



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

HEALTH EQUITY FRAMEWORKS AS A TOOL TO SUPPORT PUBLIC HEALTH ACTION: A CURATED LIST

Much is known about the existence of health inequities across Canada and the underlying structural drivers of these inequities. Less is known about how to advance health equity across public health in different organizational and system contexts.

Related work by the National Collaborating Centre for Determinants of Health (NCCDH) includes the 2023 resource *Health equity frameworks as a tool to support public health action: A rapid review of the literature*,¹ which identified a range of actionable health equity frameworks available in both the grey and published literature.

Health equity frameworks are one tool that public health practitioners, in collaboration with partners and communities, can use to advance work to disrupt systems of oppression and promote health justice for all. Given the challenge that many organizations and systems experience in advancing health equity as a central element of all public health work, frameworks can provide flexible, actionable guidance on ways to move forward together.

As frameworks are frequently created in deeply inequitable contexts, framework users must ask critical questions of a specific framework when considering its application and adaptation to different user contexts. Users should not automatically assume that the framework is inherently anti-oppressive. Critical questions could include:

- How might this health equity framework serve to maintain and extend the White settler colonial project and other existing systems of oppression?
- How can we ensure that the health equity framework we create and/or use works to break down racism, transphobia and other systems of oppression?

Additionally, users should consider that frameworks are only a tool as other elements are required to advance health equity:

A health equity tool on its own cannot be the cornerstone of an organizational strategy for action against [social inequalities in health]; rather, its integration should be viewed from a systemic, critical and reflexive perspective. To achieve the tool's full potential, it is necessary to work on assimilating equity into organizations and policies, by concurrently investing in strengthening organizational capacity and developing professional competencies.^{2[pe82]}

Building on this context, public health practitioners can use this curated health equity framework list to:

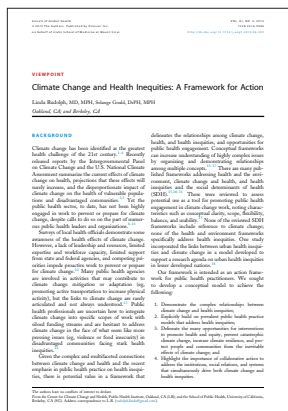
1. Advance knowledge about the range of actionable health equity frameworks available for application in different public health contexts.
2. Explore broader considerations and organizational and system levers to advance health equity work when co-creating, adapting or using a framework.

The resources in this curated list are organized into two categories corresponding to these two purposes.

This resource list is not intended to be exhaustive.

SAMPLE ACTIONABLE HEALTH EQUITY FRAMEWORKS IN PUBLIC HEALTH CONTEXTS

This category includes a range of actionable health equity frameworks that can be used in public health contexts to inform health equity action and disrupt underlying systems of oppression. These frameworks are particularly robust, useful or unique, based on, for example, either the way they were co-developed, the extent and range of actions they propose, or the distinct concepts they introduce as integral to advancing health equity.



Climate change and health inequities: A framework for action

Rudolph L, Gould S. [2015].

Levels for framework action: system, organizational, regional and community

This framework — developed by combining core elements

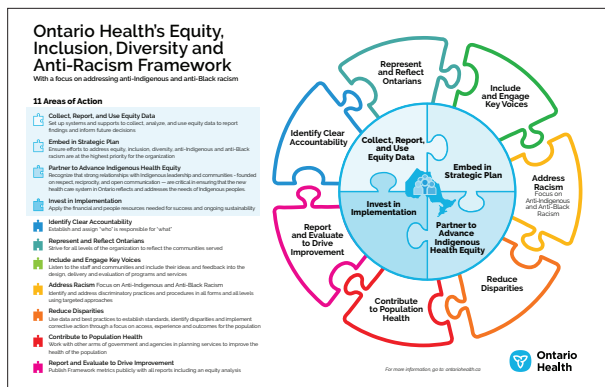
wealth and resources — frequently influenced by dominant views on, for example, race, sex and gender — and the control that large institutions such as corporations and governments have over how health-promoting resources are distributed. These factors together shape health and climate processes that in turn lead to climate change health inequities, disability, morbidity, death, and other social and health costs.

The framework identifies six areas of action and notes that these actions should occur at all different levels and framework stages:

1. Build community capacity to examine and address community challenges.
2. Engage communities and share power in decision-making.
3. Partner across sectors.
4. Advocate for policy and system change that will often challenge powerful actors.
5. Communicate to influence behaviour and practice.
6. Use surveillance, evaluation and research data to enhance the impact of health and climate change interventions.

of two frameworks, one on addressing health inequities and the other on addressing climate change — presents collaborative action that public health can take at policy and system, organizational, regional and community levels to advance health equity and address climate change.³ The authors developed this framework to address a gap as there were no other frameworks identified that articulated the complex intersections between, and actions to take to address, inequities and climate change.

The framework recognizes that people denied equity experience greater vulnerability to climate change impacts, and it is grounded in a deep analytical understanding of the shared root causes of health inequities and climate change. These include the inequitable distribution of power,



[Ontario Health's equity, inclusion, diversity and anti-racism framework](#)

Ontario Health. [2020].

Levels for framework action: organizational and system

Developed through broad engagement within Ontario Health and with external affinity groups, the framework identifies 11 actions required to advance health equity at organizational and system levels.⁴ Originally developed for use in Ontario's health care system, these 11 actions, graphically displayed as pieces of a jigsaw puzzle, can be applied in public health contexts.

At the centre of the puzzle, the four foundational actions are:

1. Collect, share and use equity data.
2. Work in partnership to further Indigenous health equity.
3. Integrate equity in organizational strategic plans.
4. Invest needed resources for implementation.

The remaining seven actions are to integrate perspectives and ideas of staff and communities at all program stages, advance population health, reduce inequities, evaluate and report publicly on framework metrics, identify who is accountable for what, work to ensure that all levels of an organization reflect the communities it serves, and disrupt racism with a particular focus on addressing anti-Indigenous and anti-Black racism.

The framework and [accompanying document](#)⁵ provide high-level guidance, recommendations, actions and sample metrics that public health can use to advance health equity, internally within their organization and through broad coordinated action across health systems.



Strategic practices (in HealthEquityGuide)

Human Impact Partners.
[2017].

Levels for framework action: organizational and system

To advance transformational systems change for health equity, Human Impact Partners identified that

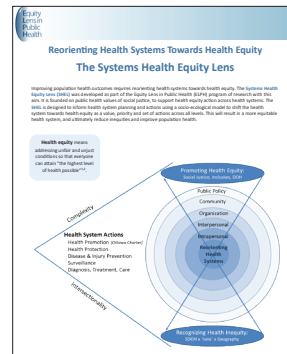
public health must work to redistribute power and dismantle systems of oppression like racism and transphobia as underlying causes of health disparities.⁶ This organization leads all health equity work with a central focus on addressing racism as racial inequities exist everywhere.

Building on this, four core public health actions are:

1. Pursue large-scale transformation — for example, develop leadership by rewarding strategic risk taking and critical thinking.
2. Build capacity within organizations — for example, change internal practices by hiring, retaining and promoting staff who reflect communities served.
3. Work across government — for example, develop a shared analysis to understand the history, origins and actions required to address health inequities.
4. Develop and sustain relationships with communities — for example, work with community-led social justice campaigns to advocate for policy change.

For each of these four areas of work, the framework presents strategic practices, practical case studies and sample implementable actions that public health organizations can use to inspire action in their own contexts.

Given that the capacity of each public health organization is distinct, organizations can adapt and implement strategic practices from this framework that align with their capacity and intended future directions.



Reorienting health systems towards health equity: The systems health equity lens

*Pauly B, Shahram SZ,
van Roode T, Strosher HW,
MacDonald M.* [2018].

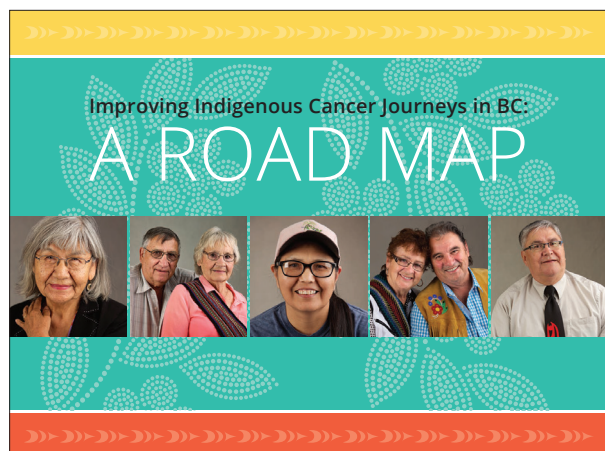
Levels for framework action: individual,

community, public policy and system

The purpose of the Systems Health Equity Lens framework is twofold: (a) to identify causal factors of health inequities, including sexism, colonialism and racism that impact people's social positioning; and (b) to use this knowledge to guide the development and implementation of health equity actions.⁷ The framework is part of the [Equity Lens in Public Health research program](#).

This framework incorporates multiple concepts and elements into a cohesive whole. The framework is grounded in intersectionality and complexity; emphasizes inclusion and representation as integral to changing power dynamics; and uses a socioecological model to organize equity-promoting actions at intrapersonal, interpersonal, community and public policy levels. Public health practitioners are asked to investigate how causal factors of inequity are exhibited in health systems and then use this knowledge to identify and implement actions to intervene. Each of these actions takes place in the context of different public health functions, like health promotion and protection.

Importantly, the framework authors identified that health equity work is about ensuring equitable allocation of resources for health — which includes the redistribution of power and privilege — by reorienting systems, processes and policies towards health equity. This moves health equity work away from a narrow lens focused solely on recognizing and addressing the needs of populations denied equity.



[Improving Indigenous cancer journeys in BC: A road map](#)

First Nations Health Authority; Métis Nation BC; BC Association of Aboriginal Friendship Centres; BC Cancer. [2017].

Levels for framework action: individual, organizational and system

This framework, co-created over a span of 3 years, is intended to support all First Nations, Métis and Inuit Peoples living in British Columbia.⁸ The framework was co-created by four partnering organizations and by centring the voices of Indigenous Peoples living with cancer, survivors and their families. Grounded in First Nations and

Métis views on health and wellness, co-creation methods included roundtable community discussions, in-person forums and surveys, identified as Gathering Wisdom, Elders Gathering and Telling Our Stories.

The framework provides seven areas of focus, with goals, objectives and actions that can be taken at individual, organizational and/or system levels to improve Indigenous Peoples' cancer journeys. These focus areas — partnerships, prevention, screening, knowledge development, end-of-life, survivorship and cultural safety — are situated, visually as a framework, in a natural environment.

The framework references the need to redress power imbalances as core to improving Indigenous Peoples' cancer care journeys. For example, the partnership goal states that Indigenous communities should guide cancer care services to reflect community priorities. Additionally, the authors called for health systems to fully integrate cultural safety and humility at all levels and stages of Indigenous Peoples' cancer care journeys, recognizing that oppression and colonization pervades B.C.'s health care system. As part of this, health care providers are invited to consider power imbalances that permeate all provider interactions and services.



Implementing anti-racism interventions in healthcare settings: A scoping review

Hassen N, Lofters A, Michael S, Mall A, Pinto AD, Rackal J. [2021].

Levels for framework action: individual, interpersonal and organizational

Based on a scoping review conducted to identify anti-racism interventions implemented in outpatient health care settings, the authors created a set of recommendations and a conceptual framework to implement anti-racism actions at multiple levels.⁹ The authors, citing Calliste and Dei, used the following definition of an anti-racism intervention: “an action-oriented, educational and/or political strategy for systemic and political change that addresses issues of racism and interlocking systems of social oppression.”^[p3]

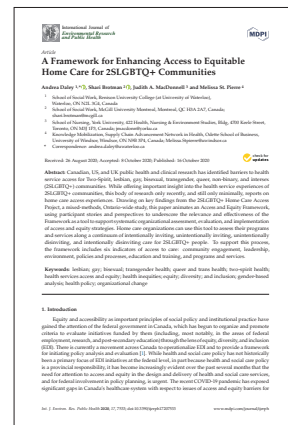
Recognizing the existence of racism at three levels — institutional, interpersonal and internalized — the framework is organized by the following areas for action:

- Establish the groundwork for anti-racism interventions that includes understanding the problem and identifying goals and objectives.
- Address institutional racism, including a focus on policy, organizations and communities.
- Address personally mediated racism with a focus on interpersonal and individual levels.
- Incorporate monitoring and evaluation mechanisms.
- Ensure transparency, accountability and sustainability.

The authors discouraged organizations from using resources to assess whether racism is a problem within their organizations as “racism is pervasive and present everywhere.”^[p11] Instead, their study recognizes the

widespread racism and resulting harms experienced by Black, Indigenous and other racialized people when seeking care or working in health care contexts, and acknowledges the ongoing impact of slavery and colonialism on today’s health care system.

While much of the health care literature has focused on understanding and depicting existing disparities, this review and resulting framework can be used to initiate, implement and evaluate actions to address racism in health care or public health settings.



A framework for enhancing access to equitable home care for 2SLGBTQ+ communities

Daley A, Brotman S, MacDonnell JA, St Pierre M. [2020].

Levels for framework action: program and organizational

The purpose of this framework is to improve access to equitable home care, at program and organizational levels, for Two-Spirit, lesbian, gay, bisexual, transgender, queer, non-binary and intersex (2SLGBTQ+) communities.¹⁰ The framework can be used to (a) assess the extent to which programs are accessible to, and how they are experienced by, 2SLGBTQ+ users; and (b) identify ways to implement and evaluate enhanced equity and access to care strategies for 2SLGBTQ+ users.

Framework actions and assessment domains are organized along two intersecting continua. The first continuum plots provision of care for 2SLGBTQ+ people from *intentionally disinviting* to intentionally inviting. The

second continuum presents access to care indicators for six domains: community engagement, leadership, policies and procedures, environment, education and training, and programs and services.

The framework was co-developed by researchers, community advisory committees with 2SLGBTQ+ and older adults, literature reviews, key informant interviews, and interviews with service users, providers and administrators.

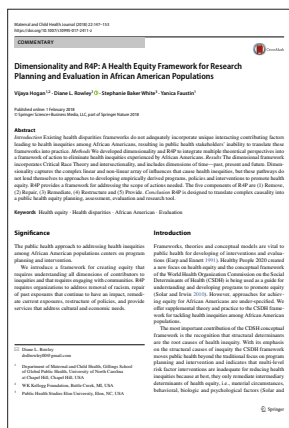
Public health practitioners can employ these intersecting continua to map where their programs and organizations are and use results to determine specific actions to make their organizations more equitable and inviting for 2SLGBTQ+ populations. Each framework domain includes prompting questions to help users assess and advance beyond their current state.

of time, includes explicit reference to ongoing impacts of historical trauma such as enslavement, present individual life course and intergenerational risk factors including cumulative impacts of structural racism, and how disadvantage from the past and present is often inherited by future generations.

The authors built on these rich theoretical foundations to create an action framework that considers the complex interplay of factors that leads to inequities for Black populations.

The five interconnected components of the R4P framework focus on institutional actions public health can take, in partnership with populations denied equity, to advance racial equity. Public health practitioners can also use this framework to evaluate the extent to which organizational processes are advancing or impeding progress towards racial equity. The five action areas are:

1. Remove — identify and dismantle racism at individual and organizational levels.
2. Repair, 3. Restructure and 4. Remediate — identify and redress historical legacies and current forms of structural racism that continue to influence both the present and future.
5. Provide — implement policies and programs in a way that addresses intersecting disadvantages experienced by Black populations.



Dimensionality and R4P: A health equity framework for research planning and evaluation in African American populations

Hogan V, Rowley DL, Baker White S, Faustin Y. [2018].

Levels for framework action: individual and organizational

This framework encourages users to think upstream, to reflect and act on the role that the structural determinants of health — forces that shape the societal distribution of power, wealth and resources — play in creating health inequities.¹¹ The framework is grounded in Critical Race Theory, intersectionality, and dimensions of time across past, present and future. This latter concept, dimensions



Learning Together:
A practice framework for organizational capacity for health equity action

NCCDH. [2020].

Level for framework action:
organizational

This practice framework was developed as part of

the NCCDH's Organizational Capacity Initiative to support organizations to build internal capacity to advance health equity.¹² Drawing on literature about existing frameworks, learning circle discussions, and interventions at practitioner, organization and system levels, this document describes a framework consisting of eight interrelated components:

1. Lead and govern with equity.
2. Develop a culture of equity.
3. Fund health equity programs and policies.
4. Build a robust and competent team.
5. Generate and use knowledge and information to drive equity.
6. Build multisectoral and community relationships to enhance action on the social determinants of health.
7. Design equitable infrastructure and spaces.
8. Understand and influence the external system.

This resource explores how social and political contexts outside of the organization, including societal norms and government infrastructure, generate, influence and shape health inequities and an organization's capacity to address them. The framework guides the reader through nuanced considerations for incorporating equity-focused approaches into new and existing processes. It also builds on knowledge about how organizations change while considering complexities, context, existing processes and desired outcomes.

Public health practitioners can use this resource to:

- identify areas where their organization needs to build capacity for action on health equity;
- develop a plan to increase capacity for health equity action at practitioner, organizational and system levels; and
- learn more about changing interconnected elements within their organization.

BROADER CONSIDERATIONS, APPROACHES AND LEVERS TO ADVANCE HEALTH EQUITY WORK WHEN USING HEALTH EQUITY FRAMEWORKS

Resources in this category cover the following topics: engagement and anti-oppressive approaches, organizational change capacity, and organizational and system levers for advancing health equity work and the corresponding use of frameworks. Broader contextual factors play a significant role in whether health equity frameworks can be meaningfully used to advance health equity.

The Ethical Space of Engagement		
WILLIE ERMINE*		
I	INTRODUCTION	184
II	ETHICS	185
III	THE STATUS QUO	186
IV	THE UNDERCURRENT	197
V	INDIGENOUS GAZE	199
VI	EMERGENT RULES OF ENGAGEMENT	200
VII	RECONCILIATION	201

The "ethical space" is formed when two societies, with disparate worldviews, are invited to engage each other. It is the thought about diverse societies and the space in between them that contributes to the development of a framework for dialogue between human communities. The ethical space of engagement proposes a framework as a way of examining the diversity and positioning of Indigenous peoples and Western society in the pursuit of a relevant discussion on Indigenous legal issues and particularly to the fragile interaction of Indigenous law and Canadian legal systems. Ethical

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Indigenous Law Journal/Volume 1/Issue 1/2007
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The ethical space of engagement

Ermine W. [2007].

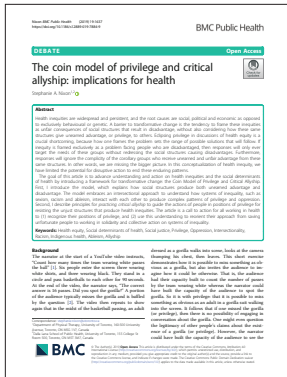
Given Canada is a settler colonial state and, in 2021, passed into legislation the United Nations Declaration on the Rights of Indigenous Peoples Act, the ability to

and dream together. It involves the coming together of societies and people with distinct perspectives, cultures and world views. By recognizing and moving beyond their own deeply ingrained thoughts, interests and assumptions, and “detach[ing] from the cages of their mental worlds,”^[p202] they can face one another and arrive at a meeting place — the ethical space — that allows for true engagement using “appropriate, ethical, human principles”.^[p202]

Inhabiting this ethical space allows for interaction and dialogue so that First Nations, Inuit and Métis Peoples and Western institutions can explore fields of thought and collectively observe how hidden values influence behavior or how unnoticed cultural differences can clash. From this understanding, truly cooperative partnerships can emerge.

develop deeply cooperative partnerships between First Nations, Inuit and Métis Peoples and Western institutions is critical in all health equity work.

Ethical space, a process developed by Willie Ermine¹⁴ and grounded in the philosophical work of Roger Poole, is about human beings coming together to understand one another



The coin model of privilege and critical allyship: Implications for health

Nixon SA. [2019].

The coin model of privilege and critical allyship uses the metaphor of a coin to depict different systems of oppression and people's

relationship to those systems of oppression.¹⁵ By chance of the body and the circumstances we are each born into, each person experiences either *unearned advantage* (metaphorically depicted as being on top of the coin) or *unearned disadvantage* (depicted as being on the bottom of the coin) due to systems of oppression like ableism, sexism and settler colonialism.

This anti-oppression model incorporates concepts of intersectionality as it recognizes that each person can experience multiple forms of unearned disadvantage and/or unearned advantage at the same time.

Importantly, the author noted that the purpose of health equity work is not to move people from the bottom of the coin to the top or to focus solely on addressing the needs of equity-denied populations. Health equity work is instead about dismantling underlying systems of oppression, metaphorically represented by the coin, which create both unearned advantage and disadvantage across different socially constructed categories.

People who experience unearned advantage can act as critical allies and, following the leadership of people experiencing different forms of oppression, work to dismantle those same underlying systems of oppression.



Values are not enough: Qualitative study identifying critical elements for prioritization of health equity in health systems

van Roode T, Pauly BM, Marcellus L, Strosher HW, Shahram S, Dang P, et al. [2020].

This resource identifies organizational and system levers required to prioritize health equity in complex health systems.¹⁶ These elements include the need to 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.

The authors underscored the importance of assessing the system and identifying areas where health equity is strongly valued and, in contrast, where it lacks support. They also noted that health equity is often a core value among senior public health leaders, which supports the prioritization of health equity within health systems. Conversely, health equity is often inconsistently valued and understood in other parts of the health system.

The authors identified these levers based on an analysis of a series of semi-structured interviews and focus groups with senior public health practitioners in six B.C. health authorities and the B.C. Ministry of Health. Their work was guided by complexity theory and is part of the Equity Lens in Public Health research program.



Learning Together: A model for increasing organizational change capacity for health equity

NCCDH. [2020].

This resource describes a conceptual model, and strategies and barriers to overcome, when

strengthening organizational change capacity for health equity.¹⁷ Findings are based on literature and discussions from a learning circle process. The conceptual model assists organizations to identify:

1. Content — what they want to change
2. Processes — how change will be enacted
3. Context — internal and external conditions that influence change
4. Learning — how emerging knowledge and opportunities will be built into the organization

Strategies to strengthen organizational change capacity for health equity include focusing on incremental change, creating space for collective staff dialogue, communicating clearly and bringing partners on board.

In contrast, factors that can hinder organizational change capacity for health equity include colonial institutional practices and the resulting propensity for decision-makers to limit leadership by people experiencing social and structural disadvantage.

This resource includes a discussion guide that organizations can use to explore their readiness for health equity change, and ways to move forward to build an organization's capacity to advance health equity.

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