



National Collaborating Centre  
for Determinants of Health  
Centre de collaboration nationale  
des déterminants de la santé

## Enhancing public health organizational capacity to improve health equity

### Project overview

The National Collaborating Centre for Determinants of Health (NCCDH) is launching a participatory project to learn what frameworks, strategies and organizational conditions are most useful and effective to develop and sustain Canadian public health organizational capacity for health equity action.

### Project objectives and anticipated outcomes

#### Objectives:

1. Identify and assess approaches to effectively build organizational capacity for health equity/social determinants of health action
2. Support practice sites to pilot and assess mechanisms to strengthen organizational capacity for health equity/social determinants of health action
3. Share learnings from the project in accessible ways — for example, the NCCDH website, blog, tools (including, potentially, an organizational capacity health equity framework)

#### Anticipated outcomes

1. Public health will be able to identify the components of organizational capacity needed to enable health equity action, and will also have improved understanding of organizational enablers and barriers
2. Public health will have improved access to tools to support health equity-oriented organizational capacity
3. Public health organizations, using the tools provided and learning from the experience of the project practice sites, will develop appropriate infrastructure and organizational-level change activities to support action to improve health equity

*An overview of the motivation behind this project can be found on page 4.*

### Project approach and processes

#### The host/facilitator

This project will be led and facilitated by the NCCDH in collaboration with participants. Located at St. Francis Xavier University in Antigonish, Nova Scotia, the NCCDH supports public health to understand and address social determinants of health and to advance the equity of health opportunities and outcomes.

The NCCDH is one of six National Collaborating Centres (NCCs) for public health, Canada's premier knowledge centres helping the public health sector put knowledge into action. Established in 2006, the NCCs identify, translate and help apply evidence and other forms of knowledge to benefit public health; support network

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development; and identify and encourage response to gaps in research-based knowledge and in systems, structures, policies and practitioner knowledge/skills. Each NCC is pan-Canadian in scope and audience.

### Learning circle

This project uses a [learning circle](#) — a series of group discussions to help learners generate new skills — as a means to integrate evidence, expert opinion and practice-based innovation and learning. The NCCDH piloted this strategy with a single practice site in an earlier initiative to identify and promote mechanisms to integrate [health equity into health status reporting](#); the [developmental evaluation findings](#) of that project inform this new initiative. This organizational capacity learning circle was scoped in spring 2017 with several potential members. It is composed of practitioners and researchers, including representatives from practice sites.

The circle members will identify key organizational capacity issues and challenges and will study these issues at subsequent meetings. Members, in turn, will take on guidance and facilitation roles to bring evidence to the table and guide the group through the discussion. At the end of each meeting, the learning circle conversation will be synthesized, shared with circle members and translated in summary form for NCCDH users via a new project section on the NCCDH website.

### Practice sites

Three practice sites will serve as the heart of this project, and each will be supported by an NCCDH knowledge translation specialist. The three sites will design and implement an organizational enhancement project that will work towards organizational-level change — ideally with a focus on a specific public health challenge of interest to multiple programs.

- Examples of an organizational-level change are as follows: formalizing institutional commitment, creating or transforming a structure, adjusting funding and resource allocation criteria, staff recruitment and skill building, modifying services, amending targets and measurements, and redesigning community engagement and collaboration.
- Examples of public health challenges that are of widespread concern and that can incorporate an equity objective are as follows: opioids, built environment, early onset diabetes and reconciliation with Indigenous communities.

The practice sites will engage in exchange and co-learning among the other sites involved. The sites will be selected to represent different organizational models (e.g., health unit, department with health authority) and differing contexts (e.g., rural, urban, geography/population size served by department). One Francophone-serving site will be sought, with the intention of finding a site with bilingual staff members who are able to engage in English-language circle meetings.

The learning circle and practice sites are designed to interact with one another. When they meet for learning circle meetings, the practice sites will bring forward challenges, questions, learning and successes in iterative loops. Between learning circle meetings, practice sites will test and modify their approaches to build organizational capacity, drawing upon evidence and expert opinion brought together in the circle.

### Evidence base

The project will bring together both reviewed literature and emerging knowledge arising through research currently under way. The NCCDH and learning circle academic members are well positioned to draw upon research findings as they emerge, frequently prior to publication. Targeted evidence drawn from the published and a grey literature base will include organizational change/capacity methodology, as well as health equity

theory, methods and tools — especially those aimed at organizational-level change. Experiential evidence, primarily from the practice sites, will be incorporated into the project’s evidence identification and assessment.

### Evaluation

We will establish indicators and measurement tools with the participation of the learning circle and practice sites in March and May 2018. Evaluation is expected to incorporate assessment of fulfillment of objectives; quantitative measures regarding adherence to plan, schedule, milestones, outputs and dissemination/reach; qualitative information regarding participant experiences; lessons learned; and improvements that can be applied to future projects. Practice sites will integrate evaluation into their organizational projects.

### **Project audience**

#### Primary audiences:

- Public health sector organizations
- Public health practitioners (leadership and front line)

#### Secondary audiences:

- External decision-makers (e.g., health system beyond public health) and public health influencers
- Non-public health audiences (e.g., government departments, NGOs, health care, individuals)
- Academics/researchers (especially in applied and public health systems research)

### **Project timeline**

Project milestone	Date
Launch	March 2018
Confirm learning circle membership	March 2018
Recruitment and selection of practice sites	March–April 2018
Orientation tele-meeting of learning circle	March 2018
Face-to-face meeting of expanded learning circle with practice sites	May 2018
Provision of consultation/support by the NCCDH to each practice site (e.g. monthly teleconference and access to the NCCDH’s knowledge translation specialists)	Ongoing, monthly
Quarterly learning circle tele-/video meetings	September 2018– September 2019, quarterly
Quarterly facilitated teleconference of the practice sites to support knowledge exchange and cross-organizational learning and problem-solving	Ongoing, quarterly
Project participants engage with online community of practice through <a href="#">Health Equity Clicks: Community</a>	Ongoing
Debrief webinar with all participants	November 2019
Publications completed	March 2020

### **Project outputs**

The NCCDH will create a website section about the project at [nccdh.ca](http://nccdh.ca). In collaboration and with participants’ support, the NCCDH will create a series of resources to introduce the project, summarize the focus and learning from each learning circle meeting and each practice site, consolidate end-of-project reflection and learning, and submit at least one article for journal publication. Resources will be generated throughout the duration of the

project. Public health practitioners outside of the project (non-participants) will be invited to share related experiences and resources and engage in online discussions in the [Health Equity Clicks: Community](#).

### **Rationale and need for this project**

Public health organizations across Canada are increasingly acting on the everyday conditions that affect health in order to reduce systematic and unfair differences in health and social outcomes for population groups. In pursuit of health equity action, organizations must assess and build their organizational capacity to engage in deep and sustained action. To this end, organizational and systems capacity building is a key area of investment.

Organizational and systems capacity are foundational for organizations and are affected by an array of factors. In addition, numerous theories, frameworks and tools exist for non-profit, public and private sector organizations to assess and improve organizational capacity. Organizational development and change management literature has also been published in a range of journals.

It should be noted, however, that applying such knowledge to public health's capacity to improve equitable distribution of health-enhancing conditions and health outcomes is limited. Increasingly, the NCCDH observes a gap between, on one hand, the perceived capacity of public health and health care organizations and, on the other, these organizations' interest, readiness and desire to effectively address social determinants of health and advance health equity.

For this reason, we believe that this project is immensely timely, utilizes an emerging opportunity and responds to a need in the public health field. It could not have been undertaken at an earlier point because it is only now that evidence and other types of knowledge have been developed to such an extent that public health organizations are receptive to making change.

The NCCDH's evidence-informed [roles](#) and [common agenda](#) for public health equity action are being used by researchers and practitioners who are developing theory and frameworks, analyzing existing system factors and influences, and testing models. Some of the literature and practice-based research that this project is placed to utilize, starting with Canadian research, includes the following work:

- [Cohen et al \(2012\)](#) has identified important organizational capacity elements when it comes to influencing health equity: motivation and commitment to action, presence of supportive leadership, access to knowledge, and training to enhance the skills and attitudes of practitioners.
- [The Equity in Public Health Lens](#)'s (ELPH) five-year program of research is contributing significantly to our understanding of issues in public health organizations and leadership that enable and hinder equity action, as well as offering a listing of assessed tools that support equity action.
- Lambton Public Health is piloting and refining a model developed by Good.
- Ontario has developed a set of [indicators to measure public health organizational capacity](#), along with a [scoping review](#), to advance health equity. The province is also drafting a guidance document to support the newly modernized [health equity foundational standard](#). Both are framed around the NCCDH roles.
- [Hankivsky](#) is evaluating the use and impact of health equity frameworks and tools, undertaking a scan and hosting an international think tank regarding frameworks and what is known about how policy and political processes affect uptake.
- Two newly appointed health system impact fellows are developing population and health equity frameworks to be used by the Nova Scotia and Saskatchewan Health Authorities.
- ELPH and [Betker](#) have produced a recent research paper about the role of public health leaders and leadership in furthering health equity.

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