



Changing Internal Practices to Advance Health Equity

Originally presented: August 28, 2019
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Human Impact Partners

Through research, advocacy, and capacity-building, we bring the power of public health to campaigns and movements for a just society

Issues We Focus On



Criminal Justice



Economic Security



Immigration

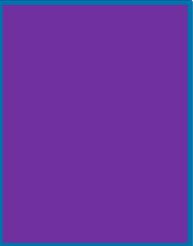


Housing



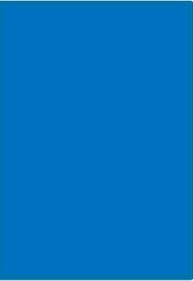
Land Use and Transportation

Overview



Championing Transformative Change

- Transactional vs. Transformational
- Changing Organizational Culture



Developing a Shared Analysis

- Our Theory of Change
- Power and Oppression
- Role of Government/Public Health



Changing Internal Practices

- Intro to the Health Equity Guide
- Examples and Case Studies
- Organizational Change Theory

Poll: Where do you work?



Championing Transformative Change: Transactional vs Transformational

Transformation!



Defining Health Equity

Health equity means that everyone has a fair and just opportunity to be as healthy as possible.

To achieve this, **we must remove obstacles to health:**

- Poverty
- Discrimination
- Deep power imbalances

And the consequences of these obstacles



Adapted from Paula Braverman and colleagues in the RWJF commissioned paper, “*What is Health Equity? And What Difference Does a Definition Make?*”

What do we mean by transformation?

Transactional approaches are **issue-based** efforts that help individuals negotiate existing structures. These solutions “transact” with institutions to get a short-term gain for communities, but **leave the existing structure in place**.

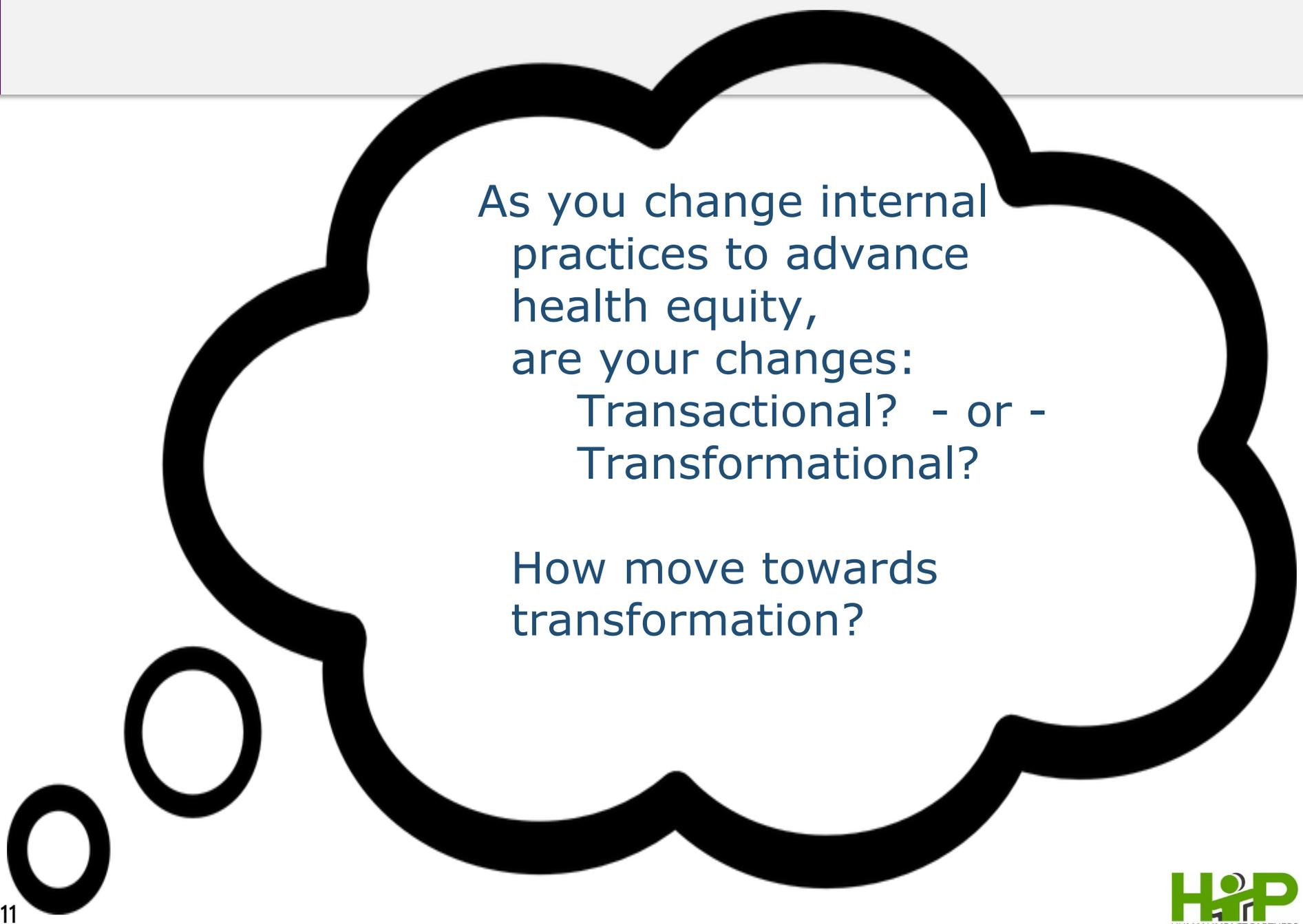
Transformational approaches are policy initiatives **that cross multiple institutions** that shift efforts towards pro-active solutions. These solutions alter the ways institutions operate thereby **shifting cultural values and political will** to create equity.

Transactional and Transformational Problems

	Technical Problem / Transact	Adaptive Problem / Transform
Problem identification	Easy	Difficult (easy to deny)
Approach	Routine solutions using skills and experience readily available	Require changes in values, beliefs, roles, relationships, and approaches to work
People responsible	Often solved by an authority or expert	Solved by the people with the problem
Changes required	Require change in just one or a few places; often contained within organizational boundaries	Require change in numerous places; usually cross organizational boundaries
Receptivity	People are generally receptive to technical solutions	People try to avoid the work of "solving" the adaptive challenge
Timeframe	Can be implemented quickly - even by edict	"Solutions" take long to implement and require innovation & experimentation

Examples of Solutions

Problem	Transactional	Transformational
Limited Access to Food	Organize donation drive for food pantry	Invest in grocery stores/co-ops and community gardens in food deserts
Barriers to Health Care	Organize health fairs, Translate materials	Expand Medicaid for All, Increase diversity of health care providers
Poor working conditions	Educate workers about their labor rights; offer personal protective equipment	Strengthen labor and OSH enforcement regulations and penalties for employers
Limited transport	Offer travel vouchers to clinic	Expand public transportation services in neighborhoods with limited
Discrimination	Provide cultural competency trainings	Address structural racism in all aspects of work/public policy
Limited Income	Provide financial education	Raise minimum wage, Offer more publicly subsidized loans (education, mortgages), Prevent predatory lending



As you change internal
practices to advance
health equity,
are your changes:

Transactional? - or -
Transformational?

How move towards
transformation?

Championing Transformative Change: Changing Organizational Culture



THE LONGER YOU SWIM
IN A CULTURE, THE MORE
INVISIBLE IT BECOMES

Cultural norms that facilitate inequity and stymie equity work

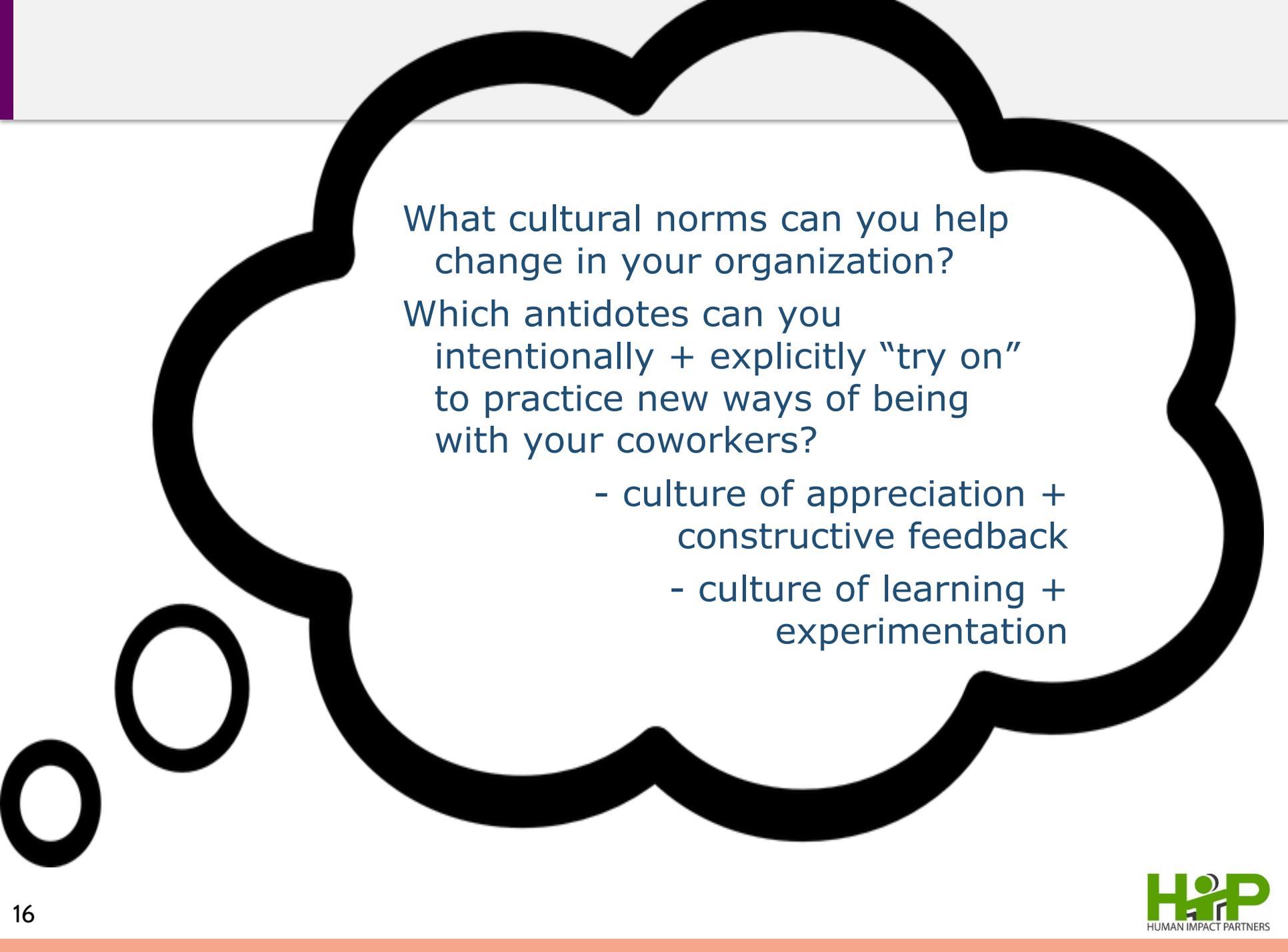
- Perfectionism
- Sense of urgency
- Defensiveness
- Quantity over quality
- Worship of written word
- One right way, best way
- Paternalism
- Fear of conflict
- Individualism
- Scaling up - progress means bigger, more
- Objectivity
- Right to comfort
- Either/Or
- Power hoarding

From Tema Okun and Kenneth Jones.

<http://www.dismantlingracism.org/white-supremacy-culture.html>

Transforming Organizational Culture

Norms	Antidotes
Perfectionism	<ul style="list-style-type: none">• Develop Culture of Appreciation• Embrace Learning from Mistakes
Either/or thinking	<ul style="list-style-type: none">• Create space and time for seeing things another way• Notice when simplifying complex issues, particularly when the high stakes or urgent decisions
Worship of the Written Word	<ul style="list-style-type: none">• Acknowledge multiple ways of knowing, learning, getting to same goal + need to learn about others' ways of doing/being• Notice how different ways of doing may improve your approach
Fear of open conflict	<ul style="list-style-type: none">• Prep for Conflict – Role play, politeness vs. raising hard issues• Learn from Conflict – what could be done differently next time
Quantity over quality	<ul style="list-style-type: none">• Be clear/value how do your work (eg in values statement, process evaluation measures)• Learn to recognize times when need to get off agenda to address underlying concerns

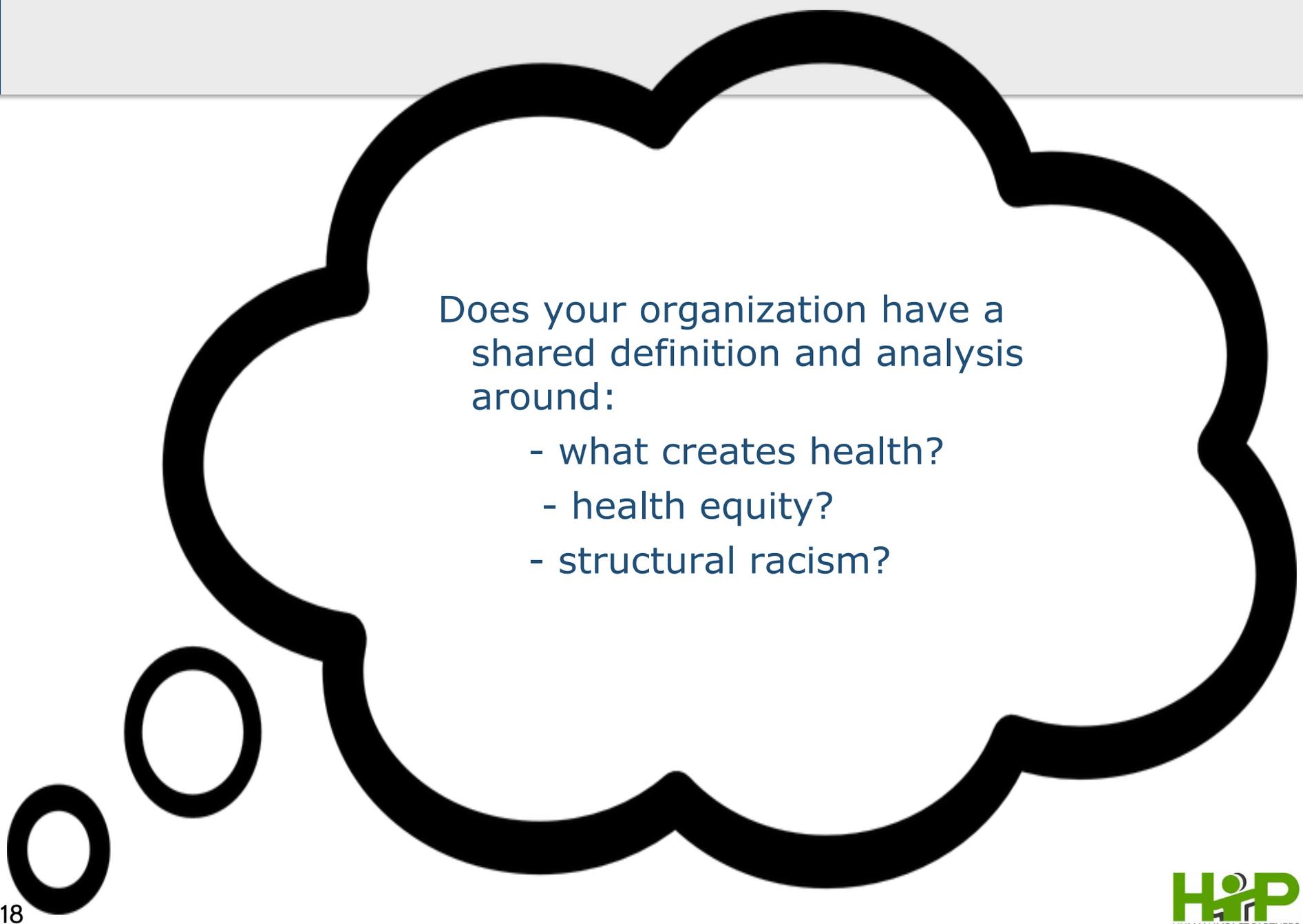


What cultural norms can you help change in your organization?

Which antidotes can you intentionally + explicitly “try on” to practice new ways of being with your coworkers?

- culture of appreciation + constructive feedback
- culture of learning + experimentation

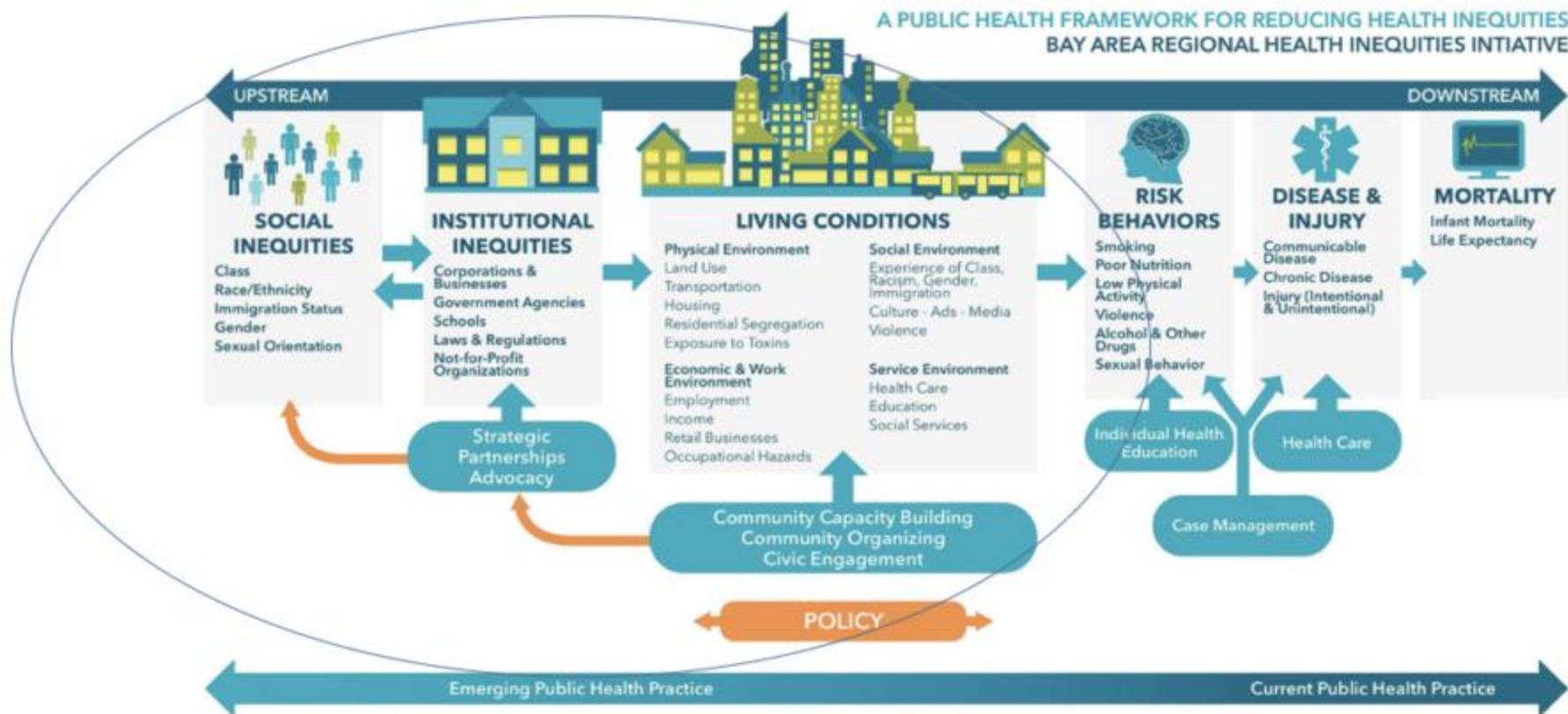
Developing a Shared Analysis: Our Theory of Change



Does your organization have a shared definition and analysis around:

- what creates health?
- health equity?
- structural racism?

BARHII Framework



Our Inside/Outside Theory of Change



To systematically address **power imbalances**, racism, and other forms of oppression – the roots of health inequities – public health must pursue a wall-to-wall **transformation**.



On the **inside**, we must:

- Build internal capacity and a will to act
- Work to change government



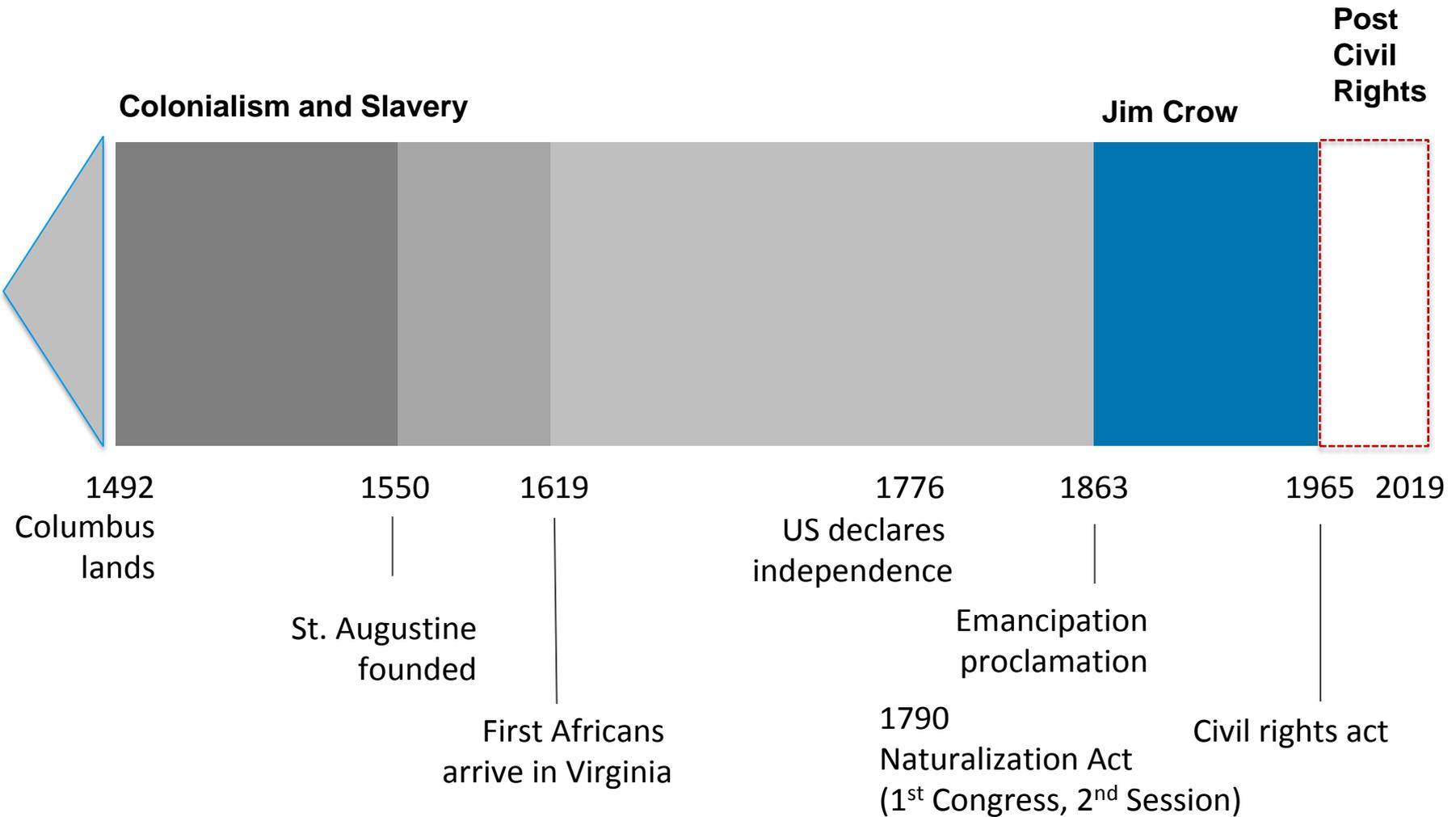
And on the **outside**, we must:

- Partner and strategize with community

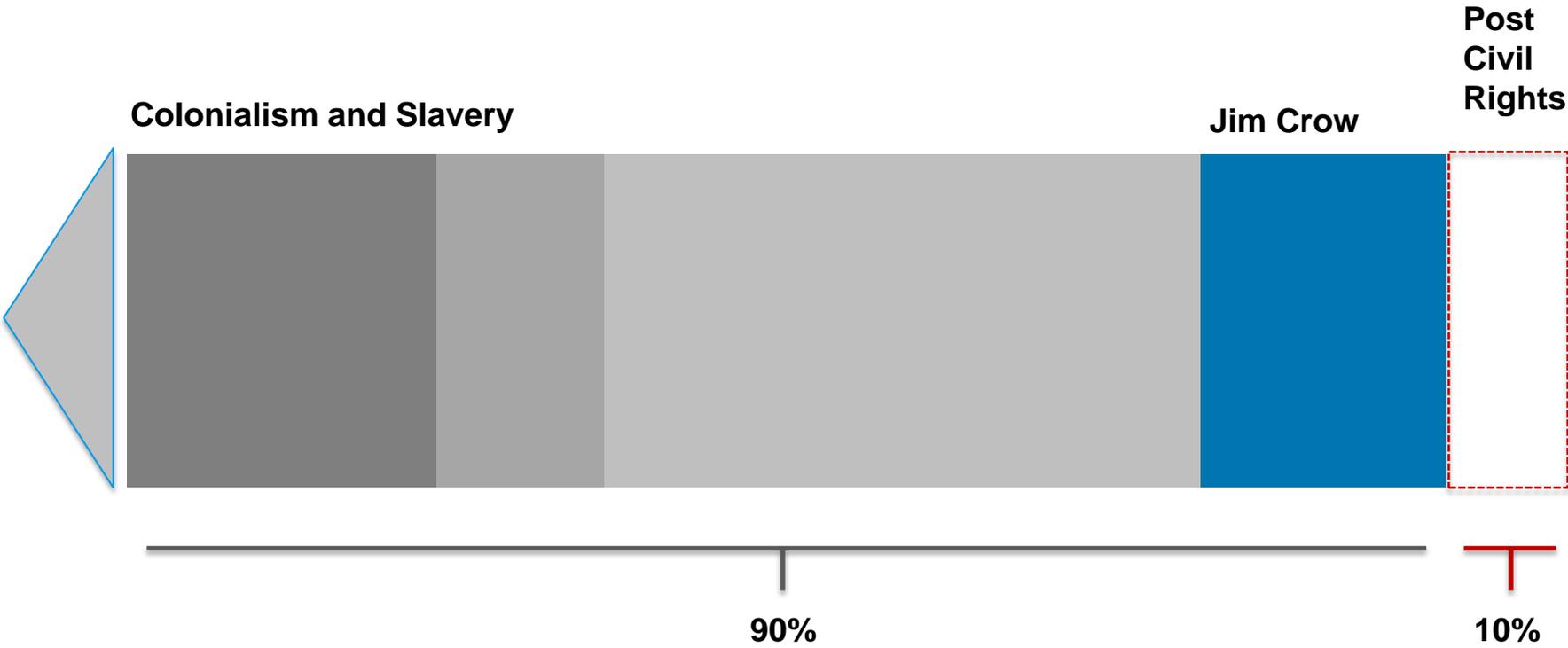


Developing a Shared Analysis: Power and Oppression

The Power Imbalance Developed Over History



The Power Imbalance Developed Over History



Racism is...

“... **a system** of structuring opportunity and assigning value based on phenotype (“race”), that:

- **unfairly disadvantages** some individuals and communities
- **unfairly advantages** other individuals and communities

....**undermines realization of the full potential** of the whole society through the waste of human resources.”

- Dr. Camara Jones, Former President of the APHA

“...**a system of advantage based on race.**”

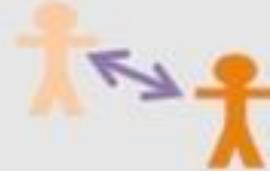
- David Wellman, Portraits of White Racism

Lead with Structural Racism



INTERNALIZED

Beliefs within individuals
Stereotype Threat



INTERPERSONAL

Bigotry between individuals,
Racial Anxiety



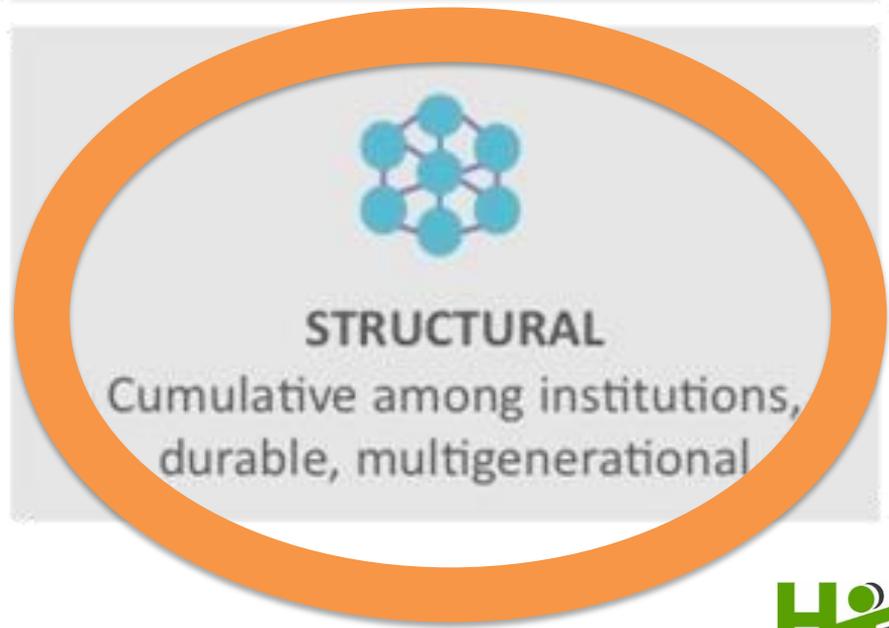
INSTITUTIONAL

Bias within an agency, school. . .



STRUCTURAL

Cumulative among institutions,
durable, multigenerational



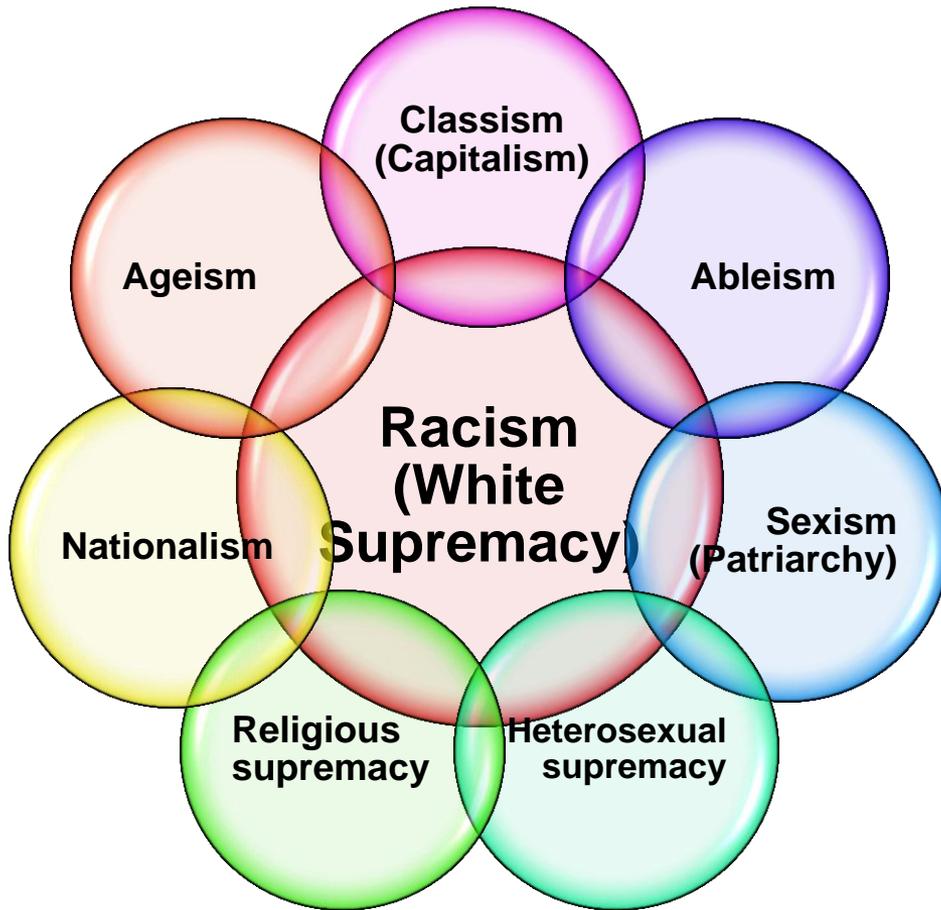
Groundwater Approach:

Racial inequities persist in every system, w/o exception

System	Term	Definition
Child welfare	Disproportionality	Refers to the proportion of ethnic or racial groups of children in child welfare compared to those groups in the general population. ¹
Health	Health Disparity	Healthcare disparities refer to differences in access to or availability of facilities and services. Health status disparities refer to the variation in rates of disease occurrence and disabilities between socioeconomic and/or geographically defined population groups. ²
Juvenile justice	Disproportionate minority contact ("DMC")	Refers to the disproportionate number of minority youth who come into contact with the juvenile justice system. ³
Education (Achievement)	Achievement gap	When one group of students (such as, students grouped by race/ethnicity, gender) outperforms another group and the difference in average scores for the two groups is statistically significant ⁴
Education (Special Ed.)	Disproportionate Representation	Refers to the "overrepresentation" and "underrepresentation" of a particular demographic group in special education programs relative to the presence of this group in the overall student population. ⁵
Economic Development	Historically Underutilized Businesses	Businesses that are disadvantaged and are deemed in need of assistance to compete successfully in the marketplace. ⁶

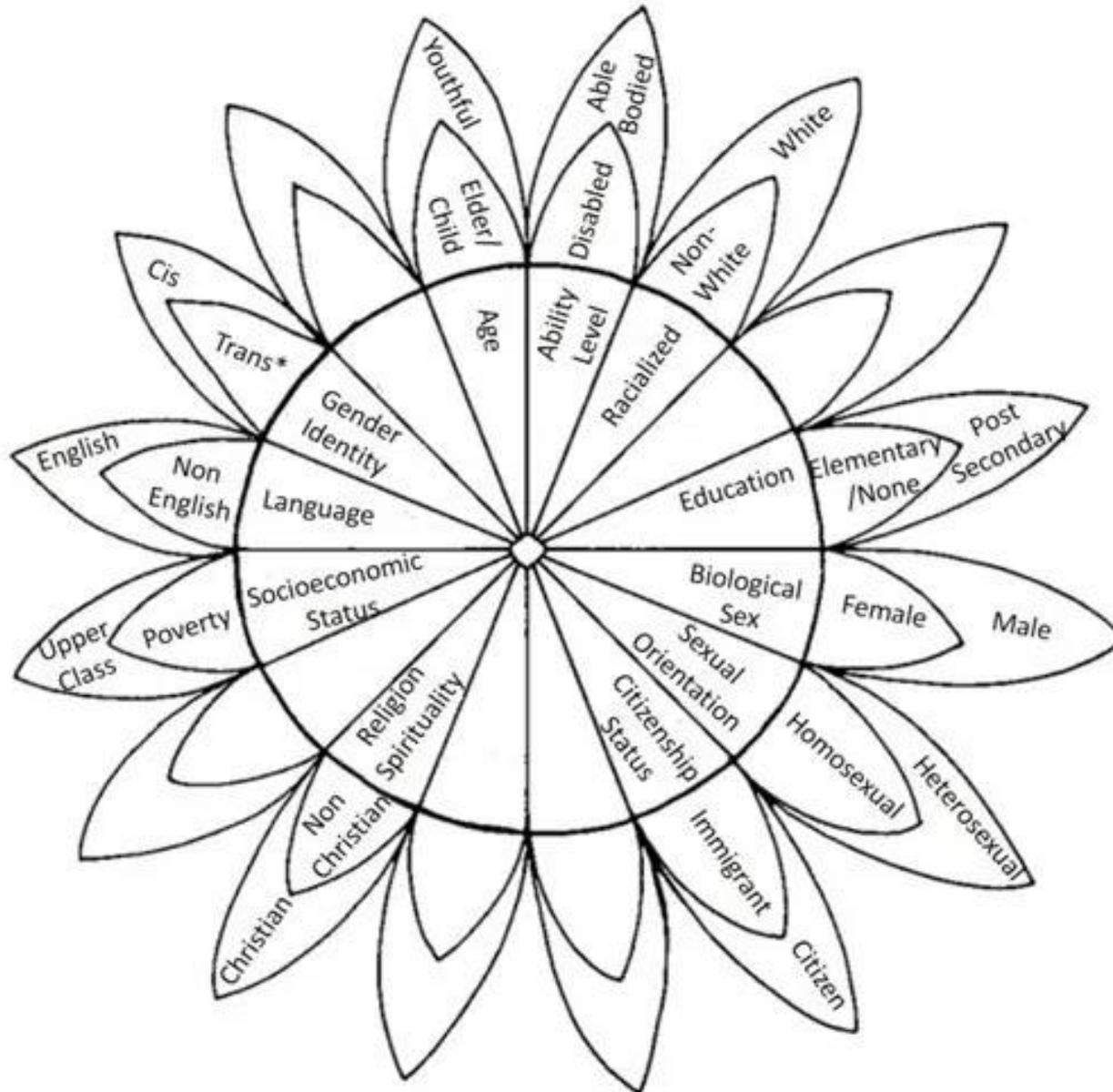
Source: Bayard P. Love Consulting

Oppression Is Used to Maintain Power



... all contribute to systemic, avoidable, unfair, and unjust health outcomes and are used intentionally to maintain power.

Power Can Shift Along Dimensions of Identity

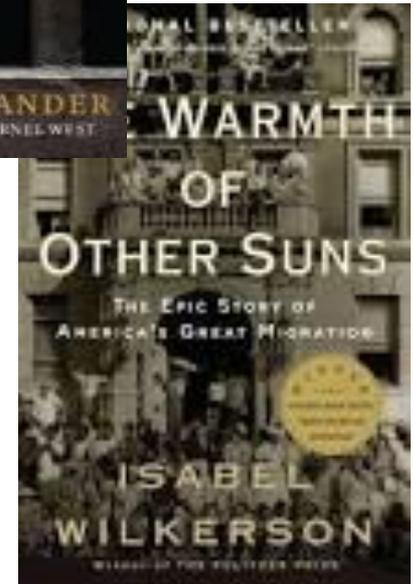
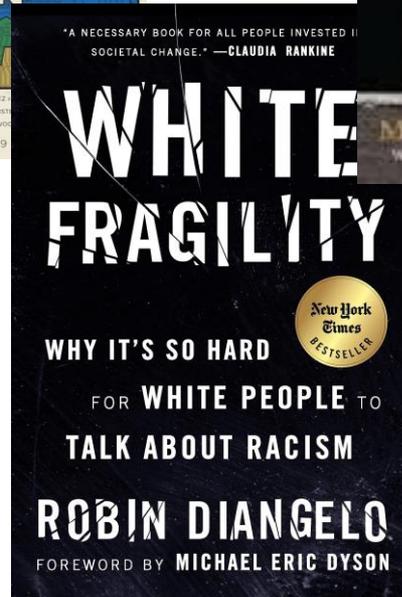
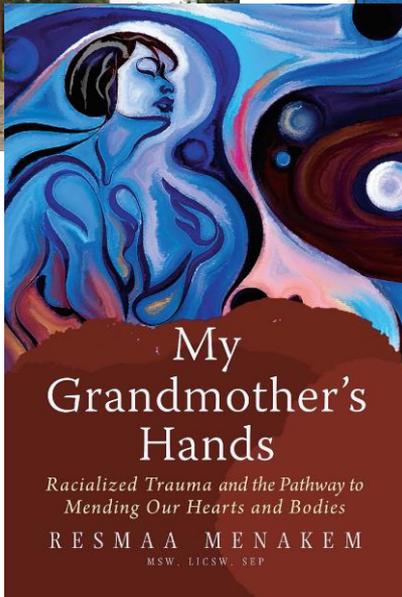
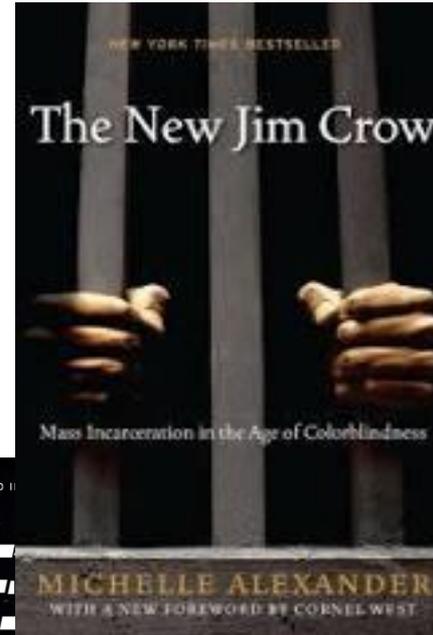
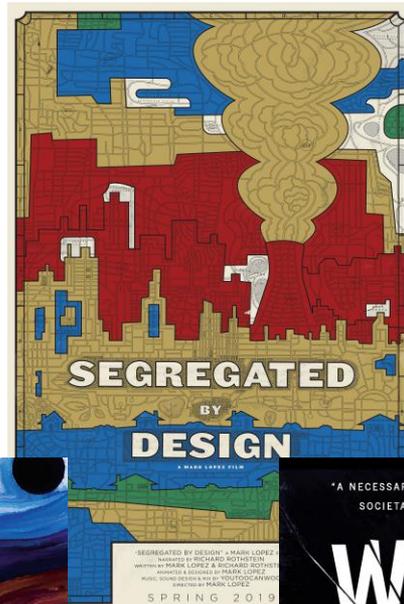
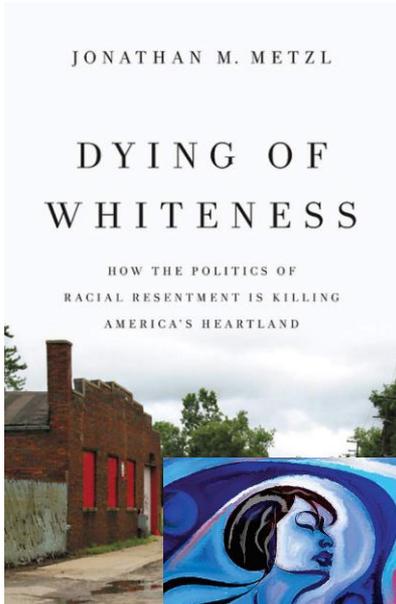




How can your organization support leading with people's lived experiences and shared values and goals?

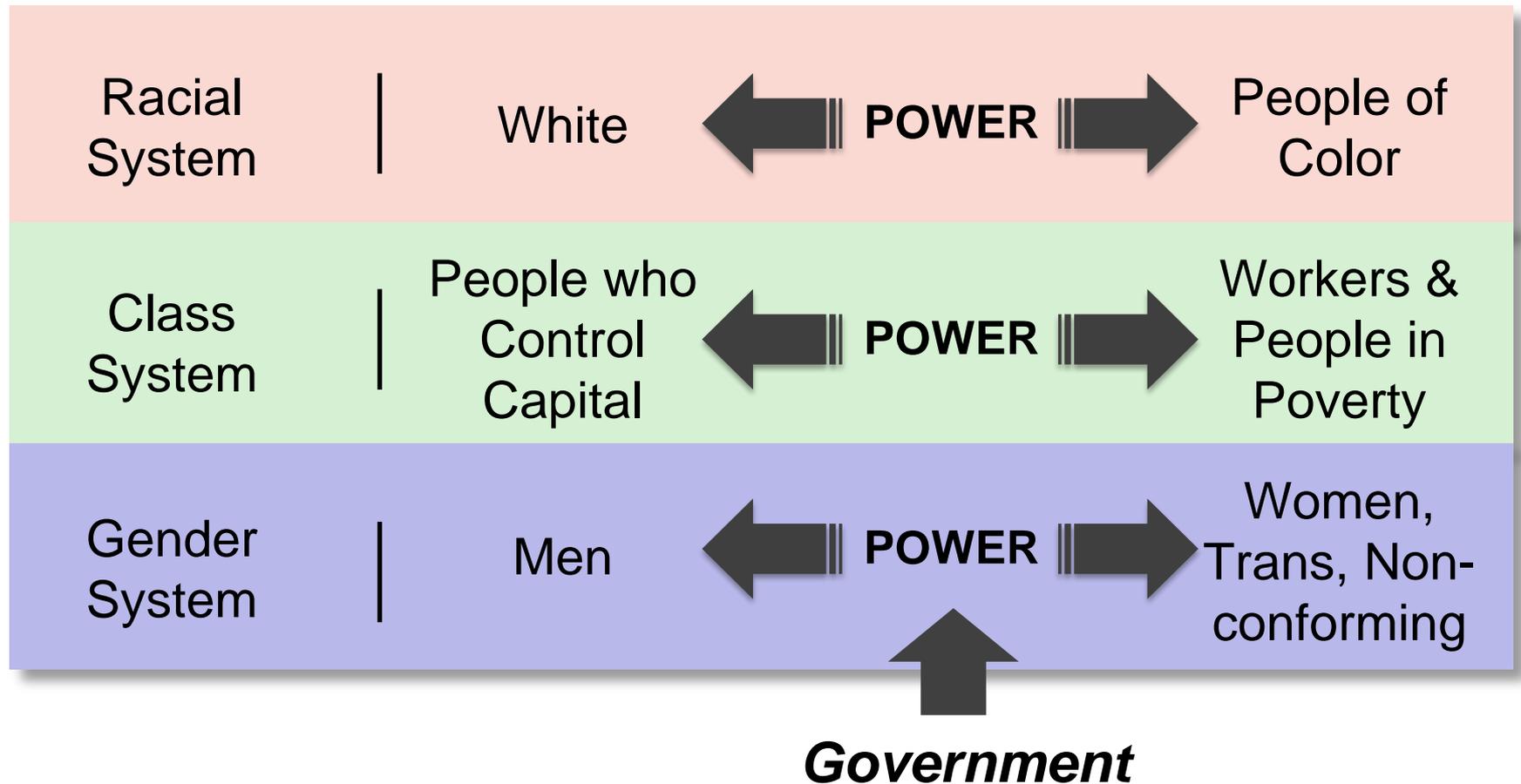
How can your data, your policies and your practices help connect those lived experiences to the systems that need to change to address health equity?

Deepening our analyses...



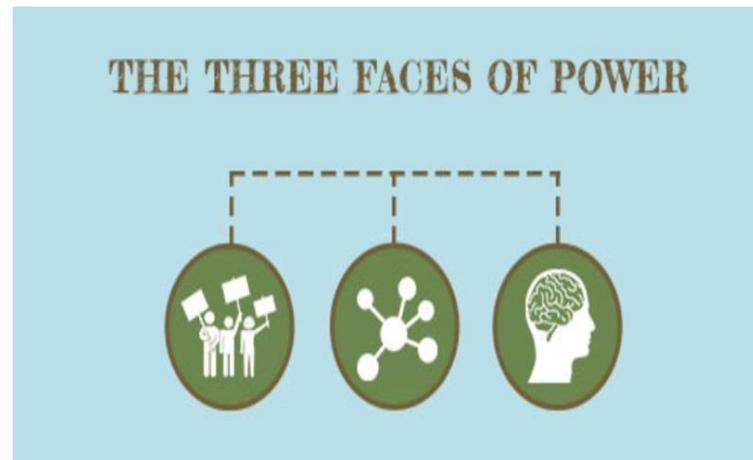
Developing a Shared Analysis: Role of Government and Public Health

Unpacking Power + Oppression



What do we mean by power?

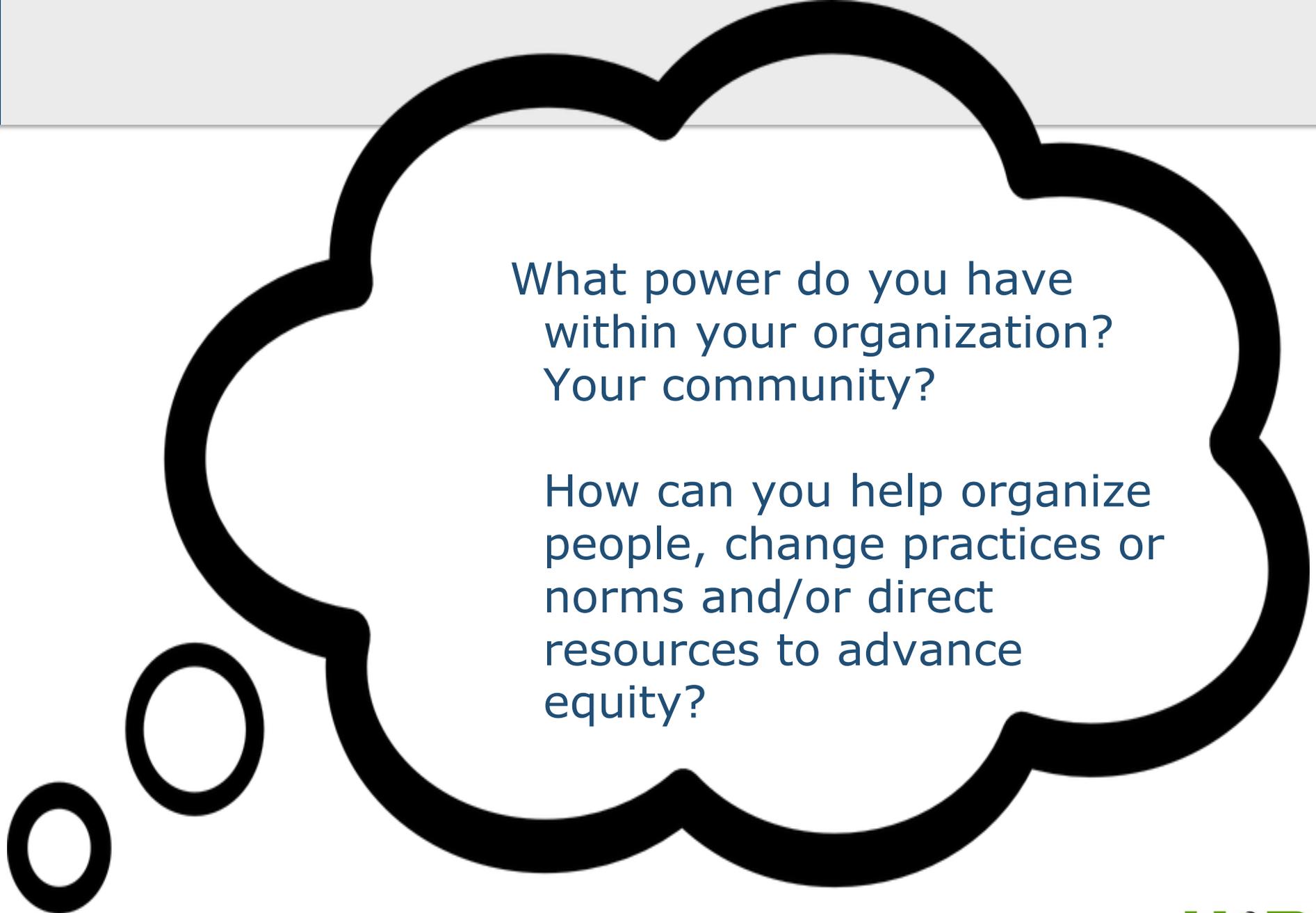
“Power is the ability to achieve a purpose. Whether or not it is good or bad depends upon the purpose.” -- Dr. Martin Luther King



Organizing
people and
resources for
direct political
action

Building
infrastructure
and shaping
the political
agenda

Making and
shaping
ideology and
worldview



What power do you have
within your organization?
Your community?

How can you help organize
people, change practices or
norms and/or direct
resources to advance
equity?

Changing Internal Practices: Intro to the Health Equity Guide

There's a Growing Movement...



85% of public health employees nationally believe their agency should be somewhat or very involved in affecting health equity
— *PHWINS 2017*

Having a strong commitment to health equity significantly associated with:

- Higher-quality and more diverse partnerships
- Having leaders who are thought of as high quality + effective at managing change

— *NACDD-PRC 2017*

Health departments are building power for health equity

After years of struggling to close health disparities, a new movement has taken root: health departments are using a set of strategic practices to confront the power imbalances and forms of oppression at the root of health inequities, change the conversation about what creates health equity, develop leadership and support innovation, and build a movement for health equity.

Strategic Practices

<



**Mobilize Data,
Research, &
Evaluation**



**Build
Organizational
Capacity**



**Change Internal
Practices and
Processes**



**Prioritize Upstream
Policy Change**



Allocate Resources

>



[See All Strategic Practices](#) →

We want to scale up this transformation

This website is structured around a set of [strategic practices](#) that health departments can apply to more meaningfully and comprehensively advance health equity. Over and over, more health departments are asking “What are the strategic steps we can take to advance health equity at our health department?” This resource showcases success stories from across the United States to answer this question.

Our Inside/Outside Theory of Change



To systematically address **power imbalances**, racism, and other forms of oppression – the roots of health inequities – public health must pursue a wall-to-wall **transformation**.



On the **inside**, we must:

- Build internal capacity and a will to act
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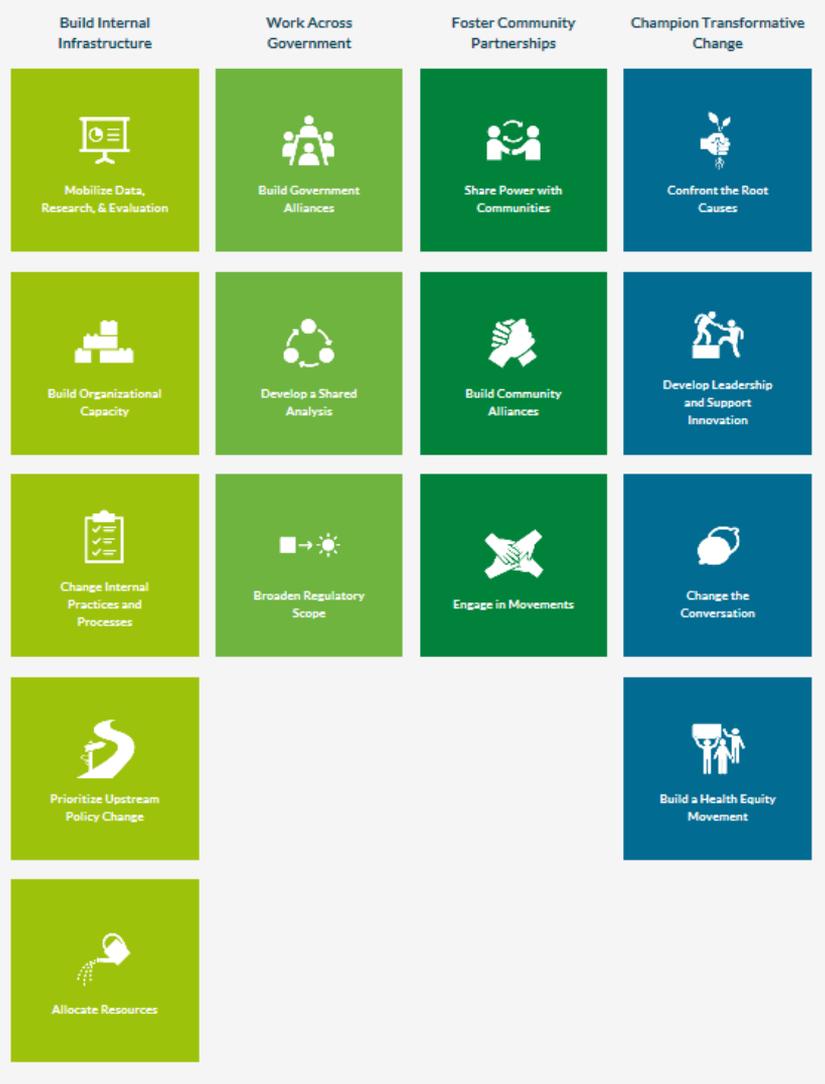


And on the **outside**, we must:

- Partner and strategize with community



15 Strategic Practices



Build Internal Infrastructure

- Mobilize data, research, and evaluation
- Build organizational capacity
- **Change internal practices and processes**
- Prioritize upstream policy change
- Allocate resources

Work Across Government

- Build government alliances
- Develop a shared analysis
- Broaden administrative + regulatory scope

Foster Community Partnerships

- Share power with communities
- Build community alliances
- Engage in movements

Champion Transformative Change

- Confront root causes
- Develop leadership and support innovation
- Change the conversation
- Build a health equity movement

Changing Internal Practices: Examples + Case Studies

Changing Internal Practices - Examples

- Leverage **mission, vision, values statements, and strategic plan** to advance/commit to equity
- Include **health equity language** + analysis/approach in:
 - **Contracts/RFPs/contract review**
 - **Grant making and grant reviewing**
 - **Hiring and human resources**
 - **Workforce development**
 - **Data acquisition and analysis**
 - **Budgeting + resource allocation**
 - **Other key organizational processes and procedures**
- Use recruitment, retention, promotion, and training policies to ensure **staff reflect demographics** of communities served
- Use **performance management and QI** to continuously improve policies, processes, and programs that advance health equity
- **Examine policies, rules, and regulations** that facilitate or inhibit working upstream
- Ensure **resources are not reinforcing cultural bias, barriers, and inequities**

Changing Internal Practices: Sample Resources on HealthEquityGuide.org



- GARE's Contracting for Equity Resources
- Tacoma's Equitable Hiring Handbook + Budgeting Tool
- BARHII + Ingham County's Health Dept Self-Assessment Questions
- CCC's Protocol for Culturally Responsive Organizations
- Nexus' Community Engagement Assessment Tool
- King County's Equity Impact Review Tool
- Colorado's Measuring Performance to Advance Equity

Equity Analysis Tools

Designed to integrate explicit consideration of equity in policies, practices, programs, and budgets.

Can help develop strategies and actions that reduce inequities and improve success for all groups.

Provide a structure for operationalizing the consideration of equity. It is both a product and a process.

- *However, it is not sufficient by itself to advance equity or eliminate inequities.*

A photograph of a snowball rolling down a snowy slope. The snowball is in the lower right foreground, and a trail of snow extends from it up the slope towards the top left. The background is a vast, snow-covered landscape under a clear sky.

The Snowball Effect...
...you just need to get it rolling

Case Study: Colorado



Colorado Department of Public Health + Environment

2011	Governor requires LEAN analysis of programs – discover isolated groups working on health equity and environmental justice programs
2012	Health Equity and Environmental Justice Collaborative formed, includes representation from every division
2016	Organized Health Equity + Environmental Justice 101 Training for all 1400+ staff
2016	Developed boilerplate language on structural inequities for use in all agency publications
2017	Including health equity metrics in ongoing performance and evaluation measures
2018	Developed framing memo + other equity tools
Impacts	<ul style="list-style-type: none">• Leadership buy-in contributed to cultural shift in department• Local health departments using training and tools

Case Study: Harris County, TX



Harris County
Public Health
Building a Healthy Community

2013	<ul style="list-style-type: none">• New Exec Director Hired, 5 Year Strategic Plan uses <i>equity</i>, not disparities
2014	<ul style="list-style-type: none">• Staff health equity assessment + top 10 execs complete NACCHO Training• Academics complement agency's data capacity on SDOH and equity• New Health Equity Coordinator: develops Health Equity Workplan, Framework and Policy, Staff Training, Resource Library + begins building relationships
2015	<ul style="list-style-type: none">• Develop Agency-wide Health Equity Infrastructure:<ul style="list-style-type: none">• Health Equity Policy (outlines high-level expectations)• Health Equity Procedures (step-by-step instructions and checklist)• Health Equity Workplans (retrofits for each division/office/major program)
2016	<ul style="list-style-type: none">• Developed Health Equity Advisory Charter and Dashboard• Launches training 101, 201 and 301s to develop department champions• Receive NACCHO Large LHD of Year Award for health equity work

Positions	Examples of Advancing Health Equity	Examples
<p>Home-visiting staff</p> <p>(Community health, nurses, disease intervention)</p>	<ul style="list-style-type: none"> • Document housing affordability + habitability issues like mold, safety, unresponsive landlords and impacts on clients' health • Document client perspectives on social determinants needs • Connect clients to legal services for landlord accountability • Support client and service provider participation in HD planning and policy work (E.g. CHA, CHIP, strategic plan) • Work with public housing authority to ensure slots for housing-insecure pregnant women 	<p>Alameda County</p> <p>Harris County</p> <p>Boston</p>
<p>EH Inspectors / Code Enforcement</p>	<ul style="list-style-type: none"> • Work with home-visit staff, worker centers, labor enforcement to identify + investigate "problem" landlords and employers • Pilot joint, proactive inspections with community partners • Document code violations triggering kid asthma attacks 	<p>San Francisco</p> <p>Alameda County</p>
<p>Human Resources</p> <p>47</p>	<ul style="list-style-type: none"> • Track and publish race, ethnicity, languages spoken, gender, age, longevity with health department and other factors of health department applicants + employees • Work with Epi/Data to do community profile, assess health department capacities to speak and engage with communities served in jurisdiction • Apply equitable hiring process tools to assess current practices • Promote employee 1:1s and volunteering outside department • Incorporate health equity principles into job descriptions • Ask questions that elicit the applicant's experience and perspective 	<p>King County</p> <p>Kansas City</p> <p>Colorado</p> <p>Rice County</p>

Positions	Examples of Advancing Health Equity	Examples
Data/ Records	<ul style="list-style-type: none"> • Develop and/or implement policies, best practices and training for collecting and using social determinants in Electronic Health Records • Identify opportunities to screen for hunger, housing, income, employment, education, family needs, and other social determinants in intake forms, disease surveillance, and other routine data collection • Work to integrate state and/or local databases to facilitate better analytics to coordinate and improve population health services (e.g. child welfare, family services, Medicaid, education, etc) 	North Carolina Oregon Colorado Minnesota
Program Evaluators	<ul style="list-style-type: none"> • Conduct self-assessment to minimize error grounded in cultural biases, stereotypes, and lack of shared worldviews • Examine program’s distribution of money, power, and opportunities among populations + whether disrupting status-quo 	Colorado King County
Finance Directors	<ul style="list-style-type: none"> • Use an equity impact tool to evaluate programs, policies, or budget decisions impacts on health equity • Braid together federal, state, and local prevention, categorical disease, and population health funding to support equity work 	Rhode Island Pierce County King County
Veterinary/ Vector Control	<ul style="list-style-type: none"> • Ensure that spay-neuter-release programs do not only release stray cats into low-income neighborhoods • Use socio-economic indicators such as social vulnerability, poverty, and illegal dumping as criteria for mosquito abatement strategies • Develop prevention and communications plans that prioritize populations experiencing historical inequities, e.g. the homeless and those living in economically disinvested neighborhoods for Zika 	Harris County

Positions	Examples of Advancing Health Equity	Examples
Leadership – Building capacity	<ul style="list-style-type: none"> • Having all senior leadership receive training from HIP or take NACCHO Roots of Health Inequity course together • Set up 80/20 policy for staff – complete tasks in 80% of time, can dedicate up to 20% to work on equity-related projects • Require staff to have 3 1-on-1s with people outside the department per year to build relationships with community and other agencies • Require health equity training for all current and incoming staff • Convene team to conduct internal health equity assessment • Hire outside facilitators to evaluate health equity impacts of programs 	<p>Harris County San Francisco Kansas City Colorado King County Pierce County Boston</p>
Leadership – Change the Narrative	<ul style="list-style-type: none"> • Include health equity values and concepts into strategic plans • Develop boilerplate language to be included in all health dept reports, public communications that talk about structural inequities causing health disparities • Submit op-eds about the importance of addressing structural racism, advancing health equity, and/or 	<p>King County Dane County Colorado New York City Cook County</p>
Leadership – Promote Innovation	<ul style="list-style-type: none"> • Develop change teams within each division/department to develop and implement new ideas of how to implement health equity • Read existing applicable laws and identify opportunities to leverage health department powers – e.g. revoke health permits when found guilty by law enforcement agencies of wage theft, analyze impacts of planning, housing, and transportation plans and propose health interventions 	<p>New York San Francisco</p>

Changing Internal Practices: Organizational Change Theory

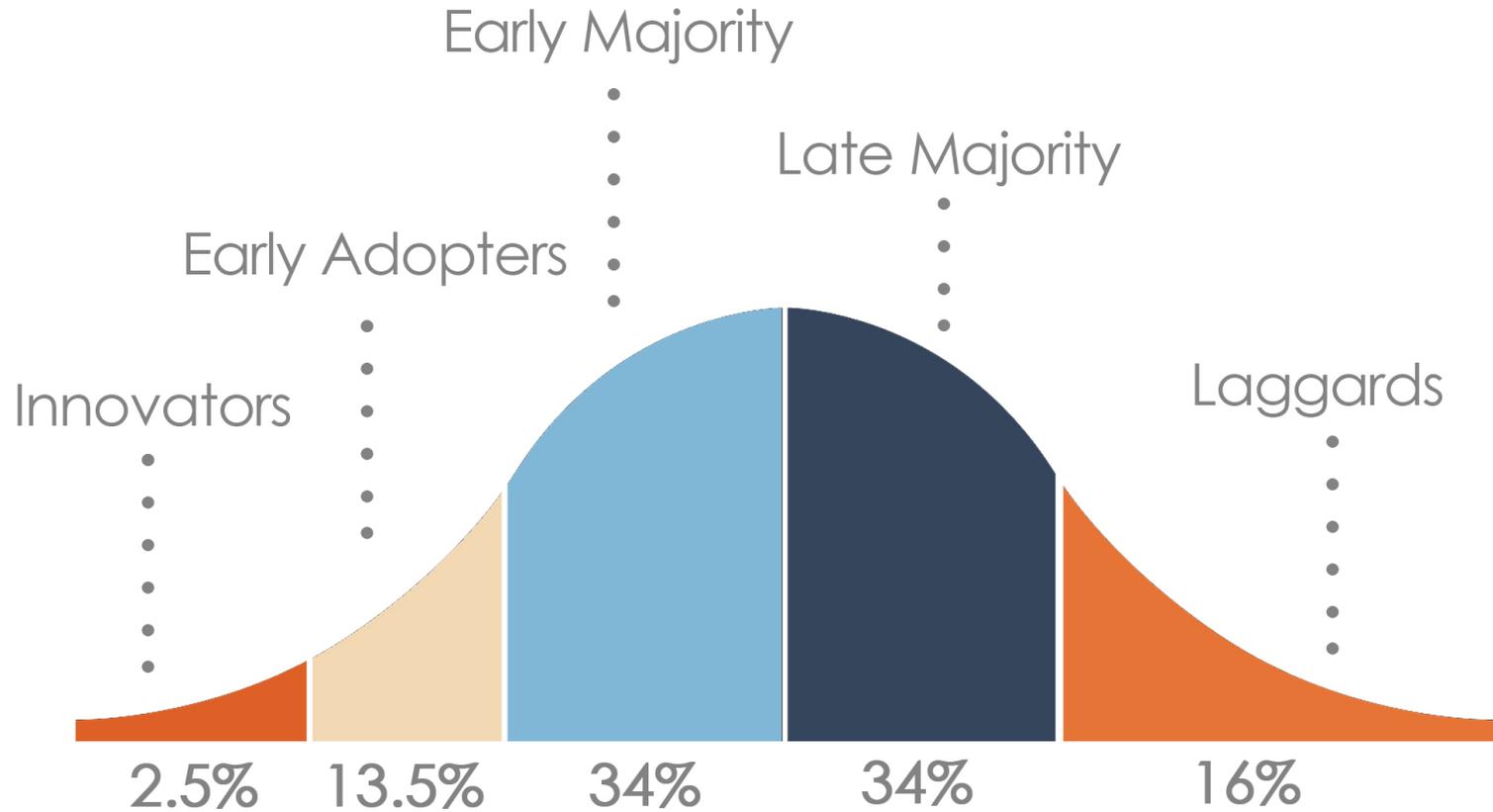
Organizational Change

Organizations change when people change.

Lion's share of resources — in change-making process — is put into the technical aspects of the change and the little of what is left goes into supporting the people.

Need to find the characteristics that motivate change, so that acceptance becomes contagious and spreads more easily throughout an organization.

Diffusion of Innovation



Rogers Diffusion Of Innovation Bell

Take Strategic Risks: Ask Yourself

1. What would I do if I were being more courageous?
2. What will inaction cost me one year from now if I do nothing?
3. Where is my fear of failure causing me to:
 - over-estimate the size of risk?
 - under-estimate myself?
 - hold me back from taking risks that would serve my organization and the people I'm meant to serve?

Source: "Take a Risk: The Odds Are Better Than You Think" Margie Warrell, Forbes.com (June 2013)

“Shifting our way of being *is* our tangible outcome. Systems change comes from big groups making big shifts in being.”

“What we practice at the small scale sets the patterns for the whole system.”

-adrienne maree brown

The Cliff Notes:

Goal = Transformation of Practices + Norms

Changing internal practices is about *WHY* and *HOW* we need to do the work differently. This involves:

- Leading with racism explicitly but not exclusively
- Bringing the head AND the heart into our work
- Developing a collective understanding/analysis and will to act
- Changing organizational norms to embrace change and counter existing power dynamics
- Encouraging innovation, risk taking, and meaningful engagement
- “Going at the speed of trust” – ongoing, humility needed

Capacity Building for Health Equity

Health Department Trainings/ Technical Assistance:

- Black Hawk County, IA
- Volusia County, FL
- Jefferson County, CO
- Maricopa County, AZ
- Solano County, CA
- Rhode Island DOH
- Massachusetts DOH

.....and many more

Health Equity Awakened: Leadership Institute Fellows



View this email in your browser

Health Equity Tips & Tactics

From the Human Impact Partners Team

We love hearing that people are using our Health Equity Tips! In the spirit of experimentation, this summer we are launching a new set of Health Equity Tips to help deepen relationships and dismantle master narratives. Our first step is finding colleagues/allies/peeps to connect and imagine with.

Health Equity Tip #07

Find Your Squad

Thank You!

Megan Gaydos: megan@humanimpact.org



HumanImpact.org
HealthEquityGuide.org
PublicHealthAwakened.com



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