



National Collaborating Centre  
for Determinants of Health

Centre de collaboration national  
des déterminants de la santé

# Introduction to Health Equity, Equity-informed KM Strategies & the Role of Power

KM Hub Workshop – May 11, 2026

Rebecca Cheff, Knowledge Translation Specialist, NCCDH

Nandini Saxena, Knowledge Translation Specialist, NCCDH



# Land Acknowledgment

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The NCCDH is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaw 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 to be an ongoing relationship between nations.



# Learning objectives

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- 1 Understand core health equity concepts
- 2 Describe knowledge mobilization (KM) strategies to advance health equity to drive changes in practice, policies and structures
- 3 Apply KM strategies to advance health equity through practical exercises

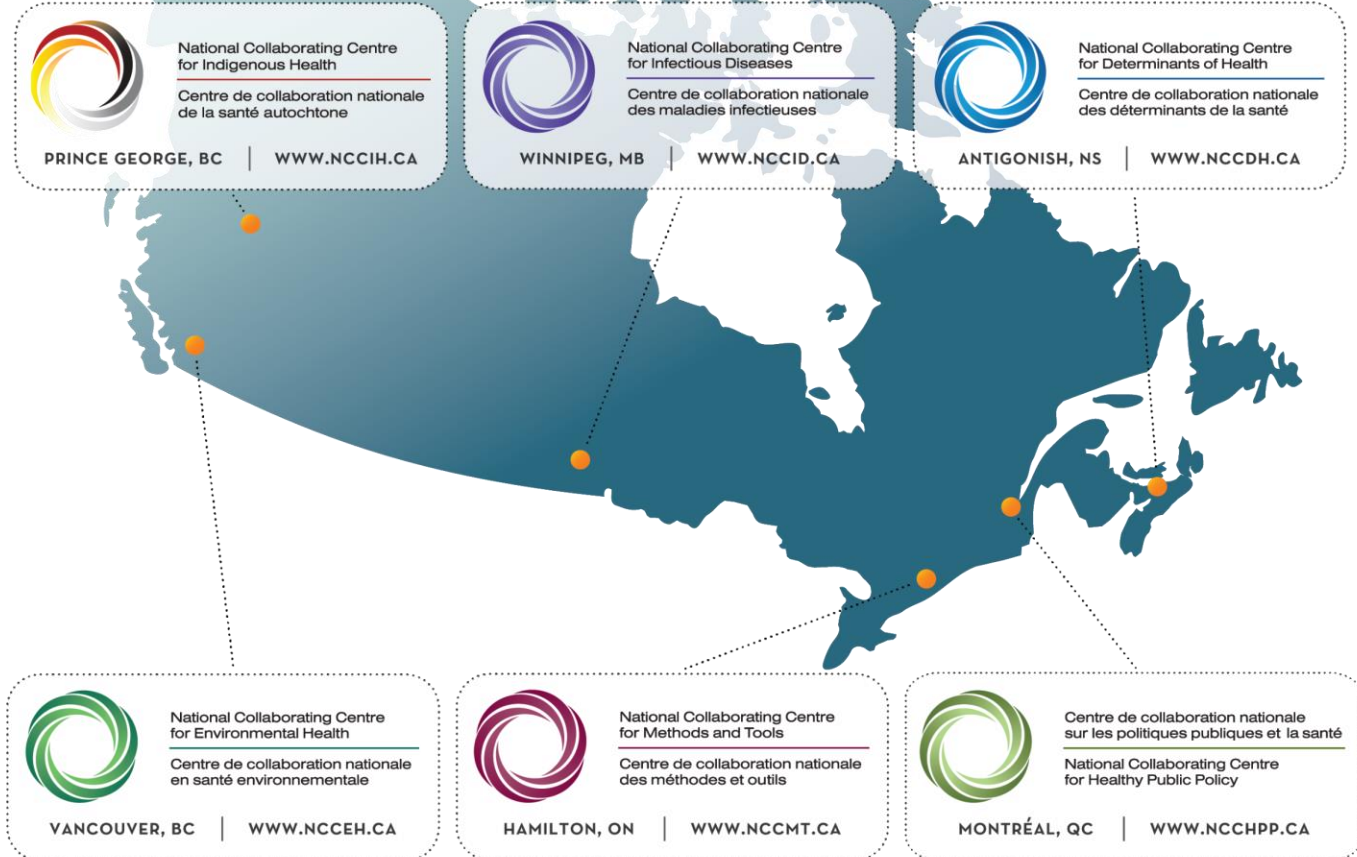
# Agenda for today

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Item	Who	Timing
Welcome & land acknowledgement	Rebecca	12 noon – 12.05pm
Setting the context	Nandini	12.05 - 12.15
Introducing core health equity concepts & the role of power	Rebecca	12.15 - 12.35
KM strategies to advance health equity and justice for all	Nandini & Rebecca	12.35 - 1.45
Large group discussion	Nandini & Rebecca	1.45 - 1.57
Closing and thank you	Rebecca & Nandini	1.57 - 2pm



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## NCCDH Vision

All people and communities experience a dignified and healthy life in relationship with each other and the planet.





## NCCDH Mission

NCCDH supports the Canadian public health community to address the structural and social determinants of health and advance health equity for all.

# NCCDH Values



Humility



Compassion



Solidarity



Accountability



Justice



# NCCDH Positionality Statement

The NCCDH recognizes that it holds a significant amount of power in various forms: (1) knowledge, as a currency and as a contributor to the dominant narratives in public health; (2) economic, through its funding structure as part of a federally-funded program since the NCCDH is funded by and reports to the Public Health Agency of Canada; and (3) access to various agenda-setting venues, such as conferences, private interagency meetings, etc.

In positioning itself, the NCCDH acknowledges that it is aware of its power and intends to use it to foster a more equitable world, by embracing values of humility, compassion, solidarity, accountability and justice in all of the work that it does. The NCCDH is committed to embracing diverse, anti-oppressive, intersectional and collaborative relationships and ways of knowing to support collective change, transformation and well-being.

The NCCDH espouses the notion that, as a holder of power, it will support the work of structurally disadvantaged communities as initiators, collaborators and equal partners. The NCCDH believes that public health must work to redistribute power to advance health equity.

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# Core health equity concepts



**In 1-2 words, health equity is...**

# Health equity / l'équité en santé

- **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.
- **L'équité en santé** signifie que tout le monde (individus, groupes de population et collectivités) a des possibilités équitables d'atteindre un état de santé optimal sans être défavorisé par les conditions sociales, économiques, environnementales et culturelles en raison de facteurs socialement construits, comme la race, le genre, l'orientation sexuelle, les croyances religieuses, le rang social et autres.

Glossaire des principaux concepts liés à l'équité en santé



Glossary of Essential Health Equity Terms





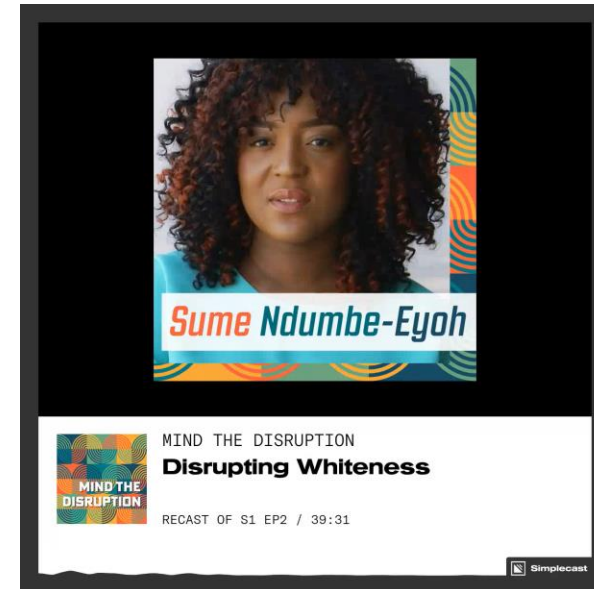
**Health equity** is achieved when **disparities in health status** between groups due to social and structural factors are reduced or eliminated.



# Lives are being cut short

“It's ultimately so that as Black folks, as Indigenous folks, our lives are better at the end of all of this. That is the ultimate goal. It's not so that white people feel comforted. That's not it. I think keeping that focus on who is this work for. It is so that at some point, again in a small way, you have less Black people being shot down in the streets because we understand that that's not the ways in which we need to organize a society.”

- Sume Ndumbe-Eyoh (Executive Director, Black Health Education Collaborative) on the NCCDH's podcast Mind the Disruption, Season 1, Episode 2 “Disrupting Whiteness”

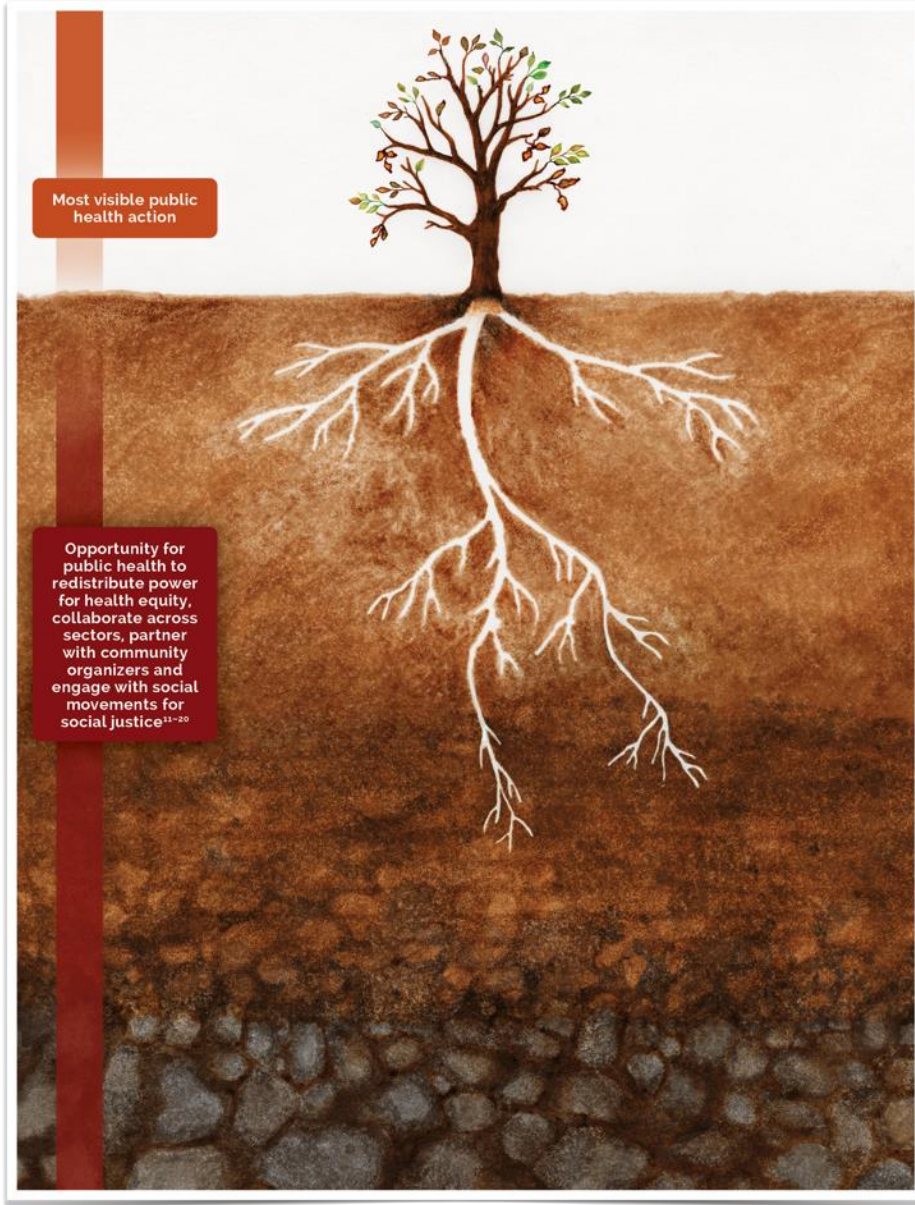


# Health inequity / les inégalités sociales de santé

- **Health inequity** refers to differences in health associated with structural and social disadvantage that are:
  - systemic,
  - modifiable,
  - avoidable and
  - unfair.
- **Les inégalités sociales de santé** réfèrent aux différences dans l'état de santé liées à un désavantage structurel et social qui est:
  - modifiable,
  - injuste,
  - évitable et
  - systémique.



# REFLECTING ON THE CAUSES OF HEALTH INEQUITIES



Most visible public health action

Opportunity for public health to redistribute power for health equity, collaborate across sectors, partner with community organizers and engage with social movements for social justice<sup>11-20</sup>



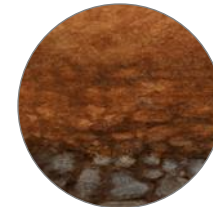
**LEAVES:** examples of the physical and mental health outcomes in communities and populations



**TRUNK:** examples of individual behaviours that contribute to health, often the focus of public health interventions

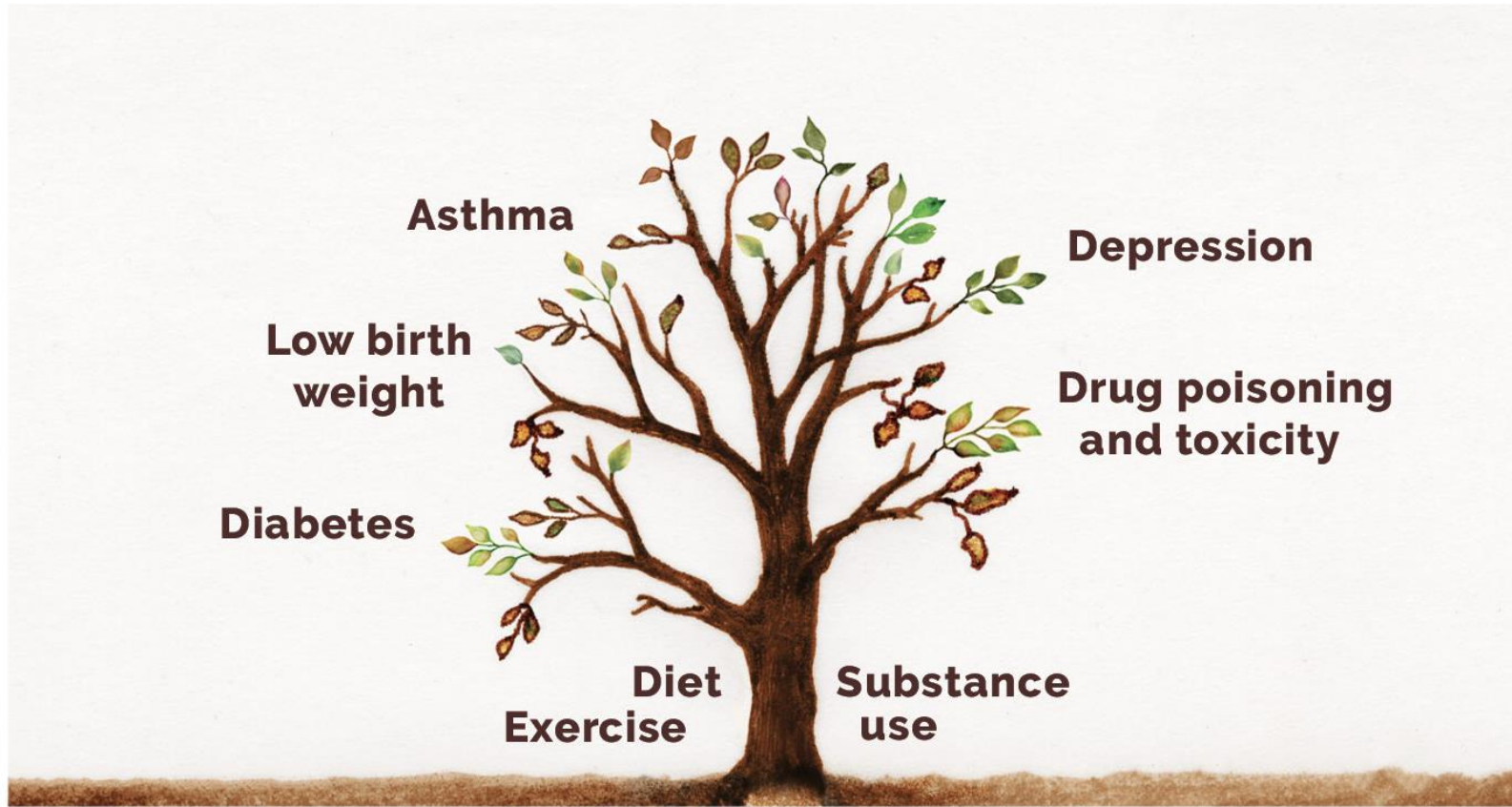


**ROOTS:** examples of the conditions of daily life that can directly or indirectly influence health outcomes



**SOIL:** examples of the underlying values, world views, policies and practices that shape the conditions of daily life and pattern health outcomes (e.g., by race, ability, gender, sexual orientation)

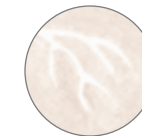
# REFLECTING ON THE CAUSES OF HEALTH INEQUITIES



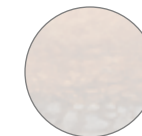
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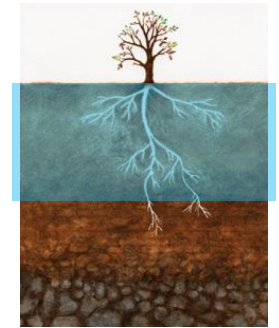
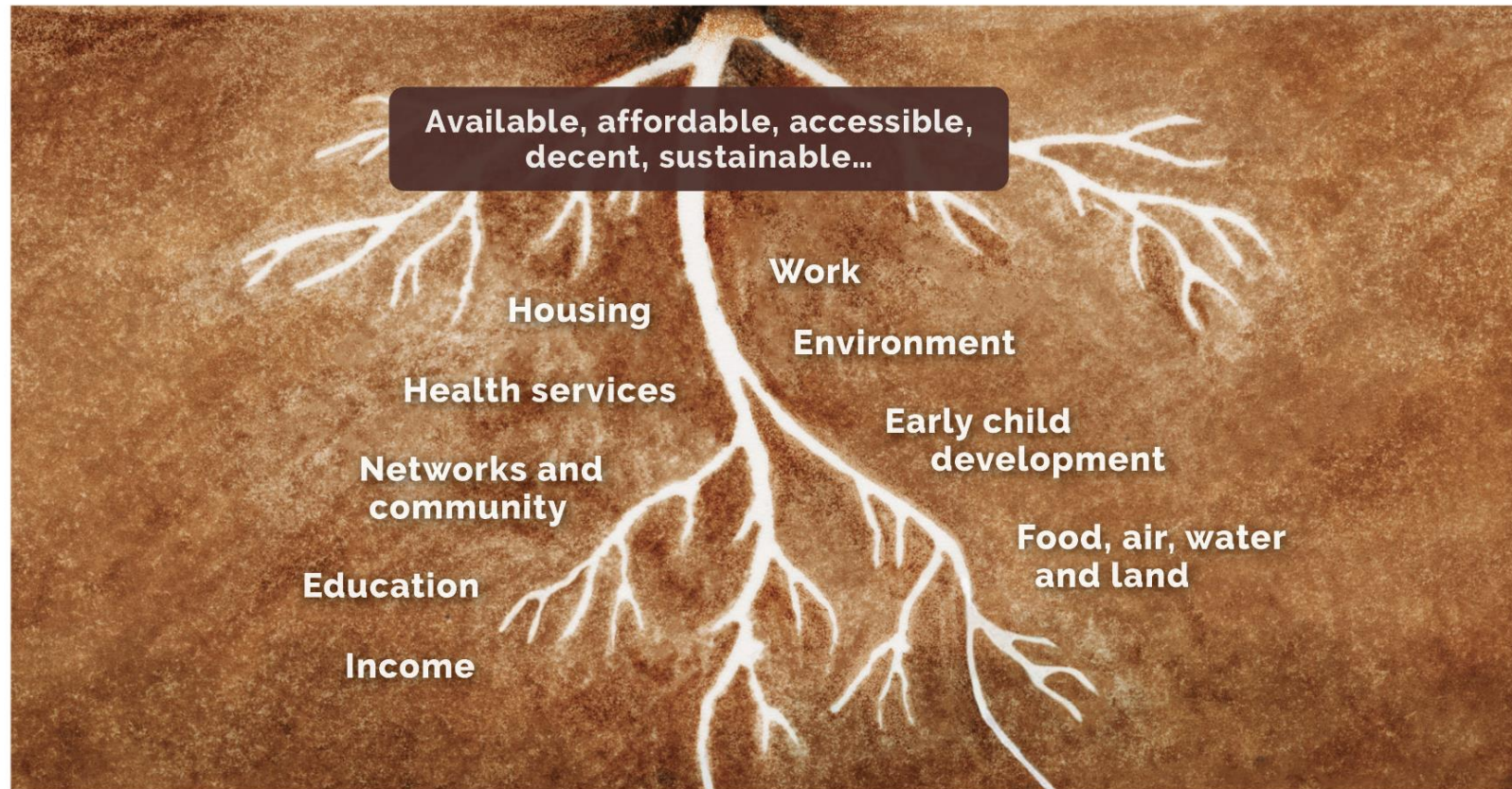


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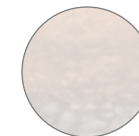
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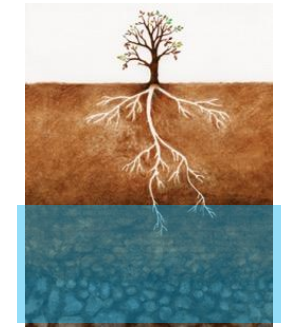
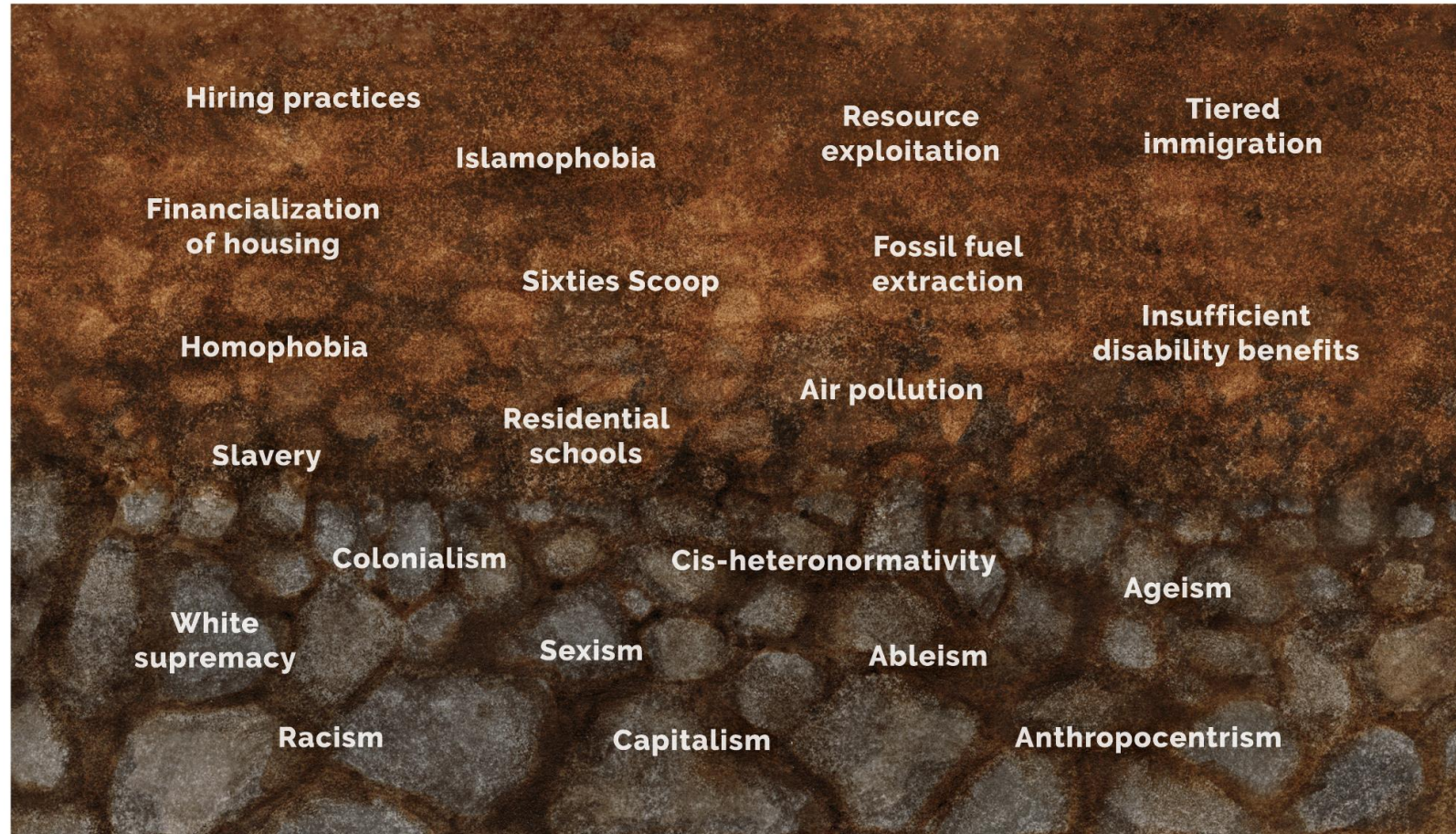


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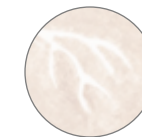
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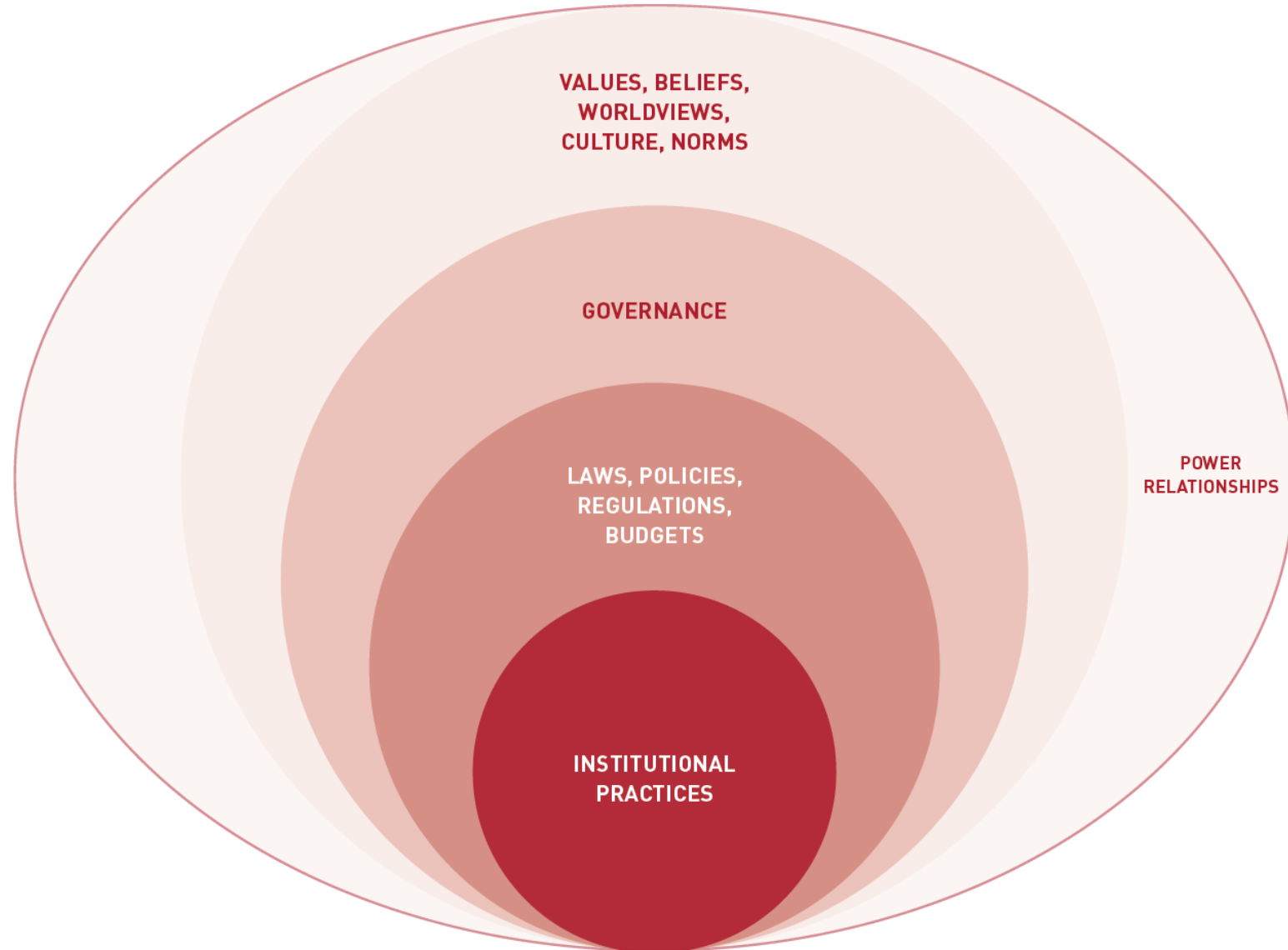


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# STRUCTURAL DETERMINANTS: THE WRITTEN AND UNWRITTEN RULES THAT INFLUENCE HEALTH



# Power imbalance is a fundamental cause of health inequity



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**Bernice Yanful (NCCDH):** Why does power matter for health equity?

**Jonathan Heller (NCCDH):** I think advancing health equity requires us to change systems and to change policies. And, in my mind, there are reasons why inequities exist. They're not just a natural thing. It's because a group of people who has more power is setting the agenda and creating the structures essentially that advance their interests.

So we have to actually build our power so that the people who are making decisions listen to us rather than listen to the few individuals who are trying to advance inequity essentially.

I think that's an important thing for public health to think about and realize it's not just happenstance that we have these inequities. There are people who are actually benefiting from them and want the status quo, and their interests are what policy-makers generally listen to.

*NCCDH. 2025. Disrupting for disability without poverty (Mind the Disruption, Season 2, Episode 3)*





# What kind of power do researchers have?

- Power to:
  - Apply to research funding
  - Access research data centres
  - Generate evidence and knowledge that is seen is credible
  - Shape narratives
  - Speak to the media
  - Influence policy agendas
- What opportunities do you have to redistribute power through you work?



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# **KM strategies to advance health equity and justice for all**

# Varied K\* concepts and approaches



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## Knowledge Transfer



## Knowledge Exchange



## Knowledge Translation

article



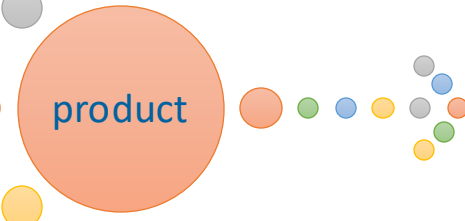
story



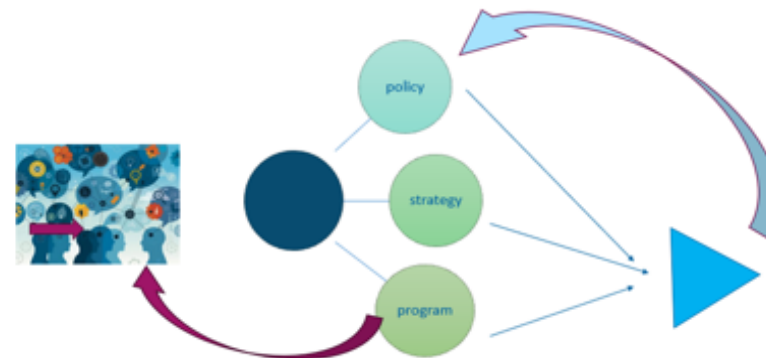
framework



product



## Knowledge Mobilization



# NCCDH knowledge translation & mobilization

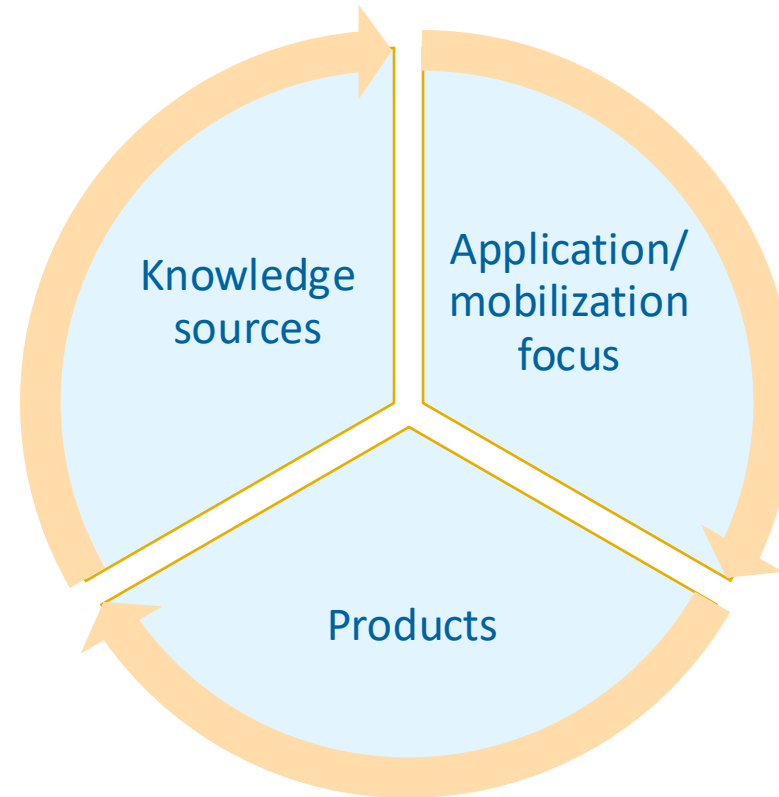


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## Knowledge sources

- Lived & grounded expertise
- Field knowledge from public health
- Research & grey literature
- Social sciences + bio-medical



## Application/mobilization focus

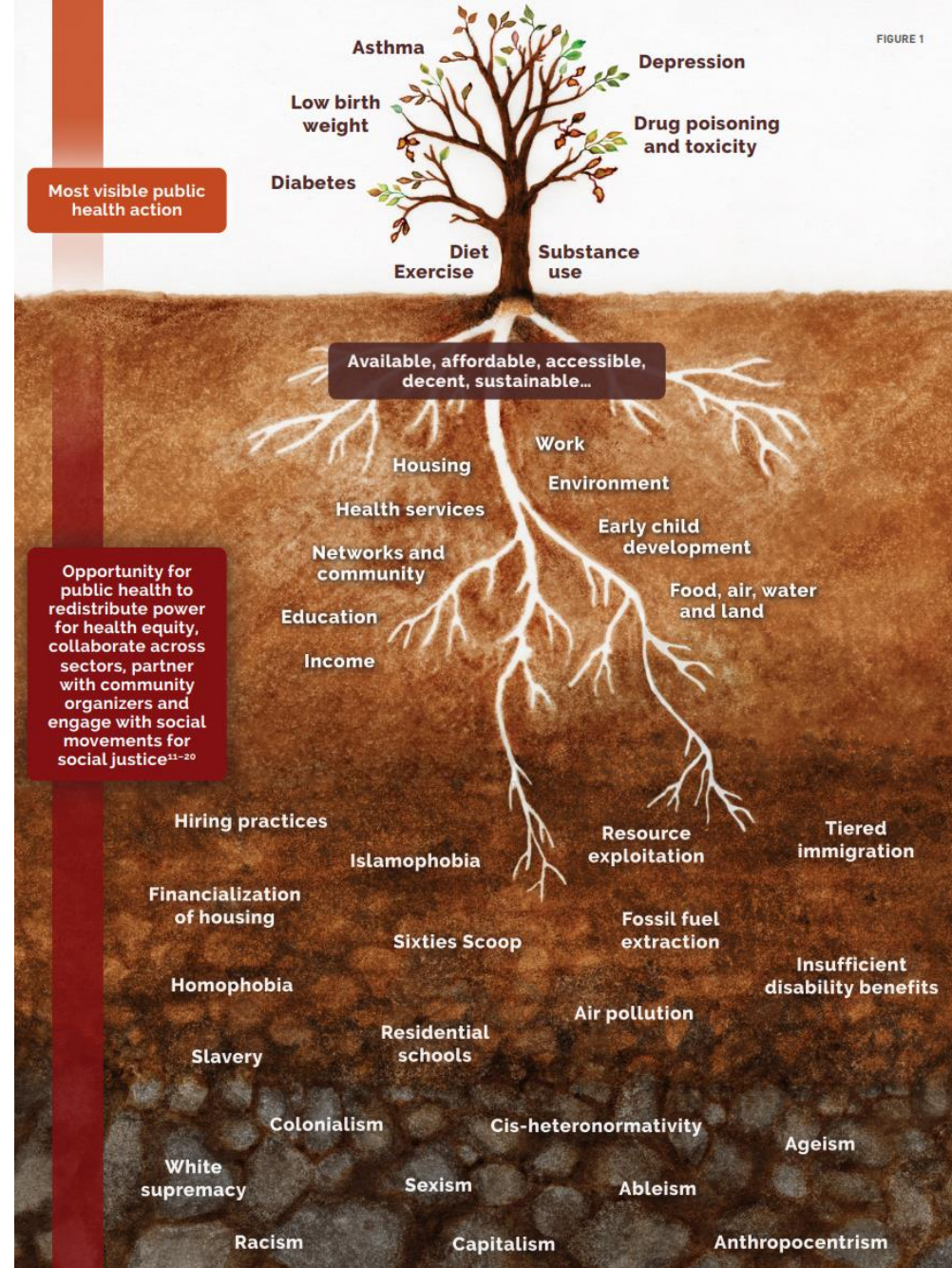
- Problem-solving, solutions-oriented
- Independent support networks
- Recognize influence of and redistribute power
- Contribute to knowledge base
- Minimize & counter-act western & white bias
- Anti-racist and anti-oppressive

## Products

- Resources, training, tools, services
- Collaboration (engagement, relationship development, partnerships, networks)
- Innovative knowledge translation - podcast, case studies, storytelling, roundtables, convening

# From Let's Talk: Determinants of Health

- Example of translating complex information into practical and understandable formats for public health practitioners and the general public



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# Values and vision-driven knowledge mobilization

# NCCDH's KM on health equity: Values and vision for change

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- Knowledge mobilization to advance health equity is driven by the change we want to see
- KM for health equity:
  - Vision for change
  - Values
  - Values-driven approaches
  - Relationship-building
- This drives NCCDH's KM strategies and how we do our work



# Example: Decent work project

**Original ask:** evidence review about employment as a social determinant of health

- 1. Problem:** Precarious employment and hazardous working conditions contribute to negative health outcomes and health inequities in Canada
- 2. Vision:** Decent work for all
- 3. Values:**
  - Solidarity
  - Reciprocity
  - Humility
  - Values-driven approaches:  
intersectionality and anti-racism



# BREAK



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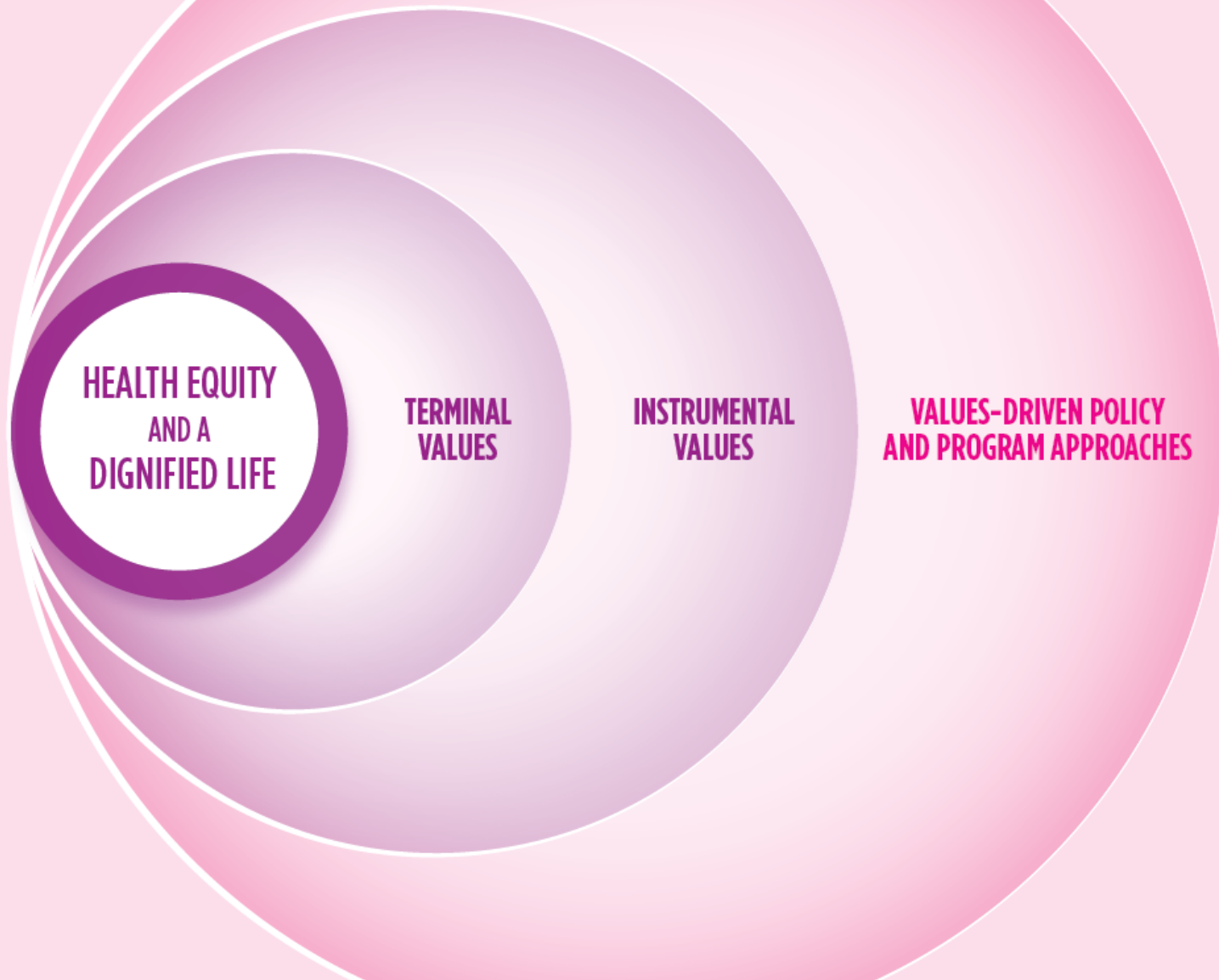
# Pair & discuss (6 minutes)

In your research:

1. What is the problem you're trying to solve?
2. What is the transformative change/vision you want to see?



# Health equity values



## TERMINAL VALUES

(desired states of existence)

- » Health equity and a dignified life
- » Social justice
- » Self-determination
- » Wisdom
- » Love

## INSTRUMENTAL VALUES

(actions or behaviours)

- » Fairness
- » Solidarity
- » Courage
- » Accountability
- » Trust
- » Reciprocity
- » Compassion
- » Humility
- » Honesty
- » Respect

## VALUES-DRIVEN POLICY AND PROGRAM APPROACHES

- » Anti-racism and critical race theory
- » Intersectionality
- » Cultural safety
- » Feminism
- » Decolonization
- » Disability justice
- » Political economy
- » Trauma-informed care
- » LGBTQ resilience and queer theory

# Pair & discuss (5 minutes)

With a partner, take 2.5 minutes each to answer:

- What is a deep, grounding value or belief that motivates you in your life, including in your work?
  - Share a short story about where they came from.
- How does that grounding value relate to you being here today?





# Example: Decent work project – how did this change our approach?

- Define key concepts related to the problem *and* the solution
- Explain *how* health inequities are produced
  - e.g., racism, ableism in labour market
- Draw on different sources of knowledge
  - Health literature
  - Social science literature
  - Grey literature
  - Stories of change
- Products:
  - 2 written resources
  - 3 storytelling podcast episodes
  - 10+ tailored presentations and workshops





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# Relationship-building as KM



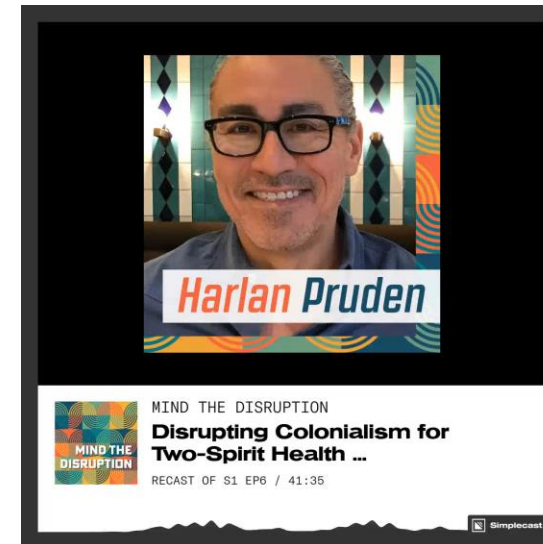
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# Relationship building

“From a Cree ontology, [...] all knowledge is relational. So many people think that knowledge can exist by itself. But if I came up with a cure for cancer and I didn't have a network in which that I could share it or I made it inaccessible so no one could understand it, do you have a cure for cancer? No. So **all knowledge is relational.**”

- Harlan Pruden, co-founder of the Two-Spirit Dry Lab and Indigenous Knowledge Translation lead at Chee Mamuk, BCCDC on Mind the Disruption podcast Season 1, Episode 6



# Partnerships

“I felt I had to wait to know everything to do something. That I needed to find the right expert on this to do something. And if I couldn't find that person, then I would be paralyzed. And I would say to people, just from my experience on this project, you have a place. Don't wait just to do something. You can do something now.

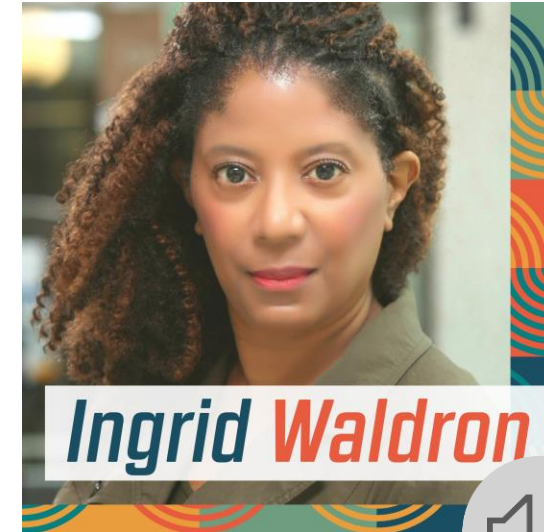
The whole point of partnerships is to fill the gaps, the gaps that you have in your experience. That's the whole point of it. You should never expect yourself to have everything. And when I think back to my project, the multidisciplinary partnerships I've brought along through this project, the hydrogeologist – I never, ever thought I'd be working with a hydrogeologist, environmental scientists, people in political science – which is social science, which is my area, I guess – but the kinds of experts and disciplines I've brought to the project has been one of the most interesting things for me because I'm learning and it's not just the professors. It's the students who are coming from multiple disciplines. I learned from them. It made the projects much more interesting, much more revealing. and that's what it's about. So when we talk about partnerships, the whole point is that they're going to fill in the gaps, the things that you don't know, the knowledge gaps in your experience, and that's what they're for.”

- Dr. Ingrid Waldron, Professor, McMaster University on the NCCDH's podcast Mind the Disruption, Season 2, Episode 1



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Mind the Disruption  
Podcast

# Example: Decent work project – relationship-building in practice

- Values: solidarity, reciprocity, humility
- Goal: cultivate meaningful, trusting, reciprocal relationships
- Some strategies:
  - One-on-one meetings early on and throughout project with worker-led groups like Workers Solidarity Network, Migrant Workers Alliance for Change, Decent Work & Health Network, Justice for Worker Nova Scotia; with researchers
  - Interactive presentations and workshops with public health practitioners
- Allowed us to:
  - Be aware of the needs to the field
  - Learn about and share emerging research
  - Be responsive to priorities of worker-led groups most impacted by precarious employment
  - Broker relationships between public health practitioners, researchers, worker-led groups
  - Share resources widely



Power-building workshop at Public Health 2024 in Halifax with Justice for Workers Nova Scotia

# Pair & discuss (10 minutes)



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- With a partner, take 5 minutes each to answer:
  - Which strategies have you used to build and sustain relationships as part of your KM work?
  - How can you ensure these relationships are reciprocal and meaningful for all?

We invite you to share a short story that illustrates your responses.



# Example: Future Search - Action for disrupting White supremacy and racism in public health systems

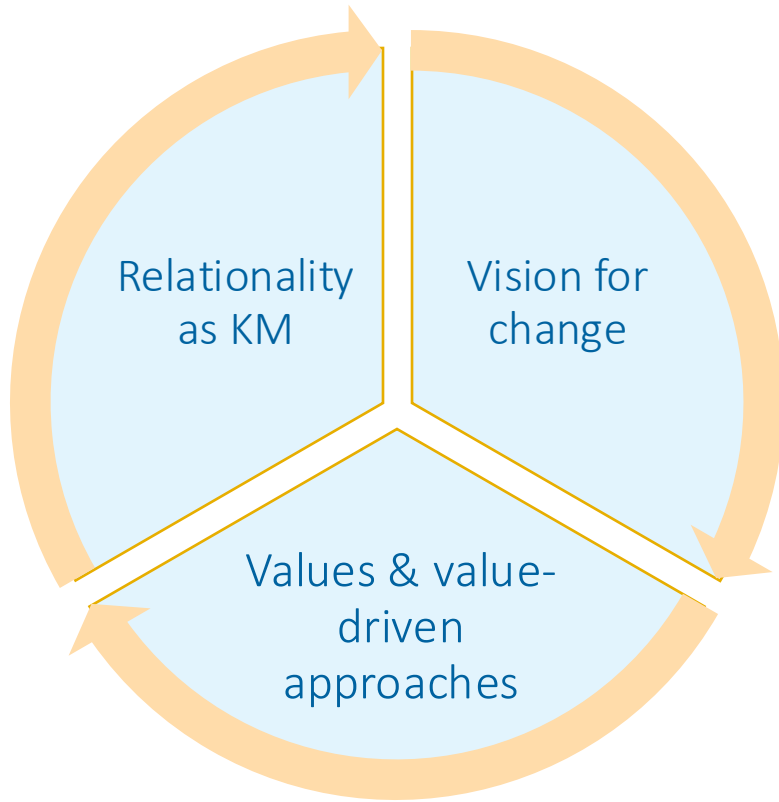
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- **Action:** Convene decision makers from across country in a strategic planning workshop on ways to disrupt White supremacy and build anti-racist public health systems
1. **Vision:** Disrupt White supremacy and build anti-racist public health systems
  2. **Values:**
    - Collective leadership and decision-making
    - Relationality
    - Solidarity
    - Values-driven approaches - Intersectionality; anti-racist and anti-oppressive
  3. **Use of innovative KM approach:** Use of Future Search methodology in a strategic planning workshop



# How we do this work matters!

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- Knowledge mobilization to advance health equity is driven by the change we want to see
- KM for health equity:
  - Vision for change
  - Values
  - Values-driven approaches – e.g., anti-oppressive, anti-racist practice
  - Relationship-building
- This drives NCCDH's KM strategies and how we do our work



**What is one idea from today's session that you can adapt to your own work?**

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[nccdh.ca](http://nccdh.ca)



[nccdh@stfx.ca](mailto:nccdh@stfx.ca)



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