



National Collaborating Centre  
for Determinants of Health

Centre de collaboration nationale  
des déterminants de la santé

## LEARNING TOGETHER: BUILDING ORGANIZATIONAL HEALTH EQUITY CAPACITY COLLECTIVELY



**This document summarizes literature and practice experience on how to build change collectively to support health equity capacity.**

### ORGANIZATIONAL CAPACITY FOR HEALTH EQUITY ACTION INITIATIVE

The [Organizational Capacity for Health Equity Action Initiative](#) (OCI) fosters learning about frameworks, strategies and organizational conditions that can enable Canadian public health organizations to develop and sustain their capacity for health equity action. The initiative uses a learning circle, reviews and discussion of the literature, and practice site implementation to explore these objectives. The learning

circle is made up of research and practice experts who meet on a regular basis to integrate evidence, expert opinion and practice-based innovation and learning.

The initiative is described fully in *Organizational Capacity for Health Equity Action Initiative: A brief description*.<sup>1</sup>

Visit [www.nccdh.ca](http://www.nccdh.ca) to learn more about the OCI.

## INTRODUCTION

A wise person once said never to expect 100% support from any individual who was not personally involved in devising a change that had an impact on their work.<sup>2</sup>

In the learning circle gatherings hosted by the National Collaborating Centre for Determinants of Health's (NCCDH) Organizational Capacity for Health Equity Initiative (OCI), members identified the task of *building organizational change collectively* as an area of interest. As a response, we have produced this brief review, which looks at how to build change collectively within organizations. In it, we summarize literature and the ensuing learning circle conversation<sup>3</sup> on how organizations can build change collectively to support health equity capacity and action.

Klarner, Probst and Soparnot's capacity change model<sup>4</sup> describes four dimensions of organizational change capacity: change process dimension, organizational context dimension, learning dimension and content dimension. Within the change process dimension, there are five process determinants of change described. In this review, we focus on one of these determinants — namely, collectively built change processes.

Specifically, this document aims to do the following:

- Identify why organizations need to build change collectively
- Examine the implications for building organizational capacity for health equity action together
- Discuss the role of middle managers as agents of change

## WHY WORK ON CHANGE COLLECTIVELY?

Klarner and colleagues<sup>5</sup> assert that, in order for change to garner adequate commitment, motivation and support — and for it to be effective — change must be built collectively.

They offer the following advice:

- Avoid a top-down approach
- Integrate all members of the organization into the implementation plan
- Involve and engage people at all levels in discussion, problem-solving and learning
- Integrate employees into the change process from the start and listen to their views on what change is required now, as well as those changes that have been initiated and planned in the past
- Involve and engage external stakeholders about their thoughts and concerns

### Identifying the evidence

A search of grey and published literature revealed that *collectively built change processes* has not emerged as a distinct concept in the evidence base. Therefore, the literature searches for this backgrounder involved using the University of Toronto Library Portal Summon search engine to look at related concepts about who to engage and how. Further, given that the NCCDH has published previous work on the roles of leaders in supporting health equity practice, the roles of middle managers were specifically emphasized in this review.

## COLLECTIVELY BUILDING CHANGE FOR HEALTH EQUITY CAPACITY

In the discussions among learning circle members,<sup>3</sup> participants affirmed that organizations implement change frequently, though the success of those change initiatives is varied. Building health equity capacity collectively with the involvement of all those potentially impacted by the changes improves the success of these organizational change efforts. Moreover, adequate involvement from relevant stakeholders can limit potential resistance to the planned change. This stems from everyone involved developing shared ownership of the problem and solutions.

Learning circle members also stressed that health equity capacity-building activities would benefit from early and sustained engagement. Of particular note was buy-in and commitment from senior leaders and management, which enabled appropriate allocation of time and resources.

## RECOMMENDATIONS FOR BUILDING CHANGE COLLECTIVELY

In the following section, we highlight five specific recommendations that arose in the discussion (Figure 1).

Figure 1: Collectively building health equity organizational capacity

1

**WEAVE HEALTH EQUITY PRIORITIES THROUGHOUT ORGANIZATIONAL STRATEGY**

2

**ALLOCATE ADEQUATE RESOURCES FOR CAPACITY-BUILDING**

3

**BUILD STRONG AND TRUSTING RELATIONSHIPS INTERNALLY AND EXTERNALLY**

4

**ENSURE COLLECTIVE UNDERSTANDING OF HEALTH EQUITY**

5

**MEASURE IMPACT OF CHANGE**



**1****WEAVE HEALTH EQUITY PRIORITIES THROUGHOUT ORGANIZATIONAL STRATEGY**

Health equity change can be facilitated by weaving it into various parts of the organization. For example, equity can be more explicit in organizational practices, as well as active discussions of topics such as racism and decolonization, among others.

Organizations can include health equity aims in routine activities, such as:

- strategic plans and priorities of the organization;
- objectives and outcome metrics in organizational workplans; and
- objectives in both staff and management's personal development and learning plans.

**2****ALLOCATE ADEQUATE RESOURCES FOR CAPACITY-BUILDING**

Having adequate resources is a well-established way to enable change. For this reason, ample time and resources are important assets for building health equity capacity and must be considered as part of any change initiative. This ensures that staff are well-positioned to assess, plan, implement and evaluate organizational capacity development efforts.

**3****BUILD STRONG AND TRUSTING RELATIONSHIPS INTERNALLY AND EXTERNALLY**

Engagement in the change process supports trust-building across the organization and beyond, including in the community. Change agents must consider and address power differences between those involved in or impacted by the change during an engagement process.

Internally, a senior management champion is a critical aspect of engagement. They are someone who facilitates conversations and lends their influence to the team responsible for planning and implementing change.

Building trust beyond the borders of your organization is also essential, since allies in the system are critical to success in change initiatives. A culture of engagement considers when and how to engage with communities to provide for meaningful participation in decision-making processes. Creating such allyships requires effective relationship-building skills at all levels of an organization.

**4****ENSURE COLLECTIVE UNDERSTANDING OF HEALTH EQUITY**

Developing a shared understanding of and vision for health equity across the organization is essential to support collective engagement with the change being sought. In one organization, a guiding framework for health equity and public health<sup>6</sup> was an important tool for developing a common understanding of health equity and its importance. The tool provided staff with space and permission to engage in health equity dialogue and practice.

**5****MEASURE IMPACT OF CHANGE**

Monitoring and collecting information on the change is essential to measuring the impact of a health equity capacity-building initiative. The impact may be in the specific area where capacity is being developed, but it can also influence other areas of the organization. For example, embedding a health equity lens into the reporting of opioid overdoses has the potential to influence other routine reporting processes of an organization. The latter necessitates and can contribute to organization-wide culture and practice shifts.

## MIDDLE MANAGERS AS CHANGE AGENTS FOR HEALTH EQUITY CAPACITY

[Seventy] percent of change programs fail to achieve their goals, largely due to employee resistance and lack of management support. We also know that when people are truly invested in change it is 30 percent more likely to stick.<sup>7(p1)</sup>

A research report by the Canadian Health Services Research Foundation (CHSRF), *Evidence-informed change management in Canadian healthcare organizations*,<sup>8</sup> echoes Klarner et al.'s<sup>4,5</sup> viewpoints. The CHSRF document highlights a move away from top-down directive approaches to more successful change models centred on the engagement, inclusion and collaboration of a range of groups across organizational levels.

One such group is middle managers, who are uniquely positioned between top and more operational levels of an organization. As noted by Klarner et al., middle managers are a “guiding coalition to spread a change vision and implement it operationally.”<sup>5(p64)</sup> Their role as organizational change agents is explored in more detail below.

On the topic of supporting middle managers as organizational change agents, three specific points arose in the literature and learning circle:

### 1. ROLE AND EXPERIENCES OF MIDDLE MANAGERS

A literature review by Rezvani<sup>9</sup> found that middle managers play five distinct roles within an organization: strategic, administrative, leadership, decision-making and communication. Those in this role are well positioned to exert strategic influence upwards, across and downwards within the organization.<sup>10,11</sup> Similarly, Judge and Douglas<sup>12</sup> include *involved middle management* as one of the eight dimensions of organizational capacity for change, highlighting middle management's unique role to connect staff to senior leadership, maintain work through change initiatives and provide dissenting opinions in constructive ways. Despite this evidence of influence, middle managers are often excluded from change initiatives.

Learning circle members noted that, as organizational change agents, middle managers are key to communicating the need for change. To communicate about health equity change in a supportive manner, they require clear direction and must be committed to the change in question. Some organizations position middle managers as implementers rather than informants of change, which is a missed opportunity, given their potential for influence.

When middle managers are part of the capacity-building initiative from the beginning, they are better equipped to understand the context to engage other staff. In the absence of support from middle managers, staff are in the position to act

as gatekeepers or barriers to change, preventing efforts to develop health equity capacity.

Health equity capacity initiatives with clear implementation strategies ensure that this work is well integrated into job functions and not perceived and performed as add-ons within already very busy roles. Any strategy to build health equity capacity together as a team requires that middle managers develop decision-making and consensus-building skills.

As many learning circle members highlighted, middle managers are busy and juggling multiple projects and staff. Recognizing this reality is important, they noted, as we take practical and pragmatic approaches that integrate change into existing processes and structures where possible.

### 2. EQUITY IN DECISION-MAKING AND LEADERSHIP

Middle managers have different levels of power, privilege and influence, given their social location within an organization. It is essential to account for this variance in change initiatives with the goal to build health equity organizational capacity.

Who leads and how their leadership is supported is another important consideration. For example, Indigenous, racialized and other marginalized people in positions of leadership require additional systems of support to be successful as their organizational authority is more likely to be challenged and subverted.

### 3. INFLUENCE OF ORGANIZATIONAL CONTEXT AND CULTURE

Organizational culture and power dynamics are important contextual factors that influence the outcome of any change initiative. More specifically, the organizational context can bolster or constrain middle manager engagement in health equity capacity-building activities. For those leading health equity capacity initiatives, it can be helpful to know about existing organizational culture and structure around the involvement of middle managers in change initiatives. Once established, formalized health equity commitments can enable middle managers and staff to integrate health equity into their roles, work routines and practice. This integration into existing organizational structures and processes supports routinization and builds an organization-wide culture of equity.

#### Essential practices of middle management

In 2012, Peel Public Health in Ontario, Canada, embarked on a significant organizational change initiative. They introduced a new governing philosophy, The Public Health Way,<sup>13</sup> as well as evidence-informed program and practice decision-making processes.<sup>14</sup> With this complex organizational change came the recognition that middle managers, supervisors and program managers needed to understand the changes in order to lead staff and provide guidance on how to participate.

A review conducted by Peel Public Health<sup>14</sup> highlighted that, in order for change to be successful and to be led and

managed effectively, middle managers must fully understand the individual and organizational context in which the change occurs. This includes individual employee histories and loyalties, as well as the implicit and explicit rules, routines and assumptions that govern the organization. Middle managers can then use relational and strategic knowledge of the context to develop persuasive messages, consistent with organizational values as they attend to the concerns of staff.<sup>10</sup>

Effective middle managers are competent in both task and person behaviours. The table below identifies three essential manager practices alongside task- and person-oriented behaviours. This table can provide guidance on the role of middle managers to other organizations contemplating change initiatives (adapted with permission).<sup>14(p14-15)</sup>

#### The role of senior management in supporting middle managers

Senior public sector managers need to acknowledge the integral role middle managers play in designing and implementing change, as well as mitigating employee resistance. In addition, these senior leaders are responsible for providing the necessary support for middle managers to enact this role.<sup>16</sup> Given that employees are interested in how an organizational change initiative is going to impact them, middle managers can be instrumental in generating enthusiasm among a critical mass of employees.<sup>12</sup>

MANAGER PRACTICES	TASK-BASED MANAGER BEHAVIOUR	PERSON-BASED MANAGER BEHAVIOUR
<p><b>Engaging in dialogue</b></p> <p>Deliberate and planned conversations</p>	<ul style="list-style-type: none"> <li>Identify and communicate tasks associated with health equity-related change</li> <li>Engage employees in building processes or systems to support health equity activities</li> </ul>	<ul style="list-style-type: none"> <li>Communicate to employees about the need for change</li> <li>Share the vision for change</li> <li>Secure buy-in and support for change by listening to and validating expressions of emotion about health equity change</li> <li>Foster participation through communication</li> </ul>
<p><b>Reframe work</b></p> <p>Explain and reinforce purpose and key elements of organization's work</p>	<ul style="list-style-type: none"> <li>Reframe work by explaining how new health equity activities are related to organizational mission and objectives</li> <li>Design organizational processes that induce new work patterns that support health equity</li> <li>Evaluate and refine processes by setting performance standards related to health equity activities</li> </ul>	<ul style="list-style-type: none"> <li>Reframe work by explaining how new roles link to a new approach to work</li> <li>Validate issues and interest of employees</li> </ul>
<p><b>Clarifying roles</b></p> <p>Explain how new roles reinforce organizational goals and shape a common identity that will advance the work of the organization</p>	<ul style="list-style-type: none"> <li>Clarify roles by explaining new task requirements</li> <li>Relate new tasks to the organizational mission and goals</li> </ul>	<ul style="list-style-type: none"> <li>Gain support for new work routines through interpersonal interactions</li> <li>Help employees to rise above their own interests and focus on a common organizational goal</li> </ul>

If public sector middle managers are going to effectively support employees in a change initiative, senior managers need to:<sup>15</sup>

- involve and engage middle management in change processes from the outset;
- provide ongoing, timely and clear communication about the intended change so that middle managers, in turn, can provide clarity to employees and manage expectations;
- appreciate and legitimize the importance of sense-making, and dedicate ample time to enable collective sense-making; and
- systematically develop the change management capabilities, confidence and empowerment of middle managers as team leaders and sense-makers.

## CONCLUSION

In conclusion, learning circle members emphasized that, in order to develop health equity capacity, organizations need to be working to create and support health equity champions. Bearing this in mind, we must also acknowledge that these efforts for change are happening within a societal context that does not consistently value health equity. Organizations typically reflect the larger societal values in which they are situated, and thus — in the absence of broader societal buy-in — are often resistant to initiatives to improve health equity. As noted by members of our learning circle, strategies such as reflection, dialogue, monitoring, success-sharing and collective effort to support change initiatives were effective actions to meet and mitigate this resistance.

## DISCUSSION GUIDE: DEVELOPING HEALTH EQUITY CAPACITY COLLECTIVELY

We have assembled a series of questions for you to consider as you plan your health equity capacity-building initiative.

QUESTION	NOTES
1. What health equity capacity do you want to develop in your organization?	
2. Are the resources and time you have allocated adequate for the scope and scale of change?	
3. Who will be affected by the health equity capacity-building changes? Who can help influence the desired change? a. List all internal and external partners b. How will you build strong and trusting relationships internally and externally?	
4. How will you develop a collective understanding of health equity among all partners?	
5. What are the perspectives of internal and external partners on the change and how to bring it to fruition?	
6. Are there existing processes that do not support engagement within the organization, with external partners or with the community? How can you address and shift these processes?	
7. How can you weave health equity into your organizational strategy to support building change together? a. Is health equity included in governance and strategy documents? b. Are there opportunities to integrate health equity into existing processes?	
8. How will you measure the impact of change? a. What baseline information will you collect? b. What process and outcome data will you collect? c. How will you consider diverse knowledge and knowledge holders?	
MIDDLE MANAGERS	
9. How will you engage middle managers in the health equity capacity-building project?	
10. What strategies can senior leaders use to support middle managers in their role as change agents?	

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