

# Health Equity & Social Justice In Public Health

A DIALOGUE-BASED ASSESSMENT TOOL





## MPHI

MPHI is a nationally engaged, non-profit public health institute located in Michigan. We are a team of teams, process and content experts, dedicated to our vision of building a world where tomorrow is healthier than today! Our mission is to advance population health through public health innovation and collaboration. Our broad network of partners includes academia, government, community-based organizations, and healthcare providers. These connections empower all of us to develop solutions to a wide range of challenges.

## Center For Health Equity Practice

Projects within the Center for Health Equity Practice (CHEP) speak directly to issues of poverty, inequality, and the social systems that contribute to them. This is accomplished by collaborating with partners to implement programs, conduct research, and support strategies including workshops, technical assistance, facilitation, and consultations centered around equity and social justice that address the root causes of inequities.





## ACKNOWLEDGMENTS

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### **The following groups and individuals were critical to the development of the tool:**

Ingham County Health Department (ICHD; Michigan) and its community partners.

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# About This Assessment Tool

This assessment tool was developed to guide teams through a dialogue-based process that will take stock of your organization's readiness and capacity to address health equity and social justice. Designed for public health practitioners and their community partners, this tool is also broadly relevant for diverse sectors that are invested in the well-being and health of the communities they serve.

Using dialogue, the tool guides teams in deep discussion and assessment of their organization's current performance. Many of the responses will be based on subjective perceptions, and the responses of different people regarding the same organization are likely to vary widely; this is the richness of dialogue as a methodology.

As a result of this process of identifying, sharing, and discussing the perceptions of their organization's current practice, the team should

be able to clarify your organization's approach to issues of health equity and social justice, and identify actions or strategies for changing or building upon that approach.

There are four (4) Domains in this organizational self-assessment. They are Leadership, Workforce, Community, and Systems Change.

**Leadership:** Those individuals responsible for establishing the values and guiding the achievement of an organization's vision, mission, and goals.

**Workforce:** The people responsible for developing, implementing, and improving the programs, processes, and policies of an organization.

**Community:** The people with whom and places where individuals and/or groups share a common culture or social system, values, and affinities.

**Systems Change:** A change in the policies, processes, relationships, knowledge, power structures, values, or norms that guide how organizations function internally and in relationship to other organizations.



# The Process

## Individual Reflection and Group Dialogue

This tool is meant to be completed by several individuals that have knowledge and/or experience with your organization's orientation toward health equity and social justice. That group should consist of health department administrators, staff, partners, and stakeholders.

Each member of the group should complete the tool on their own. Then, the group should come together to share and discuss their answers. When answering each item, each participant should choose the description that they feel accurately describes the organization. The focus is on the organization's current practice - not its ideal practice.

In some cases, you may not feel you have enough information to make a judgment on the best description. There are no wrong answers. Choose the description that you think is best, based on the information you have. Whatever your decision, your thought process in making the choice will be useful in the dialogue.

After everyone has completed the tool, come together as a group to share your answers and your reasoning. When possible, give examples or experiences that influenced your selection.

## Planning For Action

During the group's dialogue, stay focused on identifying action steps that are relevant, feasible, impactful, and sustainable. A report detailing the responses of the group should be written up and distributed to all interested parties, including administrators who may be using such a report to guide next steps for the organization.





## Facilitating the Dialogue

As group members share their answers, experiences, and reasoning, keep the following questions in mind:

- ☐ *Overall, what if anything surprised you about completing this instrument or the discussion that followed?*
- ☐ *What concerns or questions does this exercise raise for you?*
- ☐ *What, if any, changes would you like to see in the way your organization does its work, based on this exercise?*
- ☐ *What are some actions or strategies you might pursue to bring about these changes?*
- ☐ *What needs to happen right now in order to pursue these actions or strategies?*



# Shared Vocabulary

## Organization

At the beginning of the assessment process, all participants should agree on the unit of analysis - your entire organization, or a specific department within the organization - and then consistently answer questions based on that agreement.

## Health Equity

A fair and just opportunity to be healthier. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.<sup>1</sup>

## Social Justice

The absence of unfair, unjust advantages or privileges based on race, class, gender, or other forms of difference.

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<sup>1</sup> Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017





## Root Causes of Health Inequity

Racism, class oppression, gender discrimination and exploitation, and other similar systems for disadvantaging one group and advantaging another, which have direct and indirect impacts on population health.

## Multi-disciplinary Competencies

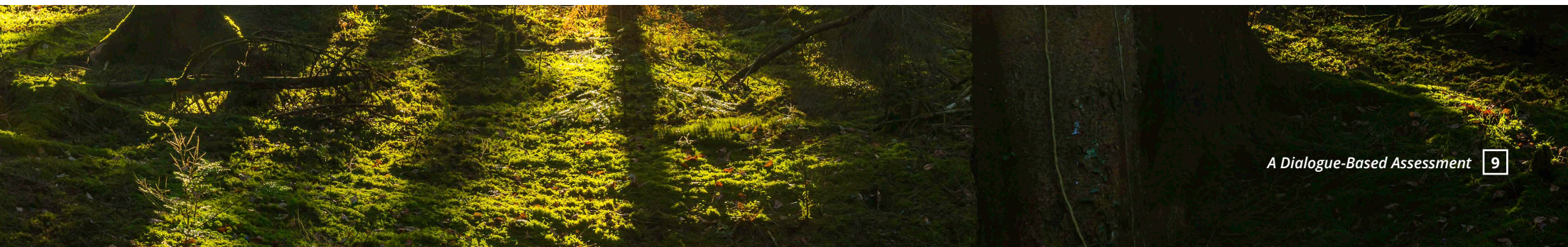
Skills or expertise in areas that may not be conventionally considered directly relevant to public health - for example, community organizing or urban planning.

## Social Determinants of Health

The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, such as the safety and affordability of housing, the quality of schools, neighborhood conditions, economic opportunity, access to transportation, and job security.

## Historically Oppressed Groups

The subjugation and marginalization of specific groups of people within a country or society over time, such as: girls and women, people of color, religious minorities, citizens in poverty, LGBT people, and many more.





# The Assessment & Dialogue





# Assessment Matrix: Leadership

Those individuals responsible for establishing the values and guiding the achievement of an organization's vision, mission, and goals.

## 1. Support Equity as a Value and Social Right

- A.** There is no expression of equity as an organizational value. Equity and social justice are not regularly raised as concerns.
- B.** There is no explicit expression of equity as an organizational value, though equity and social justice are occasionally raised as concerns.
- C.** Equity is explicitly expressed as a value, and some parts of the organization act on a commitment to equity and social justice.
- D.** Equity is explicitly expressed as a value, and the entire organization strives to meet goals related to a commitment to equity and social justice.

## 2. Leadership

- A.** Leaders do not consider health equity and the social determinants in determining policy positions, allocation of work force, and budget decisions.
- B.** Leaders do not explicitly consider health equity and the social determinants of health as criteria in determining policy positions, allocation of work force, and budget decisions, though there is evidence of their influence in some decisions.
- C.** Leaders intentionally avoid considering health equity and the social determinants of health in official decision-making.
- D.** Leaders explicitly use health equity and the social determinants of health as criteria in determining policy positions, allocation of work force, and budget decisions.

## 3. Building Alliances and Coalitions

- A.** Organizational alliances focus exclusively on service delivery and improving the quality of those services.
- B.** The organization has relationships with groups dealing with human rights, civil rights, or social advocacy, but no formal partnerships or collaborations with such groups.
- C.** The organization collaborates with groups dealing with human rights and civil rights, but generally avoids endorsing social changes advanced by these groups.
- D.** The organization intentionally uses its power to advance social change in formal collaboration with groups that deal with human rights and civil rights.

# Assessment Matrix: Workforce

The people responsible for developing, implementing, and improving the programs, processes, and policies of an organization.

## 4. Workforce Recruitment and Hiring

- A.** Health equity and social justice is not considered in recruitment and hiring.
- B.** Health equity and social justice may be considered in recruitment and hiring.
- C.** Health equity and social justice is an important criteria in recruitment and hiring, but this is not an explicit policy.
- D.** Health equity and social justice is an explicit criteria in recruitment and hiring.

## 5. Workforce Training and Development

- A.** The organization provides no staff training in equity and social justice.
- B.** The organization provides only cursory staff training in equity social justice.
- C.** Training in equity and social justice is provided, but is not ongoing and mandatory.
- D.** Training in equity and social justice concerns is ongoing, and mandatory for all staff.

## 6. Communications and Public Education

- A.** The organization does not associate health problems with the underlying social conditions that influence health when providing health information to the media or the community at large.
- B.** Some organizational messages associate health problems with the underlying social conditions that influence health when providing health information to the media or the community at large.
- C.** The organization has devoted time and resources to create greater public awareness of the connection between social conditions, social justice, and health.
- D.** The organization's public information protocols explicitly call for the explanation of social justice implications when providing health information to the media, or to the community at large.

## 7. Evaluation and Data

- A.** The organization uses data to monitor progress and track trends in population health.
- B.** The organization collects data about health disparities to describe how health varies across different populations.
- C.** The organization collects and analyzes data to understand the causes of health disparities.
- D.** The organization applies the insights gained from data analysis to intentionally develop policies and programs that eliminate health inequities.



# Assessment Matrix: Community

The people with whom and places where individuals and/or groups share a common culture or social system, values, and affinities.

## 8. Financial Values

- A.** None of our budget is contracted to entities that are not usually considered part of the public health system.
- B.** Some of our funds are contracted to community entities that are not usually considered part of the public health system, through time-limited projects and programs.
- C.** The organization has policies that obstruct or prevent the allocation of public health funds to outside entities.
- D.** A considerable portion of our funds are contracted to community entities not usually considered part of the public health system.

## 9. Collaborating with Communities

- A.** The organization does not routinely consider ways to involve historically oppressed groups in setting priorities or conducting research.
- B.** At times, the organization considers ways to involve historically oppressed group members in setting priorities or doing research.
- C.** The organization often succeeds in involving historically oppressed group members in setting priorities or conducting research.
- D.** The organization acts on an explicit commitment to involving the community's most historically oppressed members whenever it sets priorities or conducts research.

## 10. Partnering with Communities

- A.** The organization works with neighborhood and community groups to provide information and education about the organization's policies and programs.
- B.** The organization seeks input from neighborhood and community groups to inform the organization's policies and programs.
- C.** The organization includes neighborhood and community groups in the creation of its policies and programs.
- D.** The organization implements policies and programs that are in response to the priorities set by neighborhood and community groups.

# Assessment Matrix: Systems Change

A change in the policies, processes, relationships, knowledge, power structures, values, or norms that guide how organizations function internally and in relationship to other organizations.

## 11. Health Promotion

- A.** Health promotion efforts focus exclusively on behavior and life style change.
- B.** Health promotion focuses on behavior and lifestyle change, but acknowledges the role that social context plays in influencing those choices.
- C.** Health promotion intentionally focuses on raising public awareness of social and environmental factors that shape behavior and lifestyle choices.
- D.** Health promotion is advanced by encouraging the removal of health-damaging conditions created by inequitable social and environmental factors.

## 12. Advocacy and Policy

- A.** The organization does not take public positions on social issues, but does provide educational information on specific health problems and regulatory functions.
- B.** The organization alludes to the social justice implications of the data they provide to the public, the media, and policy-makers.
- C.** The organization regularly takes public positions on social issues that impact the conditions that create health inequity.
- D.** The organization uses its resources to inform opinion-makers, shape debate, and influence decision-makers to advocate for the elimination of the conditions that create health inequity.

## 13. Organizational Point of View

- A.** The organization focuses on the social determinants of health as the cause of health disparities.
- B.** The organization works to advance health equity by addressing the social determinants of health.
- C.** The organization strives to eliminate health inequities by acknowledging the impact of the root causes of oppression.
- D.** The organization explicitly confronts structural racism, class oppression, and gender discrimination, and the power and wealth imbalances that contribute to inequities across the social determinants of health.







# Assessment Summary



## ORGANIZATION OVERVIEW

(4-6 sentence description of your organization)



## STRENGTHS

(Based on the results of this assessment)





## **GAPS**

(Based on the results of this assessment)



## **ACTION ITEMS**

(Based on the results of this assessment)



# Discussion Notes

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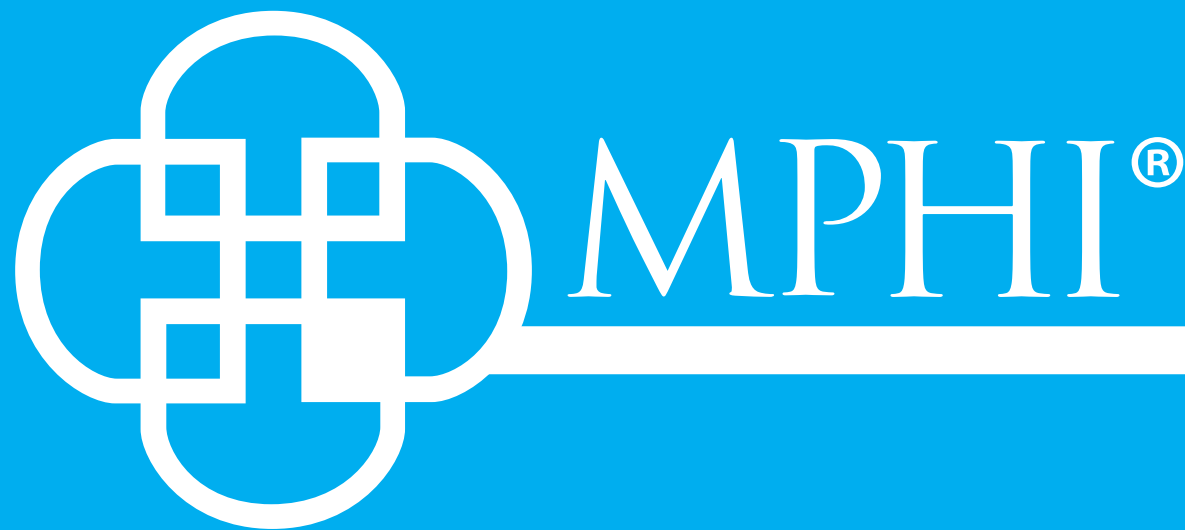
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