

Building a Foundation for Health Equity: Guiding Commitments

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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.

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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

This resource introduces six key commitments to help ensure that health equity work is grounded in strong foundational principles and approached with humility, care and accountability – so that HEC’s Health Equity Framework can be applied in meaningful and sustainable ways.

Co-developed alongside the framework, the following guiding commitments represent essential starting points for advancing equity in health systems and services:

- Reflect deeply
- Recognize intersectionality

- Adopt an anti-racism and anti-oppressive approach
- Develop trauma awareness
- Build relationships based on trust and accountability
- Commit to learning and unlearning

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 and reflective questions to build shared language and understanding of health equity work with your team.
- Reflect on each guiding commitment individually, then discuss as a group. You may decide to select one guiding commitment as a starting point.
- Use the guiding commitments to ground your work in shared language and values before you implement the actions of the HEC Health Equity Framework.
- Revisit these commitments regularly as your work evolves.

Want to move ahead to implement the HEC Health Equity Framework?

The *How to Plan and Implement Priority Actions* resource can help you and your team tailor your efforts to community priorities, your organizational context, and the resources available.



Why guiding commitments?

Commitments are not just nice words. They represent accountabilities to ourselves, our team and the people and communities that we seek to improve care with and for. Commitments can be a place to ground ourselves and to aspire to, offering direction on what to work on and how to work on it.

The HEC Health Equity Framework guiding commitments can help us:

- approach our work with deep humility and a commitment to doing things differently.
- centre health equity and the communities we serve in everything we do.

Health equity work involves individual, team and organizational learning and unlearning. This means that you and your colleagues will all be at different places in this learning journey. Health equity work invites us to the table as people, not just employees. You don't have to be an expert in anti-oppressive practice or trauma awareness to engage in health equity work. You do need an openness to learning and unlearning, an understanding that your way isn't the only way and a willingness to hear and see things from other peoples' perspectives.

While there are benefits to identifying commitments at the beginning of a project, they can be discussed and applied at any stage of a project. We suggest creating opportunities to revisit commitments regularly throughout your health equity journey.

Engaging with the guiding commitments

The guiding commitments are drawn from the HEC Health Equity Framework and are designed to ground health equity work in shared values and principles, regardless of where you are starting from.

As you read through them, reflect on how they connect to your current context:

- 1) First, reflect on them from the perspective of 'where are we now?' (your current state)
- 2) Then, reflect on them from the perspective of 'where do we want to be?' (your desired state)

You may choose to work through all six commitments or start with the one that feels most relevant to where you are right now. Take your time. You can always come back to the others as your work evolves.



Worksheet: Reflecting on the HEC Health Equity Framework Guiding Commitments

1. **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 healthcare systems, policies and practices.

Reflective question: How can you learn about the ways we may reinforce systems that create unfair advantages for some and barriers for others?

Where are we now?

Where do we want to be?

- 2. Recognize intersectionality:** Understand that people face overlapping barriers, for example racism, ableism and sexism. These intersectional barriers impact their unique healthcare experiences.

Reflective question: Who are the people and communities involved in our work? Which overlapping barriers impact their healthcare experiences? How might we reduce these barriers?

Where are we now?

Where do we want to be?

- 3. Adopt an anti-racism and anti-oppression approach:** Identify and challenge racism and inequities in everyday interactions and systems.

Reflective question: Where do you recognize unfair systems at play in daily life, even in small ways? How can we work together to shift them?

Where are we now?

Where do we want to be?

- 4. Develop trauma awareness:** Recognize trauma and how systems of oppression harm individuals and communities in different ways, influencing health outcomes across generations.

Reflective question: How does trauma – especially trauma caused by unfair systems – affect people and communities in relation to our work? How do you ensure we don't re-traumatize or contribute to system-caused harm through our work?

Where are we now?

Where do we want to be?

- 5. Build relationships based on trust and accountability:** Focus on creating relationships with people and communities to co-develop lasting, impactful change.

Reflective question: How can you build strong, accountable relationships that support lasting change?

Where are we now?

Where do we want to be?

- 6. Commit to learning and unlearning:** Health equity work is continuous; as communities and knowledge evolve, so should our approaches.

Reflective question: How can you stay open to learning and keep improving our approaches to care to meet the changing needs of communities?

Where are we now?

Where do we want to be?

Next step

Now that you have worked through the worksheet, take a moment to identify **one concrete next step** for yourself or your team. Consider the following:

- Looking across the worksheet, where do you feel most ready to act?
Where do you need to go deeper before acting?
- What is one specific thing you or your team will do differently in your health equity work as a result of this reflection?
- How and when will you return to these commitments as your work progresses?

Write down your next step:

Resources to support learning



[HEC's Equity, Diversity and Inclusion Virtual Learning Exchange.](#)

This series of videos and written resources supports individuals and teams in reflecting on the ideas embedded in the guiding commitments.



[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.



[Critical Theory, Culture Change and Achieving Health Equity in Health Care Settings](#). This research article describes how a health system innovation was grounded in critical reflection to support equity, diversity and inclusion. Todic J, Cook SC, Spitzer-Shohat S, Williams JS Jr, Battle BA, Jackson J, Chin MH. Critical theory, culture change, and achieving health equity in health care settings. Acad Med. 2002; 97(7): 977–988.