Healthcare Excellence Canada

Healthcare Excellence Canada's Health Equity Framework

An invitation to lead change towards an equitable healthcare system

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About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaboration with patients, caregivers and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence.

HEC focuses on improving care of older adults, bringing care closer to home and supporting the retention of the health workforce – with quality and safety embedded across all our efforts. We are committed to fostering inclusive, culturally safe and equitable care through engagement with different groups, including patients and caregivers, First Nations, Métis and Inuit, healthcare workers and more.

Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement. HEC is an independent, not-for-profit charity funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

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Healthcare Excellence Canada honours the traditional territories upon which our staff and partners live, work and play. We recognize that the stewardship of the original inhabitants of these territories provides for the standard of living that we enjoy today.

Introduction

Healthcare Excellence Canada is working toward a future where everyone can access safe, high-quality care — no matter who they are or where they live. By removing the barriers that create unfair gaps in healthcare, we can build a stronger, more inclusive and equitable system that supports the health and dignity of all people.

Good health is important for individuals, communities and the whole country. When people are healthy, they can thrive—engaging in things that bring joy, supporting one another and actively participating in their communities. On a larger scale, a healthy population strengthens the economy, eases pressure on healthcare systems and creates a society where everyone has the opportunity to live well. Prioritizing health equity ensures these benefits are shared by all—not just those with privilege or access, but all people, in all communities.

In Canada and around the world, some people experience poorer health because of barriers built into our systems — including in healthcare — which can actually worsen inequities. Barriers like racism and other forms of discrimination create avoidable and unfair differences in access to care, poorer healthcare experiences and outcomes. This affects many people, such as First Nations, Inuit and Métis, Black and racialized communities, 2S/LGBTQIA+ communities, lower-income people and families, people with disabilities, newcomers, people across various ages and many other communities facing systemic barriers.

HEC recognizes opportunities to address these health inequities. For example, *Rethinking Patient Safety* invites us to recognize that all types of harm matter and are closely linked to the quality of care. By understanding root causes and working to prevent harm, we can create a healthcare system where everyone is respected, safe and supported.

The HEC Health Equity Framework was designed to help those working within health systems make meaningful changes that advance equity and improve care for more people. With this framework, we can start to explore:

- Different systemic factors that contribute to health disparities
- Actions that can help make healthcare and health systems more equitable
- Reflection prompts that lead to new opportunities for action and collaboration

Ultimately, this framework supports people in health systems to deliver care that meets the needs of everyone. Whether you are just beginning or have been engaged in health equity work for years, this framework is here to support your journey toward safer, high-quality care for all.

Co-development and guiding commitments

The Health Equity Framework was co-developed through ongoing learning and collaboration with a diverse group of partners. In late 2022, HEC established an advisory group to explore equity, diversity, and inclusion in healthcare, review research, and identify key themes for the framework. In 2024, a broader group of partners met in Tkaronto (Toronto, Ontario) to refine the framework and discuss how to implement its recommendations. These discussions centered on trust, relationship-building, and shared learning, ensuring the framework reflects the lived experiences of those most affected by health inequities.

When we mention the co-development process in this document, we are referring to this collaboration. A complete list of collaborators and contributors can be found at the end of the document.

Health equity is about recognizing and honouring each other's humanity, practicing deep listening and humility, and prioritizing belonging, care and meaningful relationships. At its core, healthcare is people caring for people.

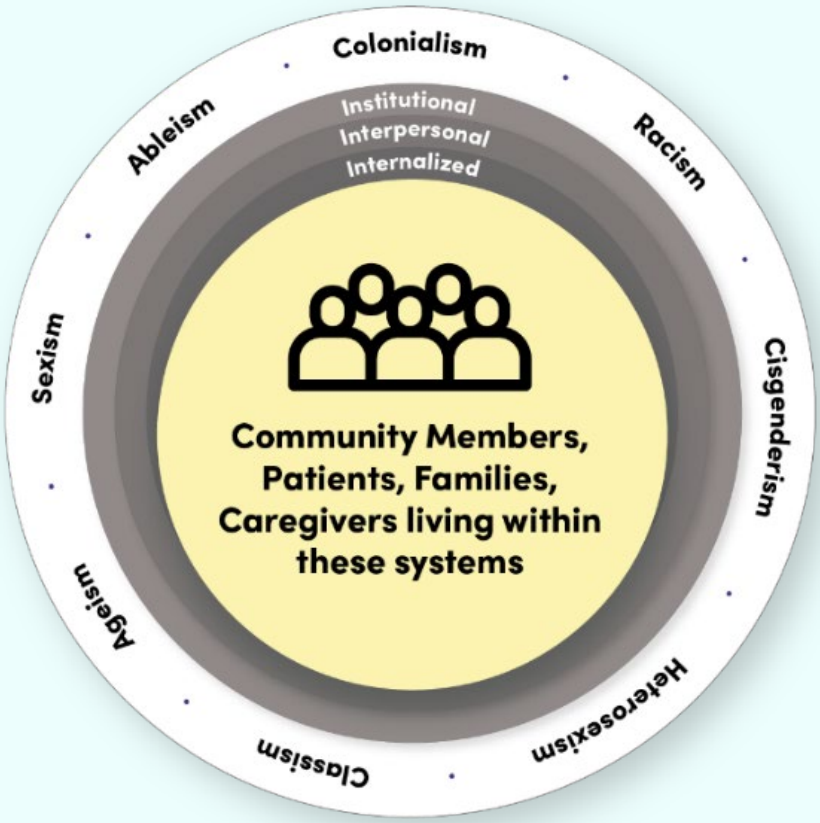
This framework is built on key commitments that help shape how individuals, teams, and organizations approach health equity. These are not fixed rules but serve as guiding commitments that support meaningful health equity-oriented action:

- **Reflect deeply** – Be open to exploring our own social locations and privileges, and how these shape our perspectives and are connected to broader systems, such as the healthcare systems, policies and practices.
- **Recognize intersectionality** – Understand that people face overlapping barriers (e.g., racism, ableism, sexism) that impact their unique healthcare experiences.
- **Adopt an anti-racism and anti-oppression approach** – Identify and challenge racism and inequities in everyday interactions and systems.
- **Develop trauma awareness** – Recognize trauma and how systems of oppression harm individuals and communities in different ways, influencing health outcomes across generations.
- **Build relationships based on trust and accountability** – Focus on creating relationships with people and communities to co-develop lasting, impactful change.
- **Commit to learning and unlearning** – Health equity work is continuous; as communities and knowledge evolve, so should our approaches.

Understanding how inequity happens

Figure 1: Intersecting Systems of Oppression

*For a long description, see Appendix A, Figure 1



This framework starts by recognizing that longstanding systems and structures in society shape how we behave and see the world. Because these systems are so deeply embedded, they often go unnoticed — especially by those who benefit from them. However, these same systems create barriers for others, limiting their wellbeing and causing harm. We refer to these as systems of oppression because they shape how healthcare operates and how people experience care in three important ways:

- **Institutionally:** How policies, practices, and decision-making within organizations can create differences in access to services or the safety and quality of care delivered.
- **Interpersonally:** How stereotypes and biases, whether conscious or unconscious, shape the way people interact with each other.
- **Internally:** How the beliefs and messages we absorb from society about ourselves and others influence our thinking and behaviours, often without realizing it.

Taking an intersectional approach to health equity means acknowledging that people can often experience multiple barriers at the same time. For example, someone might experience discrimination because of their gender, race, age, and socioeconomic status, which may affect how safe and high-quality care is delivered.

What is the water...

In healthcare, systems of oppression shape people's health and lead to unequal outcomes. Noticing these systems isn't about assigning blame. It's the first step toward creating healthcare where everyone can reach their full health potential.

"What is the water" asks: What are the systems that surround us that we might not notice? In other words, they're as invisible to us as water is to fish – often feeling so 'normal' we don't realize they're there.

It makes you think…

These questions help us reflect on the guiding commitments of health equity, as well as the barriers in the health system and how we can work together to make care more equitable and inclusive for everyone.

- How can **I/we** learn about the ways we may be connected to systems that create unfair advantages for some and barriers for others?
- How do these systems impact us or the people **I/we** serve?
- Where do **I/we** see unfair systems at play in daily life, even in small ways? How can we work together to shift them?
- How can **I/we** build strong, accountable relationships that support lasting change?
- How does trauma — especially trauma caused by unfair systems — affect people and communities? How can **I/we** understand this and help promote better health for all?
- How can **I/we** stay open to learning and keep improving our approaches to care to meet the changing needs of communities?

Want to learn more?

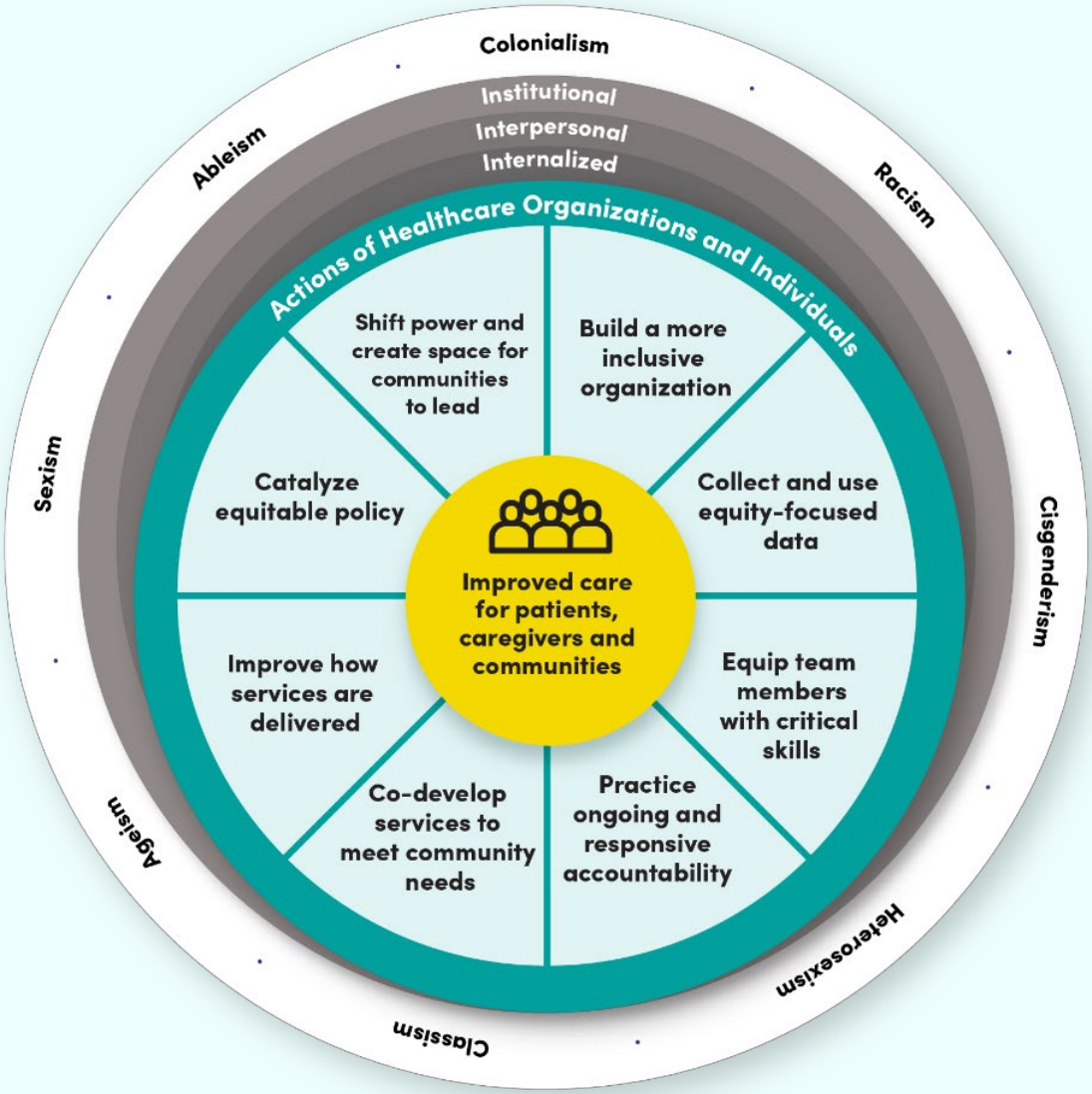
Check out HEC's Equity, Diversity and Inclusion Virtual Learning Exchange, a series of webinars that explore different approaches for promoting health equity.

Action framework for equitable care

As we become more aware of what causes health inequities, we strengthen our ability to take action. This framework outlines eight actions — shaped by evidence and created through co-development — that individuals, healthcare teams and organizations can take to make care more equitable.

Figure 2: HEC Health Equity Framework

*For a long description, see Appendix A, Figure 2



1. **Build a more inclusive organization**: Create teams and hire leaders who reflect the diversity of the people served. This helps ensure different experiences and needs are reflected in organizational structures, strategy and work.

   For example: Set clear equity goals for hiring and staffing, and update practices for recruitment, retention, pay, and promotion to support a more diverse and inclusive workplace.

2. **Collect and use equity-focused data:** Gather and apply data about people, communities and populations in a way that is appropriate, ethical, and meaningful. Work alongside communities to decide how (and why) data should be collected and used to support health equity.

   For example: Establish community-based governance committees to co-determine what data is collected, how it's used, protected, reported, and how long it's retained.

3. **Equip team members with critical skills**: Offer opportunities to learn about cultural safety and humility, anti-racist, anti-oppressive and trauma-informed care so teams can better understand and address inequities. Meaningful change happens when people have supportive spaces to learn, unlearn and grow.

   For example: Organize learning opportunities in different formats and lengths to support unique learning needs of individuals and teams.

4. **Practice ongoing and responsive accountability**: Accountability turns commitments into real action and strengthens trust with the people and communities served. This means being transparent, practicing humility and prioritizing strong relationships.

   For example: Create annual public reports that outline progress and areas for growth on both short and long-term equity priorities and goals.

5. **Co-develop services to meet community needs:** Regularly assess and improve programs, services, and policies to better serve communities. This work should be done in cross-sectorial partnership with health and social organizations and community members recognizing how social and structural factors impact health and access to care.

   For example: Invest in programs that address social and structural determinants of health, focusing on health promotion and community development, beyond acute care.

6. **Improve how services are delivered:** Make healthcare more accessible, inclusive and responsive by rethinking how services are provided. This includes training staff in key skills and using person-centered approaches to care.

   For example: Hire point of care workers who reflect and are trusted by the communities served.

7. **Catalyze equitable policy:** Work alongside communities to co-develop policies that address the needs of those most affected by inequities and embed equity into healthcare systems. Policies at all levels — organizational, regional, and governmental — can create lasting, widespread impact on care.

   For example: Review existing policies and procedures through an equity-focused lens to identify gaps and opportunities for change.

8. **Shift power and create space for communities to lead:** Create opportunities for people and community members to play an active role in health decisions, priority setting, service design and planning.

   For example: Invest time in building strong, trusting relationships with community members to ensure meaningful and lasting collaboration.

HEC is committed to applying these actions in how we design and deliver our programs and initiatives. We know that learning about equity — and how systems create advantages for some while disadvantaging others — is an ongoing process. We will keep updating the Health Equity Framework to make sure it reflects what we're learning and helps create a more equitable and inclusive healthcare system for everyone.

Key terms and definitions

Health equity work involves specific terms and ideas that can be unfamiliar or complex. This glossary offers some definitions to help you understand and use this language in your work.

Ableism: Societal structures that systematically devalue and exclude people with disabilities.

Ageism: Stereotyping and discriminatory practices that limit opportunities and respect for individuals based on their age, affecting both younger and older populations.

Anti-oppressive practice: Refers to the strategies, practices, and actions that challenge the taken for granted norms in society.

Cisgenderism: Structural and social systems that privilege cisgender identities or discriminate people whose gender identity does not align with their assigned sex at birth.

Classism: Hierarchical systems that advantage or disadvantage individuals based on economic status.

Colonialism: The action or process of occupying and establishing control over another country or territory and its people.

Health equity: A state in which everyone is able to achieve their full health potential, and no one is disadvantaged due to their identity, social circumstances, or policy.

Heterosexism: Institutional and social structures that normalize heterosexuality as the default.

Intersectionality: Describes how a person's overlapping characteristics such as gender, race, and ethnicity interact and create unique experiences that shape how they navigate the world in which they live.

Racism: is when one group holds superiority over others based on race or ethnicity, creating systems that block marginalized people from accessing essential resources like healthcare, education, housing and jobs.

Sexism: Deeply rooted systems that perpetuate unequal treatment and opportunities based on gender, reinforcing harmful stereotypes and limiting individual potential.

Structurally marginalized communities: Refers to groups and/or communities who are often not centred or prioritized within social and institutional systems.

Systems that create advantage for some and disadvantage for others/systems of inequities: Individual systems of power and oppression that intersect and work collectively to maintain the oppression of structurally marginalized groups.

These definitions combine different types and sources of knowledge, so no single reference is provided.

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Appendix A

Accessible long descriptions for figures

Figure 1: Intersecting Systems of Oppression

This image is a circular, multi-layered diagram illustrating systems that impact individuals and communities. At the centre, on a yellow background, is an icon of four people accompanied by the text: "Community members, patients, families, caregivers living within these systems."

Surrounding this core are three rings shaded in different tones of gray, labeled from innermost to outermost as:

- Internalized
- Interpersonal
- Institutional

Encircling all these layers is a white outer ring that names various forms of systemic oppression, including:

- Colonialism
- Racism
- Cisgenderism
- Heterosexism
- Classism
- Ageism
- Sexism
- Ableism

The framework visually represents how individuals exist within and are affected by multiple intersecting systems of power and oppression.

Return to Understanding how inequity happens

Figure 2: HEC Health Equity Framework

This image is a circular, multi-layered diagram illustrating a framework for improving care for patients, caregivers, and communities through eight equity-driven actions in healthcare.

- Center Circle (Yellow):
  Contains the text: "Improved care for patients, caregivers and communities" and is surrounded by icons of people, symbolizing the focus on individuals and communities.
- Middle Ring (Teal):
  Divided into eight segments, each representing a key action for healthcare organizations and individuals:

  1. Build a more inclusive organization:
  2. Collect and use equity-focused data:
  3. Equip team members with critical skills:
  4. Practice ongoing and responsive accountability:
  5. Co-develop services to meet community needs:
  6. Improve how services are delivered:
  7. Catalyze equitable policy:
  8. Shift power and create space for communities to lead:

- Outer Ring (Grey): Categorizes the broader social systems influencing healthcare into:
  - Institutional
  - Interpersonal
  - Internalized
- Outermost Layer (White): Lists systemic forms of oppression that impact health equity:
  - Colonialism
  - Racism
  - Cisgenderism
  - Heterosexism
  - Classism
  - Ageism
  - Sexism
  - Ableism

The framework visually communicates how addressing systemic inequities and implementing targeted actions can lead to more equitable healthcare outcomes.

Return to Action framework for equitable care