

Building a Foundation for Health Equity: Using Your Influence to Support Change

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About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners across the country to shape a future where everyone in Canada has safe and high-quality healthcare. We bring together people, evidence and action to move Care Forward - spreading and scaling quality and safety improvements, strengthening capacity and collective leadership and catalyzing change in policy and practice.

At HEC, healthcare excellence means improving safety, quality and value for everyone. It means care grounded in what matters most to patients, caregivers, communities and people in the workforce. It also means care that respects and responds to First Nations, Inuit and Métis priorities and is culturally safe, equitable and supported by the appropriate use of technology. Together with our partners, we embed these foundations across the health system.

Our work also focuses on expanding access to safe, connected, high-quality care closer to home and community. This includes supporting people with primary health care needs and older adults with health and social needs.

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. [Learn more](#)



Acknowledgements

This resource was co-developed with the insight, experience and generosity of many people. We are grateful to the team members, collaborators, patient and community partners and leaders across health and social systems who contributed their time, wisdom and lived expertise.

The ideas and approaches reflected here do not exist in isolation. They are rooted in and shaped by decades of scholarship, activism and lived experience from

equity-focused practitioners, community organizers, researchers and Knowledge Keepers (past and present) whose work has long been naming and challenging the systems that create inequities in health and care. We are grateful to stand on that foundation and commit to continuing to learn from it.

A full list of contributors involved in the development of these resources is available on [HEC's website](#).



About this resource

Health inequities are shaped by systems and structures that create and perpetuate unequal conditions to care. Creating meaningful change requires recognizing and addressing these factors. A starting point is understanding where you have influence and what actions you can take to shift the conditions that impact health. This resource helps you identify opportunities within your role, relationships and organization to drive health equity work forward.

This resource is part of a series of implementation guides that support application of the co-developed [HEC Health Equity Framework](#) to advance equity across health systems and services.

How to use this resource

- Use this resource during the early stages of health equity work.
- Use the guiding questions below to help identify actions you can take within your sphere of influence. Afterwards, you may want to share your reflections with colleagues or team members in pairs or through a group discussion to explore how your individual spheres of influence connect and contribute to your team's collective action on health equity.
- Combine this resource with other tools that support implementation of health equity initiatives.

Want to go deeper? Once you have selected one or more actions, consider reviewing the Guiding Commitments implementation resource. This resource is an important guide for how individuals, teams and organizations approach health equity work.



Understanding your sphere of influence

A helpful starting point when engaging in health equity work is to identify the specific ways you can take action within your own sphere of influence. Your sphere of influence refers to the spaces, relationships and decisions where you have access and power to change systems, policies and practices that create inequities and impact health.

Your personal sphere of influence includes the policies, processes and practices you can directly influence or change through your role, relationships and decision-making.

This process may also involve reflecting on how your work connects to your network or organization's sphere of influence – its reach, power and ability to address systemic barriers and shift institutional practices that enable equitable conditions of care.

In health equity work, understanding your sphere of influence can help you clarify the kind of work you're able to do and where you may have the greatest impact.



Figure 1: Graphic re-created from The Institution of Structural Engineers. Retrieved from <https://www.istructe.org/resources/blog/spheres-of-influence-and-diversity-and-inclusion/>

Table 1 shows how collecting and using equity-focused data might look across different levels of influence. Your own actions will depend on your context, role and the health equity action area you focus on.

Table 1: Level of influence

Level of influence	Example
Actions I can take personally	Ask questions about who is and is not reflected in the data you work with and raise gaps or concerns with your teams and colleagues.
Actions that my team could take	Create space for community members and affected staff to explore how metrics can better reflect both community-identified priorities and organizational goals.
Actions that management could take	Ensure your team has the resources and infrastructure needed to partner with communities in developing equity metrics and communicate recommendations to leadership.
Actions that executive leadership could take	Champion the development of organizational data governance policies that position community members and relevant staff as co-decision-makers (not just participants) in HOW equity-focused data is collected and used.
Actions that could be taken at the policy and systems level	Establish system-wide requirements for disaggregated health data collection that are grounded in community consent, control and benefit. These requirements include recognition of data governance frameworks, including OCAP.

Consider the following scenario

The Salvation Army Crossroads and Medavie Health Services West noticed that traditional palliative care wasn't meeting the needs of people experiencing houselessness or housing insecurity in Saskatoon. A Housing Services Manager at Crossroads and an Operations Manager for Mobile Integrated Health at Medavie used their spheres of influence to address these gaps.

In each of their roles, they could shape how and where care was delivered and advocate for resources to support people facing systemic barriers. They found that many people declined care not because they didn't want help, but because past hospital experiences had made them feel unsafe and unwelcome. The Housing Services Manager advocated within the Salvation Army Crossroads to create space for embedded healthcare services at the shelter. The Operations Manager championed the partnership model within Medavie Health Services West, making the case for bringing paramedicine directly to where people already felt safe. Together, they worked with their respective organizations to launch an initiative that embedded paramedicine services directly in the shelter.

This equity initiative did not happen overnight. It started with small, role-level actions, including listening to residents, naming a gap during team meetings and making one introduction between organizations that built trust and momentum over time. While the partnership took time to develop and required ongoing learning and adaptation, it demonstrated how prioritizing safer spaces and centring dignity and lived experience in decision-making can break down systemic barriers and make palliative care more equitable.

This initiative is part of Healthcare Excellence Canada's Improving Equity in Access to Palliative Care. Read more about this partnership:



After you read the above scenario, consider the following questions in your context:

- 1. Where might people be less likely to seek or accept help because they feel unsafe, unwelcome, judged or unheard?**

- 2. What does your role give you influence over, even in small or informal ways?**

3. What is one step you could take within your current role, starting now?



The worksheet on the next page can be used to help you further change for health equity within your sphere of influence.

Worksheet: Advancing change for health equity

Consider each question below. You may wish to jot down initial reflections as you work through the question. Then, try to identify 1 or 2 actions within your sphere of influence.

Table 1: Questions for exploring possibilities for action within your own sphere of influence

Questions	Reflections	Actions within my sphere of influence
What unique access, decision-making power or relationships do you have in your current role?		
Think about the kind of impacts you are prepared to have. What feels possible now, and how could that be sustained over time?		

Questions	Reflections	Actions within my sphere of influence
Consider what relationships you need to build to have meaningful impact and redistribute power and resources across partners in your work.		
Think about any conversations you've had or would like to have with team members, other departments or partners about the need for health equity work. What stood out in those conversations, or who might you want to start talking with?		

Questions	Reflections	Actions within my sphere of influence
What opportunities do you have to request supports and/or resources that enable and sustain health equity work? What challenges do you anticipate?		
Identify ways you could bring others together to talk, plan and take action toward advancing health equity. Who holds decision-making power and how might you engage with them to support change?		

Next step

Good work! You have started to identify actions within your sphere of influence. Now, take a moment to commit to one specific step, something achievable that you will carry forward from this reflection into your work:

My next step is:

I will do this by:

Who will I bring into this:

Resources to support learning



HEC's Systems Approach to Health Equity. This two-part activity is designed to support the development of reflective practices that help us see and understand the systems that create inequities – and identify ways to take action toward equitable care.



The Institution of Structural Engineers' Spheres of influence and diversity and inclusion. This virtual resource explores how to use your sphere of influence to impact change.



Dr. Stephanie Nixon's Why Future Building Demands a New Kind of Leader (YouTube video). This 25-minute recording is about how we see ourselves and the systems we've inherited.