Collaborating Centre for Determinants of Health. (2023). *Health equity frameworks as a tool to support public health action: A rapid review of the literature*. https://nccdh.ca/resources/entry/health-equity-frameworks-as-a-tool-to-support-public-health-action-a-rapid-review-of-the-literature,

While the review identified 47 frameworks that can be used to inform public health planning, decision-making and service delivery, it also found that "as none of the included frameworks provide robust, in-depth implementation guidance, this may reflect that there is no 'right' path to advancing equity" (p. 31). Additionally, frameworks are one tool among a plethora of health system levers required to advance health equity.

By bringing together health equity practitioners working in health and social systems, this workshop aimed to address this gap in the literature by collectively hearing and building on participants' practice-based knowledge, experience and expertise to co-create knowledge on ways to use and implement frameworks.

Readers can use this workshop report to:

- gather insights from workshop participants' extensive knowledge, expertise and experience on ways to advance health equity using frameworks
- inform their own work to advance health equity (whether using health equity frameworks or not) with practical considerations and guidance on ways to move forward

Event planning and implementation

Invitation and participants

A two-part online event was held on Monday, June 17 and Thursday, June 20, 2024. The invitation was shared with a broad range of people, identified in collaboration with a Health Equity Frameworks Advisory Group, and forwarded by others, resulting in additional people registering for the event. A total of 75 people registered in advance, with 55 people participating in the first session and 44 participating in the second session. Figure 1 provides a breakdown of participation by province for each session.

FIGURE 1. BREAKDOWN OF PARTICIPATION BY PROVINCE

Health Equity Frameworks Advisory Group

The NCCDH worked collaboratively with a Health Equity Frameworks Advisory Group (see Acknowledgements section for a list of members) to co-create the agenda, including key topic areas for discussion and participant discussion questions, and to identify people and organizations to invite. Each member brought expertise and direct experience of working with health equity frameworks and advancing health equity in varied contexts (i.e., public health, mental health and substance use health, health care) at provincial and national levels.

An advisory group member with Healthcare Excellence Canada (HEC) facilitated connection with the national HEC Patient Partner Network to invite contribution and participation from people who bring a patient and/or family caregiver perspective. Two patient and family caregiver partners participated in the workshop.

Agenda and World Café process

The workshop used a World Café process to explore four key areas of applying health equity frameworks in organizations and public health systems, with guiding discussion questions for participants:

1. **Foundations:** What are the potential pitfalls and advantages of health equity frameworks? How can we overcome these potential pitfalls? How can we amplify these advantages?
2. **Co-creation[2] and adaptation:** What do we need to consider when co-creating and/or adapting health equity frameworks intended to disrupt systems of oppression?
3. **Use in organizational and system contexts:** What organizational and system supports need to be in place when using health equity frameworks to disrupt systems of oppression?
4. **Evaluation:** Which critical questions do we need to ask when evaluating the use of health equity frameworks?

Rounds of small-group discussions were supported by either an NCCDH staff person or a member of the Health Equity Frameworks Advisory Group by, for example, screen-sharing and capturing participants' comments on an electronic whiteboard. Small groups of participants rotated through each of the four sets of questions and left notes for the next group to consider and build on. In the last round, each group returned to the electronic whiteboard for their original discussion area and engaged in sense-making to identify emerging themes for sharing in large-group plenaries.

The plenary sessions featured presentations from each small group, followed by a brief large-group discussion to highlight cross-cutting themes from the small group discussions.

During the first workshop session, participants were placed into six small groups and considered the first two discussion areas. In the second session, four small groups discussed the third and fourth areas.

[2] In this report, the term co-create is used broadly to refer to creating space for equity-denied communities and people to share their expertise through different levels of engagement in health equity work. Forms of engagement can range from providing advice but with limited decision-making power, to making decisions about how to define the problem and identifying potential solutions, to community ownership over the process with mainstream organizations playing a supportive role. For further insights on levels of community engagement, see *The spectrum of community engagement to ownership* by Rosa González with Facilitating Power.

Cross-cutting themes from workshop discussions

Participants shared diverse perspectives on advancing health equity in organizations and systems using frameworks, related to their co-creation, selection, adaptation, use and evaluation. Four overarching themes emerged from participant discussions and are presented below.

How we work together matters

Throughout the workshop, participants emphasized that the ways we work together matter. They underscored the need for people, organizations and systems to apply anti-oppressive, equity-oriented approaches when doing this work. These include creating space for people and communities to exercise their power (noted below as a related theme), recognizing and acting on underlying systems of oppression as a focus of health equity work, and centring reciprocal relationships throughout.

Create space for people and communities to exercise their power at all levels and stages

A theme that emerged throughout the workshop was the need to create space for people and communities to exercise their power and to deeply, meaningfully engage with equity-denied, impacted communities when advancing health equity and working with a framework. Participants identified this as a foundational approach to all health equity work. Participants felt that without creating space for people to exercise their power at the **co-creation, selection and adaptation stages**, there would be challenges with implementation as community needs and interests would not be centred. Critically assessing *whose* voices (including people and communities who bring non-Western perspectives) and the extent of their engagement during a framework co-development process is a key criterion to use when appraising whether a framework is appropriate for use.

When **using** equity frameworks, the concept of creating space for communities to exercise their power was broadened beyond equity-denied, impacted communities. Participants spoke about the need for organizational leaders to create space for others in the workplace to exercise their power and to work in non-hierarchical ways with internal teams and external communities, whether using a framework or not. Additionally, they noted that formal leadership positions can be diversified to include racialized leaders, so they are not dominated by people who hold various forms of unearned privilege. Lastly, organizations need to ensure people who are in health equity lead roles have the power to influence and enact health equity change.

Participants suggested that evaluators, organizations and systems centre equity and anti-oppression in *how* **evaluations** are conducted by addressing inequitable power relations and centring the voices of equity-denied communities in all evaluation work. Related to this overarching theme, participants raised key questions for evaluators to consider:

- Who is the framework for and who is it serving? Who has power and are the power dynamics changing through use of the framework?
- Who was involved in the development of the framework and evaluation? Who was systematically excluded?
- Who gets to define what success is? What equity standards or indicators will we use and were they developed/ co-developed with those impacted by the framework?
- How can we decolonize methods used and incorporate different world views into evaluations (e.g., Two Eyed Seeing)?
- How are relationships centred and measured in the implementation and evaluation process?
- Who owns the data?

Importantly, these questions can be used at any stage of framework co-creation, selection, adaptation, use and evaluation.

Establish supportive, enabling structures and environments at organizational and system levels

While the third workshop discussion area focused on organizational and system supports needed when using health equity frameworks, these supports are required at all framework stages and thus identified as a cross-cutting theme.

Participants identified multiple facets of supportive, enabling structures and environments within organizations and systems. They discussed how embedding organizational accountability and commitment for health equity work at all levels can enable this work, suggesting that organizations shift their focus so that health equity is the lens through which all decision-making and action happens.

They noted that organizational environments and cultures conducive to health equity work are those with the capacity to foster transparency and psychologically safe spaces to unlearn and learn through discomfort. Additionally, these psychologically safe organizational spaces can be used to enhance creativity and innovation to reimagine new health equity approaches and futures.

Participants described different types of policies that facilitate organization-wide accountability and action for health equity (e.g., strategic plans that identify health equity as a priority, policies that allow for flexibility when working with external communities and partners). Internal organizational practices need to be aligned with health equity (e.g., equitable hiring practices, internal processes that reflect anti-oppressive practice) to help ensure that these practices advance health equity, internally and externally.

At a system level, participants discussed the role of supportive legislation to enable community governance and accessibility.

Commit required resources

Participants suggested that organizational leaders formally commit to resourcing this work. This includes providing sufficient funding and protected time to develop meaningful relationships essential to all health equity work. Additionally, participants identified recruiting, retaining, promoting and appropriately compensating people to do this work.

Ongoing support is also needed for people to continue developing necessary health equity knowledge, skills and attitudes, beyond one-time training. As a foundation, participants felt it is key to foster individual awareness of unconscious bias and internalized racism and ways to shift this, then build a deep understanding of systems of oppression and ways to disrupt them. Lastly, participants noted the importance of committing to monitoring and evaluating the process and outcomes of all health equity-related work.

Workshop discussion summary

This section consolidates feedback from participants specific to the four workshop discussion areas for applying health equity frameworks in organizations and public health systems:

1. Advantages and pitfalls of health equity frameworks
2. Co-creation, selection and adaptation of health equity frameworks
3. Organizational and system supports for using health equity frameworks
4. Critical questions to ask when evaluating use of health equity frameworks

1. Advantages and pitfalls of health equity frameworks

Overall, participants acknowledged that health equity system transformation work is challenging, complex and messy. As the scope of the problem is so large, it can be difficult to know where to start. Moral distress arises with inaction on advancing health equity, which can occur due to a lack of political will and accountability for meaningful change.

For the first workshop discussion area, participants identified a series of **advantages** and **pitfalls** to using health equity frameworks.

Advantages of health equity frameworks are presented below. Participants reflected on how frameworks can:

- Identify a starting point for laying the foundations and enable a shared understanding of what needs to be done collaboratively to advance health equity
- Offer guidance and direction, including goals, plans and action steps on how to advance and embed health equity work in organizations
- Provide a structure to support health equity efforts across organizations or systems
- Be used to build the business case for integrating health equity into initiatives from idea to implementation and identify what are the needed financial and human resources
- Support development of shared organizational health equity understanding, through common language and goals, specific to the context where the framework is to be used
- Support the creation of data measurement systems to identify and report inequities, drive action, and support accountability and transparency
- Be used to facilitate ongoing dialogue about core health equity concepts
- Help identify different forms of structural oppression (e.g., including ableism as a distinct form of oppression)

Pitfalls to health equity frameworks are presented below. Participants reflected on how frameworks can:

- Reinforce inequities or sideline health equity work as frameworks can reflect the inequitable systems they are created within.
- Reflect the limitations of language as they can be too simplistic or complex, be restrictive in terms of their approach, or be unclear.
- Facilitate action that is performative only recognizing that once a framework is developed, work to implement it is required to advance health equity.
- Be yet another framework alongside the many frameworks used in public health.

- Lack sufficient consideration about needed resources or implementation guidance.

To overcome the above pitfalls:

- Ask if a framework is the right tool to use.
- Ensure structures are in place so frameworks will be used and applied

2. Co-creation, selection and adaptation of health equity frameworks

Themes from this discussion area centred on the application of equity-oriented, anti-oppressive approaches when co-creating, selecting and/or adapting frameworks. The four themes that emerged from participant discussions are described below.

CREATE SPACE FOR PEOPLE AND COMMUNITIES TO EXERCISE THEIR POWER

Participants discussed the importance of embedding equity-oriented values and use of anti-oppressive approaches when co-creating, selecting or adapting frameworks. This included building and sustaining long-term reciprocal relationships and creating space for people and communities to exercise their power. Participants identified the importance of centring the voices of equity-denied, impacted communities, questioning if it would be possible to identify priority areas for implementation without using this kind of approach.

Sufficient time and resources are required to co-create frameworks in anti-oppressive ways, with participants suggesting that this be recognized upfront in any co-development process. Critical questions when assessing if an existing framework is appropriate for use is to question the extent to which equity-denied, impacted communities and other partners were engaged in its development, and if perspectives beyond mostly Western ones were centred in its creation.

ADAPT FRAMEWORKS TO CENTRE COMMUNITY NEEDS AND LOCAL CONTEXT

Participants noted that centring the needs of equity-denied communities in all health equity work helps to ensure resulting interventions focus on key community priorities with the greatest potential for impact. They felt it was key to ask whose interests the framework serves and is the framework relevant to partnering communities.

A relevant feature of any framework selected for use is its integration of an intersectional lens, and its adaptability and transferability to diverse equity-denied communities and local contexts. Others asked for guidance on how to adapt a framework to centre the needs of local communities, and what contextual factors need to be considered during this process.

CRITICALLY ASSESS UNDERLYING FRAMEWORK ASSUMPTIONS AND WORLD VIEWS

Participants emphasized thinking critically about tools developed in colonial systems by asking which world views and assumptions does the framework centre, and who was engaged in its development. They also prioritized the use of frameworks that aim to disrupt historical and ongoing harms due to underlying systems of oppression.

BUILD COMMON LANGUAGE AND UNDERSTANDING

Participants identified that the co-creation, selection and adaptation process is an opportunity to develop a common shared health equity language, in collaboration with communities, partners, and colleagues.

Critical questions to ask when co-creating, selecting and/or adapting a framework

- **Do we need to develop a new framework given there are so many out there? Conduct an environmental scan first.**
- **How do we choose the right framework? What are our criteria?**
- **Who was involved in co-creating this framework? Whose voices were centred?**
- **Do the framework elements adequately raise the critical considerations relevant to this project?**
- **What level of work is the framework tailored to? (e.g., system, organizational, team)**
- **Is there room for adapting and evolving the framework as we move into the future?**
- **How will this framework support the sustainability of health equity work?**

3. Organizational and system supports for using health equity frameworks

Participants identified a wide range of multilayered supports that are needed when using health equity frameworks to disrupt systems of oppression and design a more inclusive system. These are summarized below in five themes and associated subthemes related to:

- creating space for communities to exercise their power
- enabling structures and environments
- adequate resourcing
- anticipating pushback
- intentional planning

CREATE SPACE FOR PEOPLE AND COMMUNITIES TO EXERCISE THEIR POWER:

a) Create space for people and communities to exercise their power

Participants identified the importance of creating space for people and communities to exercise their power when using frameworks so that health equity efforts can be advanced in impactful, anti-oppressive ways.

Instead of applying a siloed organizational approach, participants discussed the use of a community-wide lens to plan and implement this work. Elements include:

- Commit to moving beyond tokenism and instead focus on who will be impacted by this work, who is missing from the conversation, and work to address those gaps
- Recognize that every community and context is unique and reflect this in the work
- Engage with equity denied communities to identify shared areas of focus, goals, and anticipated outcomes, and
- Work with communities to gather community insights and employ these to influence government to act based on those insights, especially when published data is unavailable

Participants suggested identifying, supporting and partnering with equity champions and allies across organizations and communities to organize together to advance this work. Enabling infrastructures (e.g., people, funds, processes and policies) are needed for this work to happen.

Ultimately, meaningfully engaging with diverse, impacted communities is about addressing the power imbalances inherent between organizations and communities.

b) Require leadership that is accountable, supportive and non-hierarchical, and that creates space for others in the workplace to exercise their power

Participants identified cultivating visionary leaders committed to health equity work as a foundation, recognizing that leaders need support to understand what health equity means in deep and substantive ways. Leadership attributes that can foster enabling equity environments encompass the ability to create space for others - including equity denied communities - to exercise their power, along with centring relationships and health equity accountabilities instead of the use of top-down hierarchical leadership approaches.

Leaders can remain accountable for this work by staying focused on advancing health equity, supporting those who lead this work, and engaging in the difficult conversations needed to move health equity forward.

c) Diversify organizational workforce, including at leadership levels

Participants discussed diversifying the workforce at board, leadership and staff levels. This includes ensuring that the workforce reflects equity denied communities, meaningfully engaging racialized individuals in spaces where predominantly White females have been working, and establishing pathways for racialized people to move into leadership roles.

d) Ensure equity leads have the power needed to make decisions

Participants discussed creating space for people in organizational lead health equity roles to be able to exercise decision-making power and moving away from roles with limited authority or influence.

ESTABLISH ENABLING, SUPPORTIVE STRUCTURES AND ENVIRONMENTS AT SYSTEM AND ORGANIZATIONAL LEVELS:

a) Enact legislation that supports community governance and accessibility

Participants identified the importance of accessibility and community data governance legislation (e.g., for data collection, use and decision-making purposes). They pointed to the Engagement, Governance, Access, and Protection (EGAP) Framework; OCAP principles; and other data collection, use and community governance frameworks as guidance for this work.

b) Require organizational accountability and commitment at all levels, and make equity the lens through which all work happens

Participants highlighted the significance of holding leaders, decision-makers, and policy-makers accountable for the development and implementation of health equity frameworks, proposing that this work be identified as a goal in people's performance appraisals. Further, they noted that it needs to be clear who is accountable for what in the framework supported by the use of different accountability mechanisms (e.g., charters, use of

self- and organizational assessments).
By embedding health equity commitments across an organization (e.g., vision, mission, values, strategic plan, policies, budget, and decision-making processes) all levels of an organization become accountable for advancing equity. More specifically, participants discussed centring organizational health equity commitments to address the *root causes* of health inequity and shifting internal policies and practices so that organizations can work with external partners and communities in flexible responsive ways. They also viewed health equity as an essential dimension of quality and suggested integrating a Health in All Policies approach as the lens through which all other organizational work happens.

Participants proposed ongoing staff and leadership discussion spaces on what health equity is, and ways to integrate it into the organization's work. They also advised the establishment of transparent, confidential mechanisms for staff to share feedback.

c) Build organizational environments with the capacity to foster innovation, creativity and space to learn even when that learning creates discomfort

A core element of organizational environments conducive to health equity work are those with the capacity to foster psychologically safe spaces (e.g., using peer-to-peer support forums) where people can engage in critical dialogue, humbly learn, and work through discomfort.

Related to this, participants discussed how encouraging organizational creativity and space for innovation allows for reimagining new health equity approaches and futures.

Underpinning these approaches is the recognition that health equity work is time-consuming, messy, and non-linear, and having the ability to work through this reality with grace.

d) Align internal organizational practices with health equity work

Align organizational practices with health equity work which includes implementing equitable hiring practices, auditing and assessing Eurocentric practices that might affect the meaningful use of frameworks (e.g., timelines, policies), and integrating aspirational goals (e.g., becoming anti-racist, pro-Indigenous rights) into internal ways of working.

COMMIT RESOURCES AND BUILD HEALTH EQUITY COMPETENCIES:

a) Commit resources needed to support and sustain meaningful health equity work

Participants identified that a core input enabling the advancement and sustainability of health equity work is organizational and system leadership's commitment to and allocation of necessary resources (e.g., financial, human, time).

People discussed formalizing and sufficiently compensating full-time permanent health equity positions, recognizing the emotional labour frequently involved, and recruiting, retaining and promoting people with lived and formal expertise into these positions. They noted that continued funding and permanent positions are required to implement frameworks into action, and that financial and other resources are needed to engage communities in co-design.

Another resource identified was protecting time and space to build meaningful relationships, and to allow for ongoing conversation, reflection and sharing.

b) Ensure the workforce has required health equity competencies, which includes a deep understanding of oppression and ways to disrupt it

When hiring people into health equity roles, participants discussed taking lived experience seriously and ensuring people have the necessary knowledge, skills and attitudes to deliver on health equity priorities. As the work of health equity is constantly evolving, commit to ongoing education.

A part of ongoing education is to foster psychologically safe spaces where people can become aware of their own unconscious biases, including internalized racism, and unlearn and relearn. This includes creating space for individuals with different forms of unearned advantage to recognize that the liberation of people experiencing oppression benefits everyone.[3]

Another competency in health equity work is for people to develop a critical analysis of what are the root causes of health inequities and underlying systems of oppression, so that work is focused on disrupting those underlying causes.

Connected to the capacity of individuals to undertake this work is to consider the organizational capacity needed to implement health equity efforts.

PREPARE FOR PUSHBACK:

Participants discussed anticipating and planning for organizational pushback especially if formal leaders do not see health equity as a priority.

They identified setting aside time for reflective practice and staff training as two possible interim strategies, suggesting that if internal environments remain opposed to equity work, people continue this work through external opportunities (e.g., through the Canadian Public Health Association).

PLAN FOR REAL-WORLD IMPLEMENTATION AND IMPACT:

Participants shared several practical implementation considerations:

- **Identify concrete, actionable, measurable steps:** Use frameworks or roadmaps to break larger concepts down into tangible, measurable steps. Recognize that "committed" is not the same as "actioned."
- **Recognize what is within our control:** Consider what is in our span of control, and the four-year political cycle versus the reality that health equity is a long-term game.
- **Plan:** What do we want to achieve by when? What are the needs? The goal? What is going to change? Develop detailed implementation plans, with points of accountability clearly outlined within the organization.
- **Prioritize:** What is our starting place? We can't do everything all at once — where are we going to focus? How do we triage priorities? Where does it make sense to focus resources first?
- **Incorporate behaviour change theory:** Apply behaviour change theory to anti-oppression work. People need the capability, opportunity and motivation to change their behaviour. Commitment and dedication are needed to create actual behaviour change.

[3] This concept was originally shared by Fannie Lou Hamer, a civil rights activist: "Your freedom is shackled in chains to mine. And until I am free, you are not free either."

4. Critical questions to ask when evaluating the use of health equity frameworks

A clear message from participants was the need for evaluators, organizations and systems to centre equity and anti-oppression in the *approaches* that evaluators use. This includes addressing inequitable power relations and centring the voices of equity-denied communities in all evaluation work.

In this discussion area, participants shared an extensive array of critical questions to guide evaluation efforts. These have been thematized into the following overarching critical questions:

- Who is the framework for and who is it serving? Who has power and are the power dynamics changing through use of the framework?
- Who was involved in the development of the framework and evaluation? Who was systematically excluded?
- Who gets to define what success is? What equity standards or indicators will we use and were they developed/ co-developed with those impacted by the framework?
- How do we measure work to dismantle systems of oppression?
- How do we measure and evaluate to identify if the framework is reinforcing the systems of oppression it seeks to disrupt?
- How can we decolonize methods used and incorporate different world views into evaluations (e.g., Two Eyed Seeing)?
- What are the core values in the framework and how are they being lived?
- What are the appropriate equity approaches to monitor, assess and measure impacts of frameworks?
- What are the intended and actual short-term, medium-term and long-term equity-oriented impacts?
- What is the impact – either positive or negative - on intended communities and audiences?
- Does everyone involved in the evaluation have the same understanding of what health equity is?
- How are relationships centred and measured in the implementation and evaluation process?
- Who owns the data?

Participants also highlighted several broader evaluation considerations.

Commit to evaluation: Provide clear and sustained support or direction for evaluation and put in place a monitoring and evaluation strategy to assess progress and learnings.

Clarify what is being evaluated: Determine exactly what we are evaluating: the framework itself, the resulting actions and/or the impact of our interventions guided by the framework (i.e., the impact of the health equity-focused work).

Apply continuous quality improvement (CQI): Develop a process for ongoing evaluation and quality improvement and re-evaluate and question continuously. Use tools for tracking progress like the Institute for Healthcare Improvement (IHI) self-assessment tool that accompanies the IHI framework. Pilot the framework (i.e., implement and evaluate) and extract key lessons from the piloting phase.

Strengthen evaluation efforts through lines of inquiry: Participants identified additional questions that can be used to guide different components of an evaluation.

Evaluation design and framework application:

- Which type of evaluation is most appropriate to conduct (e.g., process, outcome, developmental)?
- What is the intended goal of the framework and what are the indicators?
- Are the core concepts clearly described and was there effort to ensure common understanding?
- Was there "fidelity" to the framework and its tenets?
- Was the framework actionable?

Implementation supports and accountability:

- What resources are needed to implement the framework?
- Which infrastructure and resources were in place to support implementation?
- Is any accountability mechanism embedded in the framework?

Outputs, outcomes and impact:

- What concrete outputs, outcomes and system changes happened as a result of the work?
- What were the impacts at community and individual levels?

Organizational learning and knowledge sharing:

- What learning and unlearning was needed to implement the framework?
- How are we going to validate, share and use evaluation findings (including to course correct)?
- Do we have an audience for evaluation results?

Conclusion

This workshop report provides readers with practical, tactical and strategic considerations on ways to centre health equity in organizations and systems and advance health equity for all.

Building on health equity practitioners' expertise, insights and knowledge, four cross-cutting themes emerged during the workshop as foundational to all levels and stages of health equity work, whether using frameworks or not:

- Use anti-oppressive, equity-oriented approaches as how we work together matters.
- Create space for people and communities to exercise their power.
- Establish supportive, enabling structures and environments at organizational and system levels.
- Commit sustained, dedicated resources required.

Readers can use this report as a resource to inform and guide their own work to advance health equity and disrupt underlying systems of oppression. As people, organizations and systems continue to learn from their health equity implementation experiences, sharing these implementation learnings, whether through collaborations, making all related research and evaluations public, or using other mechanisms, sharing what works widely will benefit everyone invested in this work, especially those who experience unearned forms of disadvantage.

The NCCDH will continue to deepen its work on health equity frameworks and organizational and system capacity to advance health equity, using different knowledge translation mechanisms, in conversation with public health and related sectors.

National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
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