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| **Title of Symposium:** Building organizational capacity for health equity |
| **Maximum 2500 characters (including spaces but excluding title)**  **General Objective**  Public health organizations are increasingly acting on the everyday conditions that affect health in order to reduce systematic and unfair differences in health and social outcomes for population groups. Organizational capacity for health equity, the ability of an organization to identify existing health inequities and act to reduce them, is a key area of investment. In pursuit of health equity, organizations must assess and build their organizational capacity to engage in deep and sustained action. Organizational and systems capacity consist of various domains such as staff knowledge and skills, multisectoral and community partnerships, and leadership and governance structures. The manner in which these domains are structured and operated shape the organization’s activities related to enhancing health equity.  The National Collaborating Centre for Determinants of Health is implementing a participatory initiative to identify frameworks, strategies and organizational conditions that support public health organizational capacity for health equity action. We use a multipronged approach comprised of evidence synthesis, an international learning circle of public health researchers and practitioners and direct support to two organizations. Each learning circle and practice site interaction builds the understanding of how organizations can change to improve equitable distribution of health-enhancing conditions and health outcomes.  We will share perspectives on how the initiative is achieving the anticipated outcomes to support public health organizations to identify components of organizational capacity needed to enable health equity action and shift their practice.  Participants will be introduced to the experience of three public health organizations in Canada and Australia to develop appropriate infrastructure and organizational-level change activities to support action to improve health equity.  **Proposed format of the session**  A moderated symposium of 5 presentations (12 minutes each) followed by 45 minutes Q & A and interactive activities with participants. Participants will engage in an exercise to contribute to the framework shared.  **Conference theme and/or subthemes addressed**  Health Equity |

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| **Title of Presentation 1:** An evolving framework fororganizational capacity for health equity framework |
| **General Objective**  Health inequities are an ongoing concern to organizations in the public health systems globally. Recent data indicate that systematic and unfair differences in health persist across a wide range of health and social outcomes.    For existing health inequities to be confronted, reduced and ultimately eliminated, organizations need to be adequately equipped to respond to the social determinants of health equity. In other words, organizations need adequate capacity to identify existing health inequities and directing resources towards action required to reduce the inequities (Cohen et al, 2013).  We reviewed and synthesised existing frameworks (Cohen et al, 2013; Lambton Public Health, 2017; Meyer et al, 2012; BARHII, nd) to identify a unified approach for public health equity capacity:   * Meyer et al. (2012) present a framework for public health services and systems research that identifies eight constructs of public health capacity. * Cohen et all (2013) propose a conceptual framework for organizational capacity for public health equity action developed through a review of the literature and expert consultation with Canadian health equity champions. They identify elements of the external and internal environment that make up an organization’s ability to improve health equity. * In a practice context, Lambton Public Health (Canada) uses a framework with seven elements of capacity that contribute to health equity action across three levels: individual, organizational and system. Lambton draws on Meyer et al (2012) and has been piloted with several program teams. * The Bay Area Regional Health Inequities Initiative (United States) developed a framework on workforce competencies and organizational characteristics for addressing health inequities (BARHII, nd).   We then developed a practice framework that prioritizes social determinants of health equity goals and focuses on an organization’s ability to fulfil roles and approaches for public health equity action (NCCDH, 2013; NCCDH 2017) This framework is being piloted through the course of the Organizational Capacity for Health Equity Initiative.  **Proposed format of the session**  12 minute presentation will introduce the practice framework. Participants will have an opportunity to interact with the framework during the discussion.  **Conference theme and/or subthemes addressed**  Ensure health equity throughout the life course, within and among countries, making each member of the global society an empowered lifelong learner |

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| **Title of Presentation 2:** Building capacity for community engagement at Ottawa Public Health |
| **Maximum 2500 characters (including spaces but excluding title)**  **General Objective**  With a unique mix of urban, suburban, and rural areas, Ottawa Public Health provides programs and services to close to 1 million diverse residents. A quarter of Ottawa residents are born outside of Canada and almost 1 in 4 is racialized. Sixty percent of Ottawa residents speak English only, 37% speak both English and French, and 2% speak French only. Two and half percent of the population identify as Indigenous (First Nation, Métis, or Inuit). Effective community engagement can improve the quality and responsiveness of health promotion programs and interventions for communities. Meaningful involvement of affected communities in planning, delivery and evaluation of programs and services has demonstrated health and social benefits for many groups experiencing marginalization.  This session will discuss Ottawa Public Health’s organizational change process to develop consistent community engagement practices to: (1) enhance decision- making about program and service delivery and client interventions, and inform program improvements; and (2) improve both client outcomes and client experience.  The approach being taken includes the development of a community engagement framework and engagement policy that incorporate an explicit health equity/SDOH perspective. This framework will articulate OPH’s vision for client and community engagement, its goals as well as guiding principles, and requirements for all OPH programs and services to undertake client engagement activities. This work will assist OPH to modify and orient public health programs and services to reduce inequities.    **Proposed format of the session**  A 12 minute presentation to introduce the approach to community engagement being adopted by Ottawa Public Health.  **Conference theme and/or subthemes addressed**  Ensure health equity throughout the life course, within and among countries, making each member of the global society an empowered lifelong learner |

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| **Title of Presentation 3:** Implementing a health equity lens in opioid overdose surveillance & reporting at Interior Health |
| **Maximum 2500 characters (including spaces but excluding title)**  **General Objective**  Interior Health (IH) provides health services to over 750,000 people across a large geographic area covering 215,000 square kilometers. IH’s geography includes larger cities and a multitude of rural and remote communities. IH is home to 54 First Nations communities and 15 Metis communities, who represent 7.7% of IH’s total population.  In the context of an escalating public health opioid overdose emergency, there is an urgent need for actionable data that informs effective and coordinated responses by the health system and its partners. While the risks associated with substance use are not limited to particular segments of the population, the distribution of harms related to the overdose emergency in BC varies predictably across a structural vulnerability gradient; those people at the bottom of the gradient remain most impacted by an inequitable burden of overdose- related harms. Given the dearth of actionable data related to overdose, particularly on social determinants of substance use-related harms and local risk environments, this project is timely and important.  Interior Health is implementing a health equity lens in the reporting, monitoring and surveillance practices related to the overdose crisis, guided by the “Equity-integrated PHSR (EI-PHSR) action framework”. This session will discuss progress on the objectives to:   1. Improve practices related to reporting, monitoring and surveillance of the overdose   crisis to inform equity-oriented actions.   1. Consider how the “Aboriginal Self-Identification” measure at IH can be used for   reporting on health status from an equity-oriented perspective.   1. Explore how health equity considerations can be incorporated into health status   reporting practices at Interior Health.  **Proposed format of the session**  12 minute presentation  **Conference theme and/or subthemes addressed**  Ensure health equity throughout the life course, within and among countries, making each member of the global society an empowered lifelong learner |

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| **Title of Presentation 4:** VicHealth’s (Australia) health equity experience |
| **Maximum 2500 characters (including spaces but excluding title)**  **General Objective**  To share VicHealth’s approach to promoting health equity in Victoria (Australia) over the past decade. We hope that other organisations will be encouraged to work and learn with us, potentially adopting similar approaches to ensure health equity is considered when developing action to improve health and wellbeing of populations.  Participants will learn about the following key topic areas:   1. VicHealth’s approach to health equity – outlining the development of a conceptual framework *Fair Foundations* to guide our work in health equity.  The framework depicts the determinants of health inequities as different layers of influence (individual; daily living conditions; and socioeconomic, cultural and political context) and entry points for health promotion action.      1. Organisational capacity building for health equity promotion – outlining our approach to integrating health equity across VicHealth through 7 key action areas.      1. Challenges in health equity promotion – highlighting some of the key challenges we have encountered in embedding a health equity approach to our work.      1. Health equity in action – providing examples of our work that have incorporated a health equity approach.   **Proposed format of the session**  12 minute presentation      **Conference theme and/or subthemes addressed**  Ensure health equity throughout the life course, within and among countries, making each member of the global society an empowered lifelong learner |

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| **Title of Presentation 5:** Strategies for developing organizational capacity for health equity |
| **Maximum 2500 characters (including spaces but excluding title)**  **General Objective**  Public health organizations seeking to reduce health inequities are challenged to embody values of equity and social justice to transform their own organizations from within. Through knowledge synthesis, an international learning circle and practice experience, we are identifying *how* organizations can develop their capacity to improve health equity.  This session will present considerations for implementing complex health equity organizational change projects. We will discuss the importance of shifting practice at the individual, process and organizational levels.  Some themes to be discussed include:   * Building a change process with internal and external stakeholders * Engaging leaders in health equity change * Characteristics of supportive and enabling leadership * Embedding health equity in routine organizational processes and * Organizational learning   We will share tools to support the organizations to adopt and implement equity-oriented change.  **Proposed format of the session**  12 minute presentation  **Conference theme and/or subthemes addressed**  Ensure health equity throughout the life course, within and among countries, making each member of the global society an empowered lifelong learner |