



National Collaborating Centre  
for Determinants of Health

Centre de collaboration national  
des déterminants de la santé

# Equity in Action: Disrupting the Status Quo

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# Land Acknowledgement

The NCCDH is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This territory is covered by the "Treaties of Peace and Friendship" which Mi'kmaq and Wolastoqiyik (Maliseet) peoples first signed with the British Crown in 1725. The treaties do not deal with surrender of lands and resources but in fact recognize Mi'kmaq and Wolastoqiyik (Maliseet) title and establish the rules for what is an ongoing relationship between nations.



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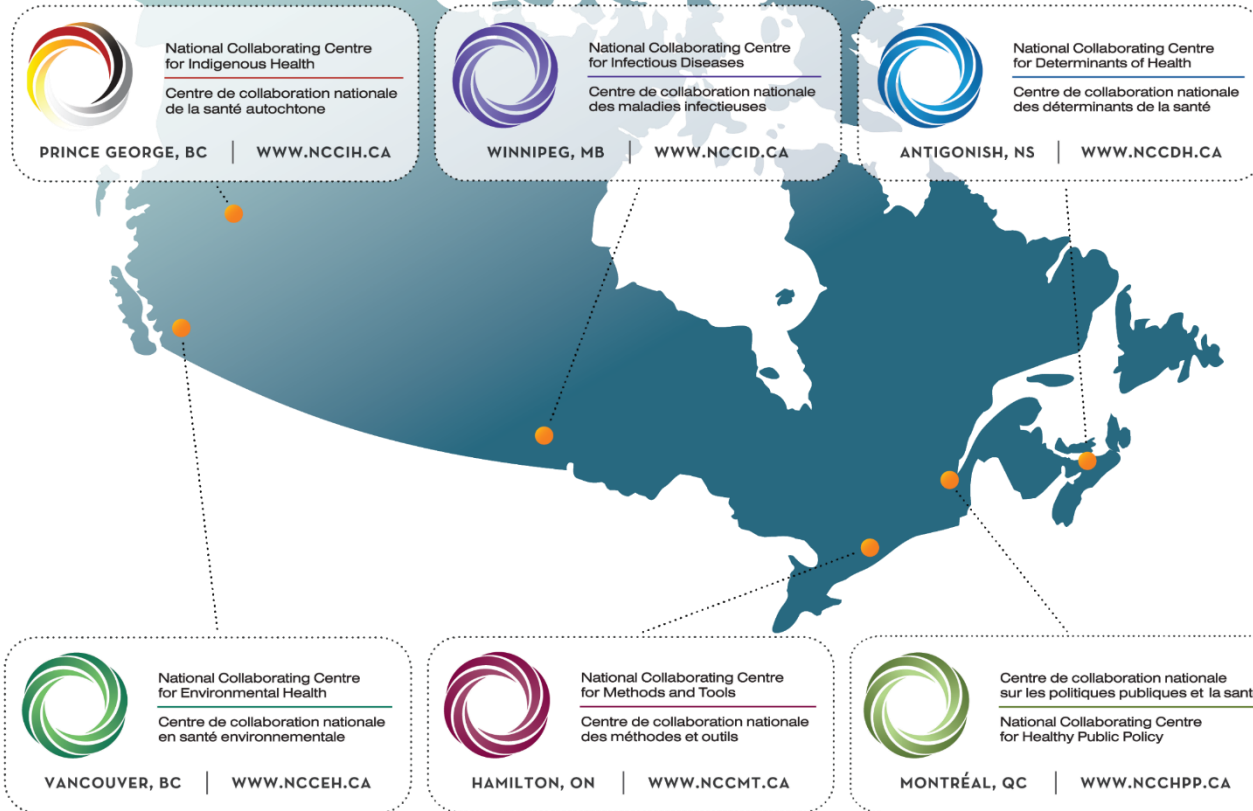


National Collaborating Centres  
for Public Health

Centres de collaboration nationale  
en santé publique



nccph.ca



STRENGTHENING PUBLIC HEALTH ACROSS CANADA | APPUYER LA SANTÉ PUBLIQUE PARTOUT AU CANADA



# National Collaborating Centres for Public Health

- promote and support use of scientific research and other knowledge to strengthen public health practice, programs and policies in Canada
  1. identify knowledge gaps,
  2. foster networks across sectors and jurisdictions,
  3. provide the public health system with an array of evidence-informed resources and knowledge translation services
- 6 centres hosted in academic or government organizations
- focus on a specific public health priority

## ***Canada's National Collaborating Centres for Public Health (2020)***

<https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2020-46/issue-2-3-february-6-2020/article-2-canada-national-collaboration-centres-public-health.html>

# NCC for Determinants of Health



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**Our focus:** Enable action on the structural and social determinants of health to improve population health and shrink the health equity gap across society. Put knowledge into action to advance fair opportunities for health.

**Our work:** Support integration and uptake of relevant evidence into practice, decisions and policy making.

**Our host:** St. Francis Xavier University, Antigonish Nova Scotia





# Learning objectives

- Describe relevance of key concepts of equity, intersectionality and power when considering the structural and social determinants of health in practice and decision making.
- Explain how these key concepts can be applied in practice, policy and decision making at multiple levels.
- Identify how several National Collaborating Centre for Determinants of Health (NCCDH) resources can be used in multiple roles.





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# Equity





# Health equity

Means that all people (individuals, groups and communities) have fair access to, and can act on, opportunities to reach their full health potential and are not disadvantaged by social, economic and environmental conditions, including socially constructed factors such as race, gender, sexuality, religion and social status.

Aspirational

Let's Talk: Health Equity (2013,  
2023)

<https://nccdh.ca/resources/entry/health-equity>





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# Health equity

- Is achieved by reducing or eliminating differences in health status between groups due to structural and social factors
- Requires acknowledging that some people have unequal starting places, and different strategies and resources are needed to correct the imbalance and make health possible



Let's Talk: Health Equity (2013,  
2023)

[https://nccdh.ca/resources/entry/h  
ealth-equity](https://nccdh.ca/resources/entry/h<br/>ealth-equity)



# Health inequities

- Differences in health associated with structural and social disadvantage
- Systemic, avoidable, and unfair
- Rooted in social, economic and environmental conditions as well as power imbalances
- Result in groups who already experience disadvantage being at further risk of poor health outcomes

<https://nccdh.ca/learn/glossary/>

Let's talk: Health equity (2023) – coming soon NCCDH.ca



# Speed networking

In my role/practice health equity means ....?

Examples of health inequities that exist in  
my community/practice include ....?





# Health inequities

- Differences in health associated with structural and social disadvantage
- **Systematic, avoidable, and unfair**
- Rooted in social, economic and environmental conditions and power imbalances
- Result in groups who already experience disadvantage being at further risk of poor health outcomes

<https://nccdh.ca/learn/glossary/>

Let's talk: Health equity (2023) – coming soon NCCDH.ca



# Health inequities

## Systematic

- step wise pattern - people who have fewer resources and lower social status are less healthy than those with more money or social status
- not random
- exist at every socioeconomic level of society



# Health inequities

## Avoidable

- result of how societies distribute resources (power) and opportunities
- structurally produced and are therefore avoidable
- modifiable through collective action





# Health inequities

## Unfair

- connected to values and require a moral judgement of what is just and unjust
- ethical principles guide resource allocation according to need
- action requires a commitment to social justice and basic human rights



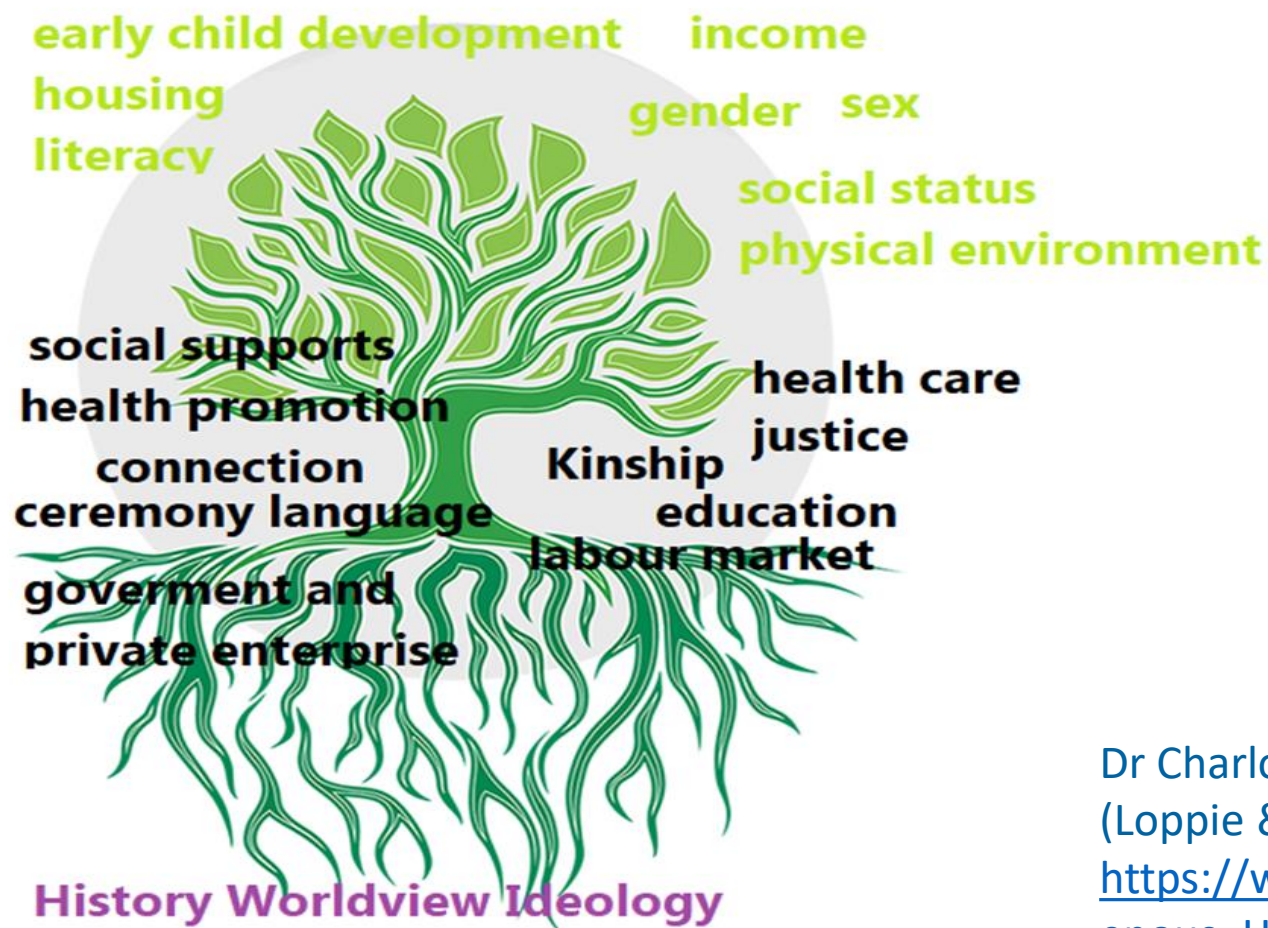
# Determinants of Health

- **Structural determinants of health** are processes that create inequities
- include political, cultural, economic and social structures; natural environment, land and climate change; and history and legacy of ongoing colonialism and systemic racism
- shape the conditions of daily life - **social determinants of health** - including education, work, aging, income, social protections, housing, environment and health systems



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Dr Charlotte Loppie (Reading, 2018) –updated  
(Loppie & Wiens, 2022)  
[https://www.nccih.ca/495/Understanding\\_Indigenous\\_Health\\_Inequalities\\_through\\_a\\_Social\\_Determinants\\_Model.nccih?id=10373NCCIH.ca](https://www.nccih.ca/495/Understanding_Indigenous_Health_Inequalities_through_a_Social_Determinants_Model.nccih?id=10373NCCIH.ca)



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# Intersectionality



# What is intersectionality?



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Intersectionality considers how systems such as racism, classism, sexism, homophobia and other forms of discrimination overlap and interact with one another to advantage some and disadvantage others at an individual and social-structural level. (Bowleg, 2012, <https://cssp.org/wp-content/uploads/2019/09/KeyEquity-Terms-and-Concepts-vol1.pdf>)

“Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It’s not simply that there’s a race problem here, a gender problem here, and a class or LGBTQ problem there.” – Kimberlé Crenshaw, 2017

Let’s Talk: Intersectionality (2022)

<https://nccdh.ca/resources/entry/lets-talk-intersectionality>



# What is intersectionality?



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“An intersectional approach to discrimination and inequality seeks to identify and address processes of marginalisation and exclusion within anti-discrimination efforts that focus solely on one dimension. It is about fighting discrimination within discrimination, tackling inequalities within inequalities, and protecting minorities within minorities.”

<https://www.intersectionaljustice.org/what-is-intersectionality>

“There is no such thing as a single-issue struggle because we do not live single-issue lives.” Lorde, 1985

Let's Talk: Intersectionality (2022)

<https://nccdh.ca/resources/entry/lets-talk-intersectionality>





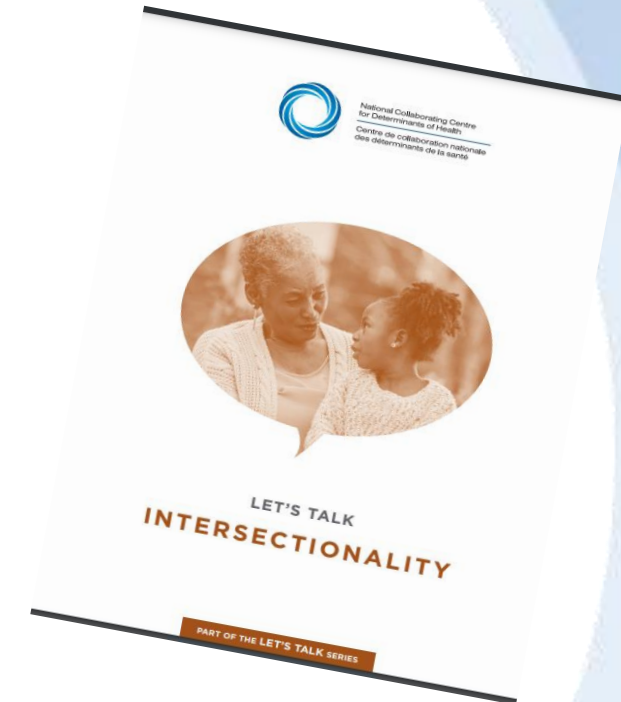
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# What is intersectionality?

## Core concepts

- Human lives are complex, multidimensional and cannot be reduced to single characteristics or identities
- Social identities can shift as contexts shift
- Various forms of power and oppression interconnect and reinforce each other
- People experience both privilege and disadvantage at the same time



Let's Talk: Intersectionality (2022)  
<https://nccdh.ca/resources/entry/lets-talk-intersectionality>

**FIGURE 1: INTERSECTIONALITY - HOW SYSTEMS OF POWER AND OPPRESSION AND SOCIAL IDENTITIES INTERACT TO SHAPE DAILY EXPERIENCES OF PRIVILEGE AND DISADVANTAGE**



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#### **SOCIAL SYSTEMS AND STRUCTURE**

- » Social assistance
- » Economics
- » Education
- » Labour
- » Legal
- » Health

#### **DISCRIMINATION AND OPPRESSION**

- » Colonisation
- » Homophobia
- » Ageism
- » Racism
- » Ableism
- » Religious  
discrimination
- » Classism
- » Sexism

#### **SOCIAL STATUS AND IDENTITY**

- » Indigeneity
- » Ethnicity
- » Parent/carer status
- » Sexuality
- » Gender identity
- » (Dis)ability
- » Religion
- » Age
- » Race
- » Cultural  
background
- » Migration &  
refugee status
- » Socio-economic  
status
- » Sex

Note: this figure provides examples. It is not a comprehensive list of all forms of discrimination, oppression, and social identity.

Adapted from The Equality Institute.<sup>18(p6)</sup>

<https://nccdh.ca/resources/entry/lets-talk-intersectionality>

Active



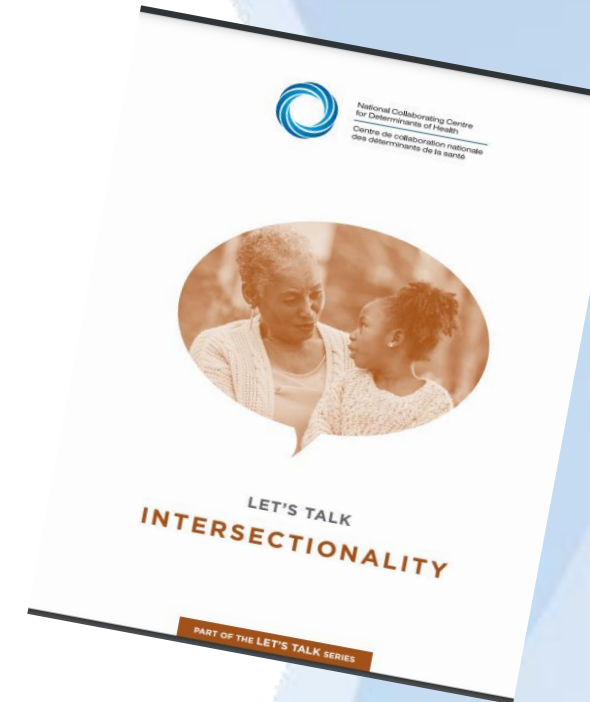
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# Using a intersectionality approach

Includes:

- prioritize social justice - fair distribution of society's benefits, responsibilities and their consequences
- disrupt systems of oppression that create inequities
- center and engage people from historically oppressed groups (e.g., First Nations, Inuit and Métis peoples, racialized groups, sexual minorities, people with disabilities)
- recognize communities are heterogenous with diverse needs and experiences





# Intersectionality

## Reflection – pair and share

- What various social positions and identities do you hold? What forms of privilege and/or disadvantage do you experience related to these positions and identities? How do they influence your daily work?
- Who can you connect with to help you better understand and apply intersectionality in your practice, decision making?
- What are some opportunities to deepen your understanding of intersectionality?
- How do you and your team engage with people and communities experiencing multiple forms of oppression and marginalization?



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# Power





# Calls for Shifting Power

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the **empowerment** of communities, their ownership and control of their own endeavors and destinies.

- Ottawa Charter for Health Promotion, 1986

Tackle the inequitable **distribution of power**, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally

- 1 of 3 “Principles of Action” in the World Health Organization’s Commission on Social Determinants of Health final report, 2008



# Calls for Shifting Power

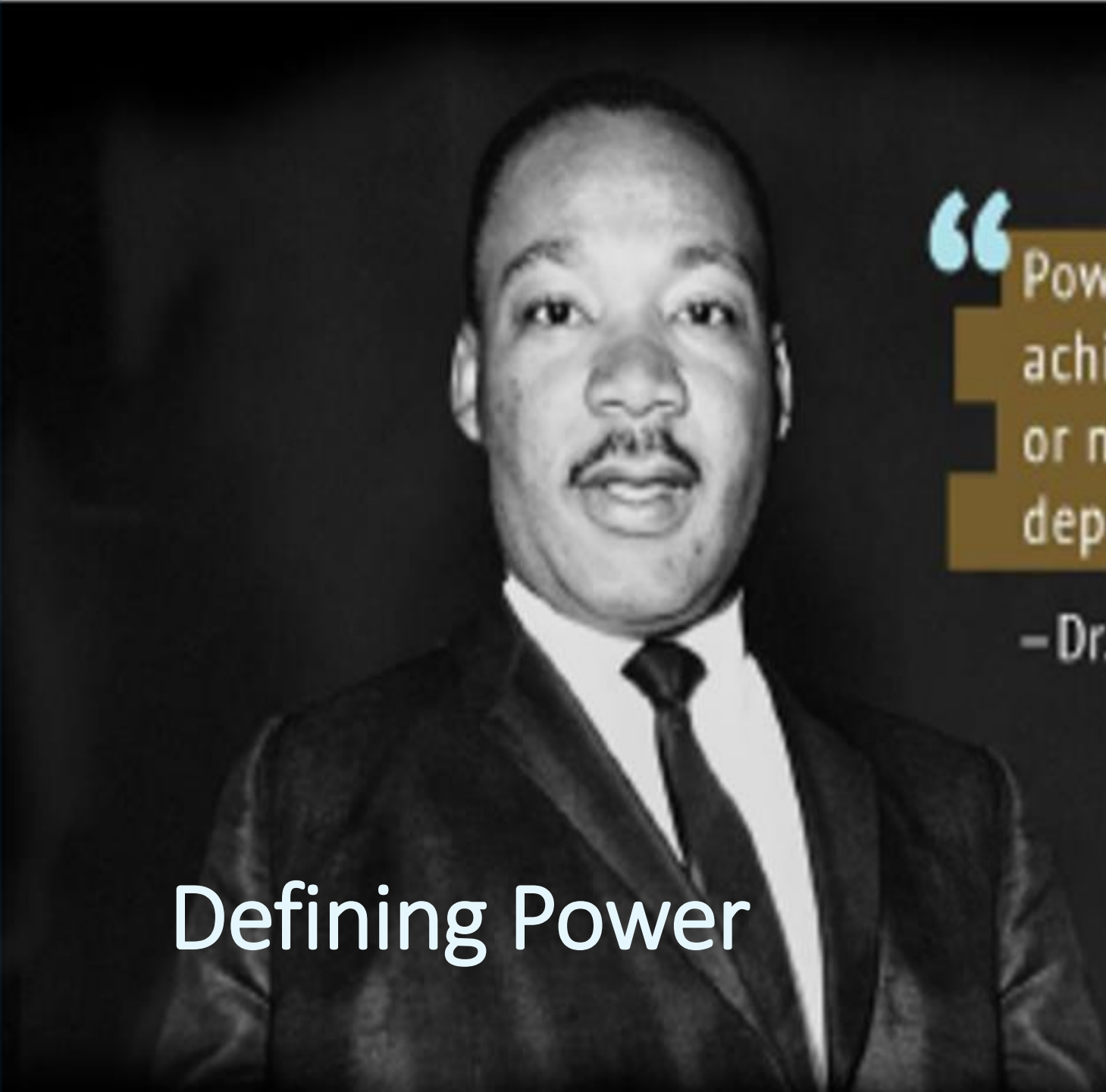


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Indigenous public health leadership, robust engagement, co-creation of interventions, and culturally relevant evaluations will maximize the effectiveness of public health interventions. Particularly important are culturally safe processes for engagement that **recognize and address power dynamics** in the health engagement and **power sharing**, building trust, co-developing processes and initiatives, and evaluating the nature and impacts of engagement.

- A Vision to Transform Canada's Public Health System, 2021,  
[https://www.nccih.ca/Publications/lists/Publications/VF/Visioning-the-Future EN Web 2021-12-14.pdf](https://www.nccih.ca/Publications/lists/Publications/VF/Visioning-the-Future_EN_Web_2021-12-14.pdf)



“Power is the ability to achieve a purpose. Whether or not it is good or bad depends upon the purpose.”

– Dr. Martin Luther King, Jr.

Defining Power

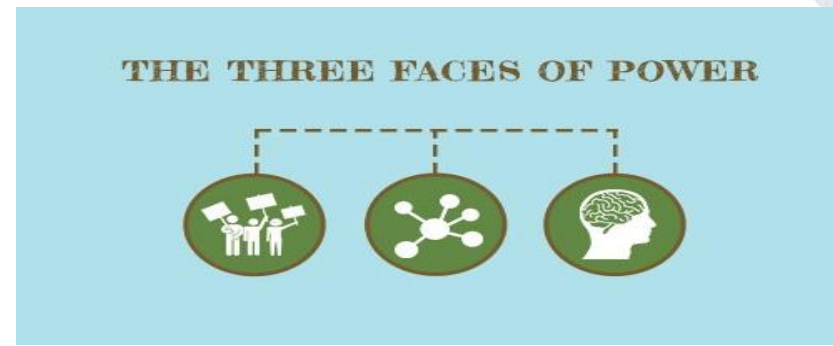


# Power and Health Outcomes

## Key findings from the literature:

- Individual and group power has been associated with improved health
- Individual powerlessness has been associated with poorer health
- Individual power and group power are intertwined i.e. building power at the individual level is fundamental to group power building, and a group's building of power leads to individual power
- When communities that have been marginalised and civil society builds power, health outcomes improve.
- Power influences political and economic decisions which are associated with health outcomes

# Power Analysis



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## Three Faces of Power Framework

*1<sup>st</sup>: Visible*

Organizing people and resources for direct involvement in visible decision-making areas

*2<sup>nd</sup>: Hidden*

Building durable, long-term structures: networks or organizations that are aligned around shared goals and shape agendas (political, organizational, social)

*3<sup>rd</sup>: Invisible*

Making meaning on the terrain of ideology and worldview

*Sources: (Lukes, 2004); (Healey & Hinson, n.d.); (Gaventa, 1982); (Milsom et al., 2021)*



# Three Faces of Power: Questions for Analysis

## 1<sup>st</sup>: Visible

- Who is making the decision we want to influence in the short run?
- Who influences them? And who influences them?
- What relationships with these people and organizations can we bring to bear?

What assets (e.g., evidence) can be mobilized to influence the decision?

## 2<sup>nd</sup>: Hidden

- What hidden infrastructure is impacting the decision making agenda?
- What infrastructure can we build in the intermediate term to counteract that opposition infrastructure?
- Who do we need to be working with and how can we build those relationships?

## 3<sup>rd</sup>: Invisible

- What dominant narratives are impacting this decision, making a particular viewpoint seem like commonsense?
- What is a transformative narrative that we can disseminate through our communications, programs, discussions etc. that will make our viewpoint eventually seem like commonsense?
- What role can we play in developing and disseminating transformative narratives?



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# NCCDH resources



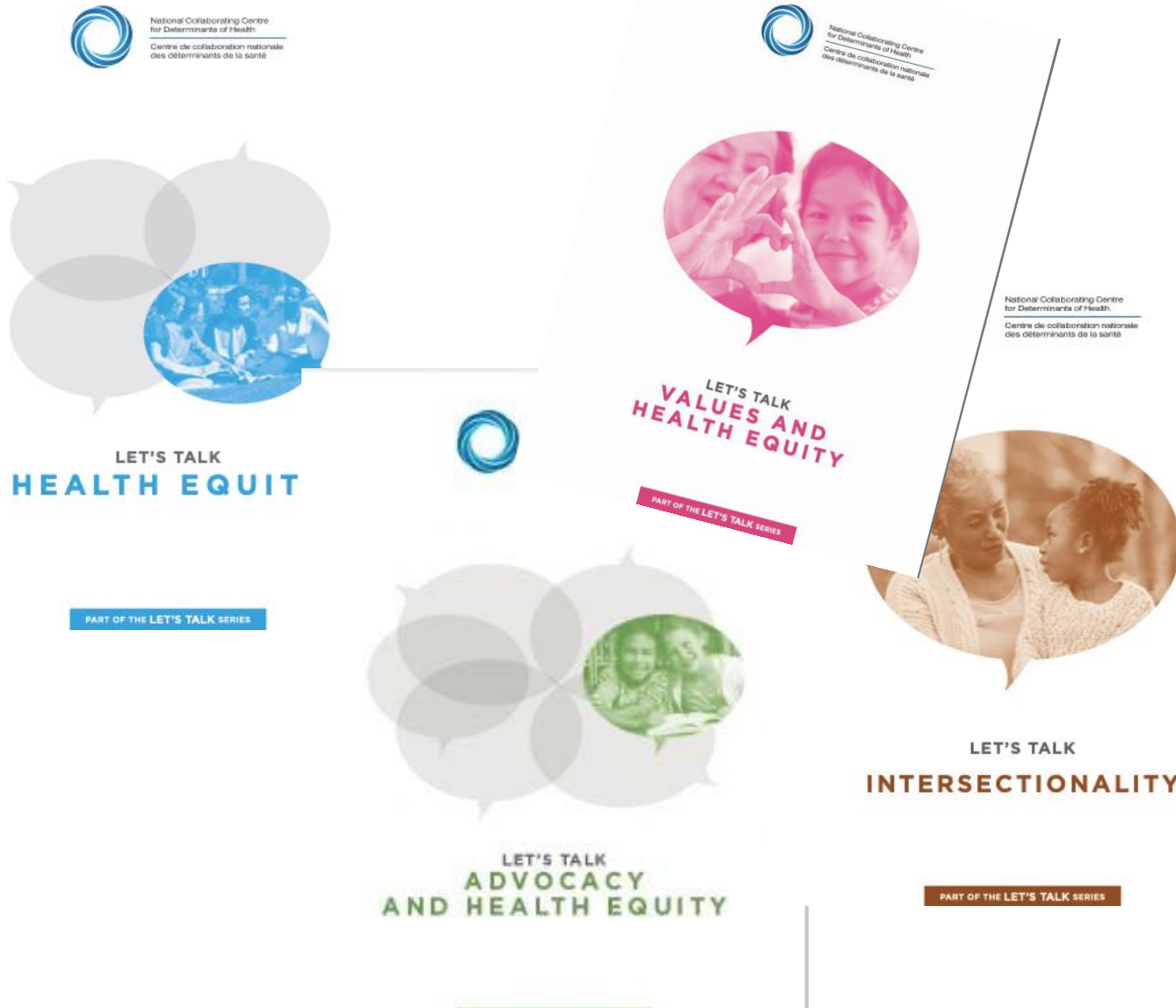


# Key concepts – ‘Let’s Talk’ series



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- NCCDH Let’s Talk: Health Equity (revision in 2023)  
<https://nccdh.ca/resources/entry/health-equity>
- NCCDH Let’s Talk: Advocacy and Health Equity  
<https://nccdh.ca/resources/entry/lets-talk-advocacy-and-health-equity>
- NCCDH Let’s Talk: Racism and Health Equity  
<https://nccdh.ca/resources/entry/lets-talk-racism-and-health-equity>
- NCCDH Let’s Talk: Values and Health Equity  
<https://nccdh.ca/resources/entry/lets-talk-values-and-health-equity>
- NCCDH Let’s Talk: Intersectionality  
<https://nccdh.ca/resources/entry/lets-talk-intersectionality>



# Equity in Action Project

*Pandemic has exacerbated health inequities... And addressing health inequities is a priority... yet, a "knowledge to action gap" exists.*

## **NCCDH gathered stories to contribute to the 'evidence base' to guide equity action**

1. Promote information and knowledge exchange on successful COVID-19 health equity interventions between practitioners and service providers, across sectors and jurisdictions.
2. Inform public health, researchers, and government decision-makers about the barriers and facilitators to an equity-driven interventions within pandemic planning and response to inform recovery efforts and future emergency preparedness planning.



- Harvest stories through key informative interviews using appreciative inquiry
- ~ 20 stories in progress - 10 online
- Highlight how practitioners, decision makers and organizations prioritized equity – the how!
- Qualitative analysis of themes and lessons learned







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# Repository of 'Equity in action' stories



SOUTH ASIAN HEALTH NETWORK

**Health professionals join together to bring timely COVID-19 information to South Asian communities and advocate for equitable systems**

COVID-19 , Community engagement , Cultural Safety , Racism/racialization , Stigma, discrimination , Structural determinants | October 20, 2022



WISDOM2ACTION

**Wisdom2Action develops targeted resources to facilitate transgender inclusion in health services**

Access to health services , COVID-19 , Community engagement , 2SLGBTQI+ health , Methods & tools , Organizational capacity , Sex & gender , Stigma, discrimination | October 11, 2022



VANCOUVER ISLAND HEALTH AUTHORITY

**Island Health response teams mitigate impacts of COVID-19 in underhoused populations**

Access to health services , COVID-19 , Community engagement , Housing , Intersectoral action , Stigma, discrimination , Structural determinants , Substance use | October 05, 2022

<https://nccdh.ca/learn/equity-in-action/>



# Facilitators to taking an equity approach

- Meaningful community engagement and relationships
- Flexible and tailored responses
- Collaboration with partners across the system
- Shared understanding among partners
- Adequate infrastructure
- Organizational commitment
- Public awareness of inequities

*"if you're going to advance health equity, you need to understand the story behind the numbers..." - interviewee*



# Barriers

- Resource constraints
- Time-intensive activities
- Resistance to change – status quo

*"the biggest barrier to collaboration, innovation, and change is the status quo" - interviewee*





# Health care reconsidered – equity informed

## Requires:

- Collaboration across levels and sectors
- Community engagement to understand local contexts
- Tailoring interventions and solutions to local contexts with the community – co developed, co designed
- Access to and use of local data to inform decisions
- Leadership and organizational commitment \*\*\*\* ‘recognition that health equity is everyone’s job’



# NCCDH Podcast – Season 1 – 6 episodes



## **MIND THE DISRUPTION**

*is a podcast about people who refuse to accept things as they are. It's about people pushing for better health for all. It's about people like us who have a deep desire to build a healthier world.*



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# Mind the disruption podcast

- Asks the question: what does it look like to challenge the status quo for health equity?
- Is grounded in the belief that change is possible.
- Brings stories of people who have disrupted the usual ways of doing things in their organizations, communities, and society in pursuit of better health for all.

[https://nccdh.ca/learn/podcast/#season\\_1](https://nccdh.ca/learn/podcast/#season_1)



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# Thank you!



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