



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
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LEARNING TOGETHER: LIVING HEALTH EQUITY VALUES IN PUBLIC HEALTH ORGANIZATIONS: A REVIEW AND DIALOGUE-BASED TOOL



This document summarizes literature and practice evidence about identifying and applying organizational values to support health equity action by public health organizations. It is best used alongside the NCCDH document *Let's Talk: Values and health equity*,¹ which introduces the concept of values and broadly discusses values that support health equity.

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 enable Canadian public health organizations to develop and sustain 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](#).²

Visit www.nccdh.ca to learn more about the OCI.

INTRODUCTION: WHAT ARE VALUES AND WHY DO THEY MATTER TO PUBLIC HEALTH ORGANIZATIONS?

Values are deeply personal. Values are core beliefs that reflect what matters most to a person, to an organization, or to a community or society.^{1,3-5} At these multiple levels, values drive desires, attitudes, behaviours and actions.³ Personal and organizational values are influenced by larger societal values. Values are important contributors to health equity action for public health organizations, and they must be complemented by supportive resources, accountable leadership and enforceable standards and legislation.⁶⁻⁹ As such, organizations developing their capacity to address the structural and social determinants of health and advance health equity will benefit from identifying shared values that support health equity. Naming health equity values is a first step in actively shifting organizational actions and approaches and bringing these values to life.^{1,6}

Values related to social justice and community well-being are foundational to public health.¹⁰⁻¹⁸ Given the relationship between ethics and values, explicitly engaging with health equity values will support public health actors to better fulfill the responsibilities of ethical practice.^{1,12,13,18-20}

This brief

- summarizes the limited literature that explicitly discusses organizational values that support health equity action and integrates this with practice knowledge shared by OCI learning circle members;
- identifies and defines values that are supportive of health equity action in public health organizations;
- discusses opportunities and challenges related to operationalizing health equity values at an organizational level; and
- presents a practical values-to-action tool designed to support leaders and staff to increase the alignment between stated organizational values and health equity action.

ORGANIZATIONAL VALUES THAT SUPPORT HEALTH EQUITY ACTION

Organizational values influence power dynamics, priorities, resource allocation and actions. These values affect the extent to which improving health equity is embedded in all aspects of organizational culture and practice.^{1,7} In this sense, organizational values can facilitate or constrain action on the structural and social determinants of health and health equity.

There is no definitive consensus on the organizational values that support health equity. Through a review of relevant literature, discussions with OCI learning circle members and engagement with the field, we identified several values that support health equity action.^{1,9,21,22} These values are discussed in Table 1, with the recognition that many of the values are conceptually related.



TABLE 1: ORGANIZATIONAL VALUES THAT SUPPORT HEALTH EQUITY ACTION*Instrumental values: modes of conduct (behavioural)*²³

VALUE	DEFINITION
FAIRNESS	<p>Acting in fairness, in the context of organizational health equity action, means being guided by the desire to create a fair distribution of power.⁷ One critical way in which power is exercised is through decision-making.</p> <p>A public health organization that values fairness will strive to facilitate shared decision-making, both within the organization and when engaging with the communities it intends to serve.²⁴ The organization will also strive for fairness in its policies and practices to ensure equitable experiences and outcomes for the communities it intends to serve.</p>
SOLIDARITY	<p>Acting in solidarity means recognizing the interdependence of living things. Solidarity links one's well-being to another's^{24,25} and, in some conceptualizations, to larger environmental ecosystems.^{10,26}</p> <p>Health organizations that value solidarity recognize their moral obligation to foster a sense of collective responsibility, strengthen social cohesion and address unfair and avoidable differences in the health of the many communities they intend to serve.²⁵ Solidarity calls on us to advance ideas and actions that are not driven by self-interest.</p>
ACCOUNTABILITY	<p>Accountability can be defined as the responsibility to identify and remove barriers to health equity.²⁷ Accountability may include both legal and moral dimensions, and it requires an iterative process that involves a wide range of actors. Accountability has preventive, promotional and transformational potential for health equity.</p> <p>Public health organizations committed to health equity act in ways that are accountable to the public and communities most deeply impacted by health inequities.</p>
TRUST	<p>Trust is a firm belief in reliability, accuracy and strength. By extension, trust in a public health organization means that people believe the organization will reliably and accurately assess the best available evidence, and act in a manner that promotes community well-being.¹⁰ Trust is also the bedrock of collaboration between public health organizations, communities and intersectoral partners.²⁸⁻³¹ Communities deeply impacted by inequities have experienced a breach of trust with organizations and governments. This contributes to limited or superficial engagement between marginalized communities and those designing and implementing relevant programs and policies.^{30,32}</p> <p>Public health organizations can be trustworthy by truly valuing the knowledge and desires of communities and reflecting this back in decision-making and action.</p>
RECIPROCITY	<p>Reciprocity refers to a mutual relationship, with intertwined obligations between individuals, organizations, countries or groups.^{24,33}</p> <p>A public health organization that values reciprocity acknowledges and plans for those who may be disproportionately burdened by a proposed intervention, while still recognizing the importance of acting for the collective good.³⁴ For example, if a group is asked to quarantine for everyone's benefit, they are provided with compensation for lost income.³⁵</p>

COMPASSION	<p>Compassion is central to acts of caring and is thus foundational to many sectors, including public health, health care and social work.³⁶ While the Ottawa Charter does not explicitly mention compassion as a value, it does note that “caring, holism and ecology are essential issues in developing strategies for health promotion.”^{37(p4)}</p> <p>A compassionate person recognizes the suffering of others and takes action to alleviate their pain. A compassionate public health organization supports policies, programs and practices that address the pain brought about by interrelated oppressive systems (e.g., racism, colonization).³⁸⁻⁴¹</p>
HUMILITY	<p>Humility is described as an important competence for both organizational leadership and organizational learning. To be humble is to operate with a willingness to be self-aware and self-reflective, to be open to the perspectives and knowledge of others, and to see oneself as one small part of a larger complex system.⁴²⁻⁴⁴ Cultural humility, a related concept, is also characterized by self-reflection and a willingness to learn from and honour the beliefs and customs of others.⁴⁵ These characteristics support organizational leadership for health equity.</p> <p>A humble public health actor or organization recognizes their social or institutional power, considers sources of bias and is open to feedback and learning from diverse perspectives. What’s more, they appreciate the complex nature of health inequities and actively work to redistribute power and resources.</p>
HONESTY	<p>To value honesty is to value authenticity across multiple contexts. Authentic relationships — within public health organizations and with community and intersectoral partners — are a key element of building trust and advancing health equity.¹⁰ Honesty (sometimes referred to as <i>transparency</i>) is central to collecting data, conducting research and sharing results in an ethical manner.⁴⁶</p> <p>An honest leader is transparent in their decision-making and values the ideas, experiences and perspectives of others. Within organizations, honest leadership contributes to a psychologically safe environment in which to carry out health equity-focused work.⁴⁷</p>
RESPECT	<p>Expressing respect can convey admiration for a person, compliance with a decision or policy, or the belief that something or someone is worthy.⁴⁶ In the context of health equity, respect is about believing that each person, and each community, has value and deserves to reach their full health potential.⁴⁸</p> <p>Respectful organizations value marginalized communities by understanding and acknowledging the systemic oppression experienced, promoting well-being and striving to do no further harm.</p>

TABLE 1: CONTINUED

Terminal values: aspirational states of existence²³

VALUE	DEFINITION
HEALTH EQUITY AND A DIGNIFIED LIFE	<p>Health equity is a state in which all people (individuals, groups and communities) can reach their full potential and are not disadvantaged⁴⁹ by oppressive systems (e.g., social, economic, political) and conditions.</p> <p>Organizations aspiring to health equity seek to remove “obstacles to health, including poverty, discrimination and their consequences, including powerlessness, lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”^{50(p2)}</p>
SOCIAL JUSTICE	<p>“Social justice means the fair distribution of society’s benefits, responsibilities and their consequences.”^{17(p1)} Social justice is often described as a foundational public health value.^{10,14,17}</p> <p>Organizations that aspire to a state of social justice recognize the multiple pathways that shape health, support their staff to disrupt oppressive systems, and address the root causes of inequities in health.^{7,11,24}</p>
SELF-DETERMINATION	<p>Self-determination is the exercise of control and governance over decisions and resources that affect one’s life and future, and it is recognized as being essential to health and well-being.^{51–56} All people have the right to self-determination; however, this right is not equally afforded to all people.</p> <p>Public health organizations aspiring to support self-determination work in such a way that all individuals and communities have the right to participate in and influence decisions that affect their lives.</p>
WISDOM	<p>Wisdom, as it relates to both knowledge and action, has many conceptualizations. Wisdom is both theoretical and practical. A wise public health practitioner and organization integrate adequate and accurate information about the factors that contribute to population health and well-being, and make what they believe, given various goals, to be a justified decision. Wisdom requires an inherent understanding of complex and uncertain circumstances.^{57–59}</p> <p>A state of wisdom is thus one in which decisions are made by integrating different knowledges and perspectives, ethical considerations and goals. What’s more, the way in which knowledge is sought out, integrated and acted upon is done with intellectual humility, or the recognition of one’s own intellectual limitations.</p>
LOVE	<p>Martin Luther King, Jr. stated, “Power at its best is love implementing the demands of justice. Justice at its best is power correcting everything that stands against love,”^{40(p37–8)} and bell hooks writes of love as both an intention and an act.⁶¹ Each of these descriptions resonates with the pursuit of health equity and the idea that, in a state of love, all people deserve compassion and good health outcomes.^{37,62}</p> <p>Public health organizations acting with love ensure that everyone is cared for by investing in socially connected communities.⁶² What’s more, they recognize and work to dismantle oppressive systems that inhibit caring relationships, health and well-being.^{37,62}</p>

INCREASING ALIGNMENT BETWEEN ORGANIZATIONAL VALUES AND HEALTH EQUITY ACTION

Shared organizational values are developed through complex, interrelated and concurrent processes. Organizational values, as a part of organizational culture, are shaped by individuals' taken-for-granted beliefs that structure their thinking and behaviour.^{20,63} Each individual enters an organization with a set of personal values, and, together, staff values contribute to an organization's value system and culture. However, leaders by virtue of their position have a significant influence and impact on organizational values and culture.⁶⁴ Organizations are nested in specific societal contexts and may have values that mirror or challenge dominant societal values.

While values related to social justice and health equity are considered foundational to the field of public health, public health organizations do not consistently and explicitly state values that are supportive of health equity.⁶ And, even when they do, these stated (espoused) values do not translate to organizational practices, programs and policies; instead, they are often at odds with the dominant organizational and/or societal values within which they are situated. To be meaningful, values must align with organizational behaviours and actions.^{6,7} Greater organizational consistency and alignment encourage staff to adopt related behaviours and practices that are supportive of health equity action.

A values-driven transformation of organizational culture happens through:

1. transforming organizational culture and artefacts (visible, equity-informed formal organizational artefacts such as values, mission and vision statements and strategic plans); and
2. intentional dialogue on organizational values and health equity action (dialogic value formation to identify health equity values and the requisite behaviours, practices and policies).^{20,44}

1 TRANSFORMING ORGANIZATIONAL CULTURE AND ARTEFACTS

Organizational health equity values are reinforced through their integration into organizational processes and structures.⁶⁴⁻⁶⁶

Organizational artefacts are central to organizational culture and demonstrate a degree of integration and commitment. These artefacts are the physical and behavioural manifestations of culture such as standards, policies, procedures and performance assessments. It is important that health equity values are explicit in organizational values, vision and mission statements.⁶⁷⁻⁶⁹ What is unknown, however, is the extent to which modifying artefacts of organizational culture transform deeply held values.²⁰

Integrating health equity values into everyday institutional life normalizes related action within public health organizations. Staff who act in ways that reflect health equity values serve as a model for others in the organization. Given that organizations reflect the values of those within them, values-driven hiring, orientation and staff training further promote the alignment between organizational health equity values and health equity action.⁶⁷

For public health organizations seeking to transform their organizational culture to be more supportive of health equity action, there are a range of strategies for shifting organizational culture, including:

- valuing long-term working relationships with communities and partners;
- incorporating partner and community perspectives in planning and evaluations;
- balancing budgetary needs with social and emotional needs;
- role-modelling by organizational leaders and managers;
- open and transparent communication at and across all levels;
- social and instrumental support;
- active engagement with how power plays out in the organization; and
- staff involvement in decision-making, empowerment and autonomy.⁶³

EXAMPLES:

Winnipeg Regional Health Authority

In 2015, the Winnipeg Regional Health Authority (WRHA) released its 5-year strategic plan.⁷¹ The plan explicitly integrates health equity as a central value intended to drive all aspects of service provision. The WRHA consulted with the local Healthcare Outreach Network and their internal Health for All Coordinating Committee to develop language around health equity for the strategic plan. This tactic of explicitly articulating health equity as a value within strategic plans and other related documents is increasingly common.

Harm reduction in hospital programs

Pauly discusses how expanding harm reduction approaches to hospital programs and services contributed to shifting the values of health care providers towards an equity approach.⁷² Applied more broadly, this suggests that services and programs provided by organizations can drive changes in the values held by the individuals within those organizations. Therefore, offering programs and services oriented towards health equity may propel the adoption of health equity values. Shifts in policies, programs and services may lead to tensions in values and concurrently create opportunities to identify shared values.

Research to Equip Health Care for Equity (EQUIP) intervention

The Research to Equip Health Care for Equity (EQUIP) intervention, implemented with four primary health care clinics in Canada, aimed to better equip primary health care for health equity action.⁷³ It involved two components: (1) staff education and (2) organizational integration and tailoring. The organizational integration and tailoring component was linked directly with staff education. It encouraged participants to identify implications of what they were learning for themselves as well as for organizational policies and practices. A practice consultant for the intervention then worked with organizational leaders and staff to identify priorities at the organizational level and create an action plan. The EQUIP intervention, among other outcomes, surfaced tensions between health equity values articulated by the participants' organizations and the values driving the larger health care system. This led to an opportunity to identify shared values and beliefs and organizational commitments oriented towards health equity.⁷³

2 INTENTIONAL DIALOGUE ON ORGANIZATIONAL VALUES AND HEALTH EQUITY ACTION

Attempts at organizational transformation may change artefacts at a superficial level. However, changing underlying, deeply entrenched values and beliefs is difficult.²⁰ One of the key reasons organizational change interventions fail is due to the lack of alignment between the values of the change intervention and the values of the members within an organization.⁷⁰ Nonetheless, values can change over time in response to internal or external change.⁶⁵ Therefore, interventions to promote value alignment and shared values are critical. For example, a 2017 environmental scan of social

determinants of health and health equity action in Canada recommended that leaders and staff engage in an active process of reflecting on values.⁹

The OCI takes the view that organizational culture is something organizations possess, which makes it amenable to creation, change and transformation.²⁰ This calls for organizations to participate in deliberate conversations about values and the behaviours and practices that reflect them.

The short tool on the next page is designed to support intentional dialogue on organizational values and health equity action.

HEALTH EQUITY VALUES-TO-ACTION DIALOGUE TOOL

The purpose of this tool is to support organizations to clearly articulate their health equity values and identify opportunities to transform stated values into organizational behaviours and actions. Engaging in intentional dialogue will assist organizations to actively uncover what specific values mean for everyday public health practice.

TIME REQUIRED: Set aside at least 2 hours for the dialogue

WHO: Senior leaders, managers and staff responsible for health equity and social determinants of health policies, programs and services

MATERIALS: Flip chart and markers or online collaborative tools for virtual conversation

BACKGROUND MATERIALS: Health equity values (Table 1 of this document), your organizational values, vision and mission statements

STEP 1: DETERMINE WHO PARTICIPATES

Identify who will take part in the organizational discussion. We recommend that this exercise be completed by senior leaders, managers and health equity and social determinants of health leads. Send out invitations 1–2 weeks in advance with the background materials.

STEP 2: REVIEW VALUES

During the workshop, review the list of organizational values for health equity action defined above. Which of these are reflected in your organizational values? Write these down on a flip chart where everyone can see them. Are there other organizational values not listed that are supportive of health equity action? Add these to the flip chart.

STEP 3: IDENTIFY TOP THREE VALUES

You may now have a long list of values. As a group, use a consensus-building process to narrow the list to the top three values. Focus on the most important and compelling organizational values. Write each of the three values on its own flip chart.

STEP 4: DECIDE ON NECESSARY ACTIONS

For each value ask the following questions:

- » If we value _____, how would we act (e.g., practices, programs, policies) as an organization? *For example: If we value a dignified life, the organization will provide a living wage to all staff.*
- » How do we currently act? Where is there alignment? Where is there a mismatch?
- » What opportunities exist to further bring the top three health equity values to life? Consider opportunities at individual, organizational and societal levels.

Some examples of potential organizational practices, programs and policies are provided in Table 2 and organized under different aspects of organizational capacity.⁶⁸ Depending on your organizational priorities, you may choose to focus on specific areas of organizational capacity. Your responses should be specific to your organization and linked to the identified value.

STEP 5: PLAN FOR CHANGE

By this point, you have

- » identified three core values that are supportive of health equity action; and
- » listed the actions and behaviours that operationalize these values.

You now have a list of actions and behaviours that will support health equity action within your organization.

To continue the momentum, identify how to incorporate the opportunities you have uncovered into your ongoing work. Determine how each of the actions you have identified can be accomplished in the short, medium and long term.

TABLE 2: EXAMPLES OF DESIRED ORGANIZATIONAL BEHAVIOURS AND ACTIONS THAT SUPPORT HEALTH EQUITY ACTION⁶⁸

AREA OF ORGANIZATIONAL CAPACITY	ORGANIZATIONAL BEHAVIOURS AND ACTIONS
Lead and govern with equity	<ul style="list-style-type: none"> • Health equity and related values are identified as a priority and as core organizational values. • Health equity is reflected in the governance structure. • Health equity is reflected in the leadership roles and responsibilities.
Develop a culture of equity	<ul style="list-style-type: none"> • The organizational culture encourages health equity learning and growth through allocation of resources for staff learning and development. • The organization provides time and resources to reflect on and shift practice to improve health equity action. • All staff are encouraged and supported to identify and disrupt practices and policies that create inequities.
Fund and develop health equity programs and policies	<ul style="list-style-type: none"> • There are dedicated long-term support and resources for activities to improve the social determinants of health and health equity. • Programs and policies are developed to address the structural and social determinants of health and advance health equity. • Financial planning and management include an equity analysis.
Build a robust and competent team	<ul style="list-style-type: none"> • Staff across the organization are recruited and rewarded for health equity knowledge, skills and attitudes. • Staff are supported to continuously develop individual health equity capacity. • Health equity competencies are built into performance management. • Individual behaviours that support health equity and the social determinants of health are identified, cultivated, celebrated and rewarded. • The organization provides a living wage to all staff.
Generate and use knowledge and information to drive equity	<ul style="list-style-type: none"> • There is a team responsible for supporting the collection, analysis and use of knowledge to drive health equity action. • Affected communities are actively engaged in the generation, analysis and use of knowledge and data to improve health equity. • The organization draws on a broad base of knowledge including policy advocacy and communications to propel action on the social determinants of health.
Build multisectoral and community relationships to enhance action on the social determinants of health	<ul style="list-style-type: none"> • Strategic partnerships with structurally marginalized communities and other sectors are in place and are oriented towards policies and structural change to improve the structural and social determinants of health. • Community engagement, decision-making and partnership are a valued part of how policies, programs and services are conceptualized, implemented and evaluated. • Organizational plans account for time and resources to develop and maintain meaningful community and intersectoral partnerships.
Design equitable infrastructure and spaces	<ul style="list-style-type: none"> • Physical and virtual organizational spaces are accessible and free from discrimination, and actively promote belonging. • Interorganizational learning on health equity action is supported through access to appropriate technology.
Understand and influence external systems	<ul style="list-style-type: none"> • The organization engages in processes to influence external systems for health equity action. • The organization invests in developing skills to understand and influence the sociopolitical contexts that impact health. • Staff have skills to understand and adapt to changing external systems.

CONCLUSION

Values are fundamental drivers of organizational decisions and action. Stated or not, values influence what gets prioritized and acted upon within institutions. In this brief, we identify 14 values that can be adopted by organizations committed to improving health equity through deliberate action on the structural and social determinants of health. Identifying values that support health equity action and integrating these

values into organizational documents is an important step. Beyond incorporating values into organizational artefacts, it is critical to ensure that organizational behaviour aligns with these values. Public health leaders and staff can promote this alignment by regularly engaging in active self-reflection, dialogue, planning and action.

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