

Achieving Equity in MCH

In the Context of Title V

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Learning Objectives

Participants will:

- 1. Obtain a high-level understanding of what is required to achieve equity**
- 2. Understand how equity integrates with all other aspects of the Workforce Development Center**
- 3. Be able to critically assess their current status toward building a culture of equity within Title V**



Why is this session Important?

1. We cannot achieve equity in populations until we first build a ***culture of equity*** where we work.
2. This session will provide high-level understanding of how to build a culture of equity, and how some current approaches undermine our attempts toward equity.

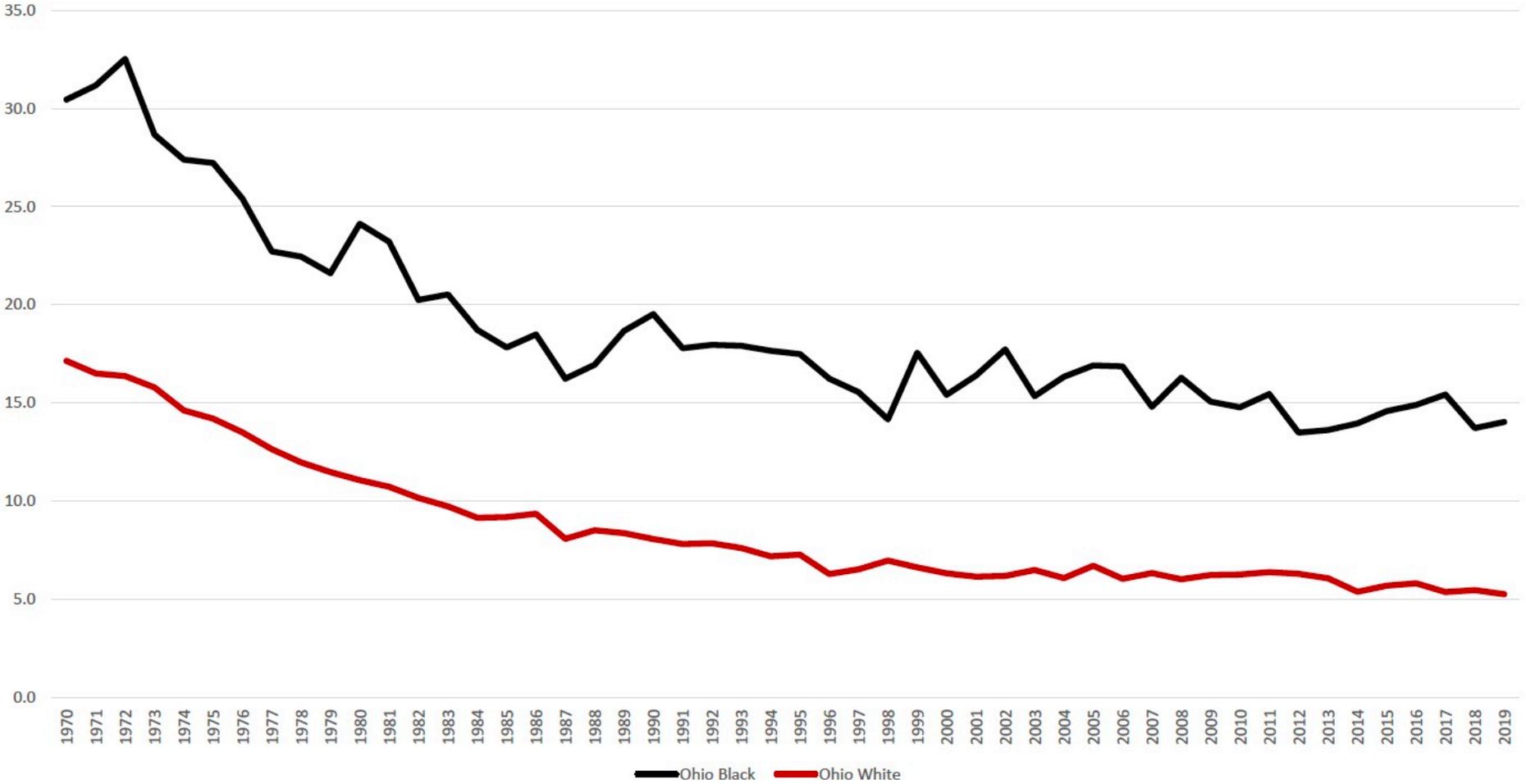


The Problem of Inequity

Data Slides courtesy of Dr Arthur James



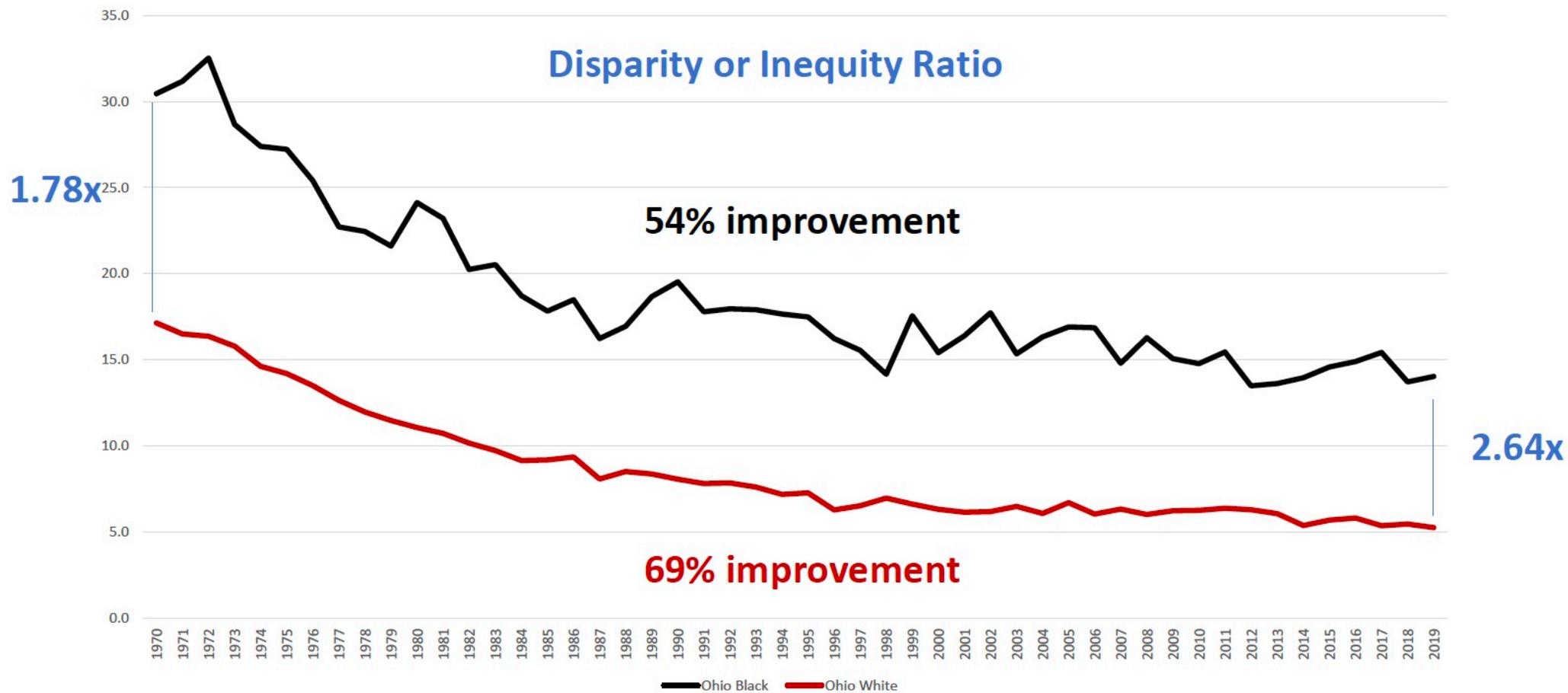
Ohio White & Black IMRs: 1990-2019 (49 years)



Source: CDC Wonder



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Source: CDC Wonder



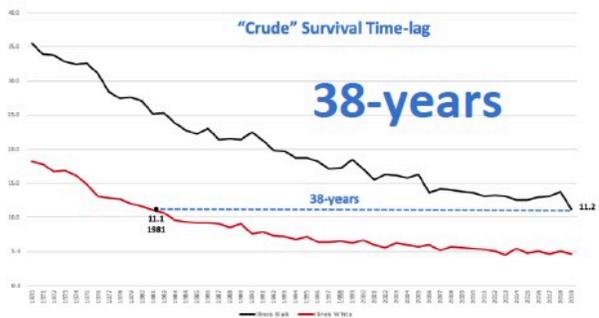
Survival Time-Lag:

In each State this 49-years of data represents well-established trends or patterns. On the basis of the trends, if we take our most recent 2019 BIMRs and extrapolate back to the last time we find a comparable WIMR...the time interval, depending on the State, is between 34-45-years.

This suggests that unless we change these trends, Black babies in our States will have to wait another 34-45 years to experience the same opportunity to survive the 1st year of life as White babies did in 2019!

We can and must do better.

Illinois White and Black IMRs: 1970-2019



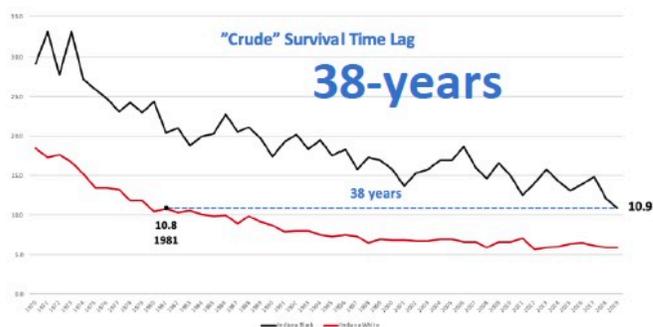
Source: CDC Wonder

Minnesota White & Black IMRs: 1970-2019 (49 years)

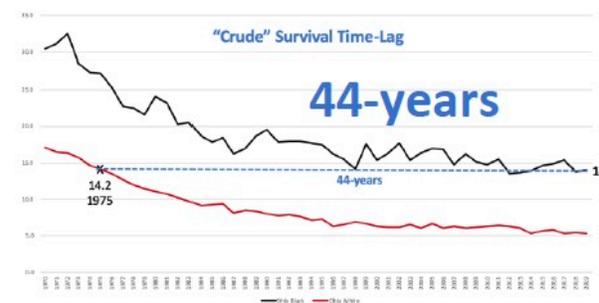


Source: CDC Wonder

Indiana White & Black IMRs: 1970-2019 (49 years)



Ohio White & Black IMRs: 1990-2019 (49 years)



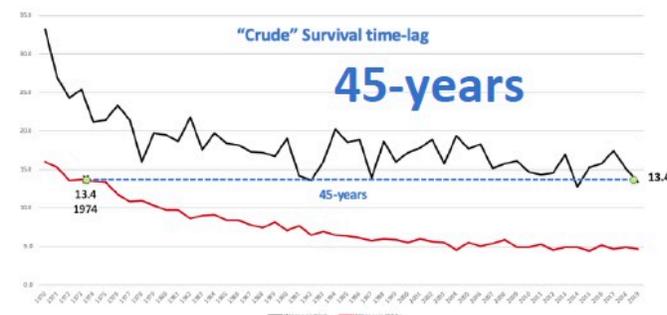
Source: CDC Wonder

Michigan White & Black IMRs: 1970-2019 (49 years)



Source: CDC Wonder

Wisconsin White & Black IMRs: 1970-2019 (49-years)



Source: CDC Wonder



- **Inequities have persisted**
- **Inequities have complex causality**
Require solutions to match the problem
- **Inequities have dimension and do not respond to traditional attempts to lower rates**



Contributors to Health Inequities

- SDOH/Individual level
- SDOH/Lifecourse,
- Structural level factors
- Implementation efficacy
 - Iatrogenic harm*
 - Failure to act in the face of need*
 - Disrespectful, stress inducing care*
 - Overburdened, underfunded, incoherent systems*



Contributors to Racial Health Inequities

- Historical/Intergenerational
- SDOH/Individual level

- Intersecting SDOH/Lifecourse, Structural factors

- Racism

- Implementation efficacy
 - *iatrogenic harm*
 - *Failure to act in the face of need*
 - *Disrespectful, stress inducing care*
 - *Overburdened, underfunded, incoherent systems*

- Intersection of any of the above with racism

Current Approaches to Addressing Inequities



What are some of the approaches we use to address inequities?

A Sample of Generalized Equity Approaches

1. Doing Nothing
2. Equity After the Fact
3. DEI Outsourcing
4. Cherry-picking
5. Training
6. “Road to Canada” approach
7. SDOH
8. Population Targeting





“Doing Nothing”



Reasons for Doing Nothing

- Don't know what to do
- *"Talking loud, but saying nothing"*-- Believe you are working toward equity, but in reality, are not
- Unaware of the problem of inequities
- Inequity is not a priority
- Inequities are too hard and complex to address
- Belief that you've done enough
- Politicization of inequity and racism

"Equity After the Fact"



"Here's the state-of-the-art gymnasium, here's the coffee bar and internet café ...oh, yeah - and this little thing over here is the new sanctuary."

Equity should not be an add-on/afterthought



- *"Add salt to taste...."*

The intervention is conceptualized, planned, and funded; *then we begin to think about how we will add "equity"*

- Retrofitting equity is near impossible when 80% of all decisions are already made
 - *Does it make sense to put in the electrical wiring and pipes **after** the drywall is installed?*



"DEI Outsourcing"



Outsourcing Scenarios

- **Select one person to lead all Diversity, equity and inclusion activities**
 - *Efforts are usually underfunded and under-resourced*
 - *Position usually lacks power to create and enforce change*
 - *Position may be focused on mediating EEO complaints*
- **Organization or Department rides on the coattails of what one equity champion is doing with their team**
 - *Impacts will be limited in scope and unsustainable*
 - *Actions and impacts cease when champions leave organization*
 - *Actions rarely go beyond impact of a team*
 - *Staff may face burnout from lack of resources and support*
 - *when they are committed to equity, they will do the work regardless of resources, but will also face derision, stress, overwhelm and burnout*
- **Assume all People of Color (POC) are knowledgeable about how to achieve equity**
- ***De facto* assumption that POC should take on the responsibility to promote equity**



"Cherry-picking"



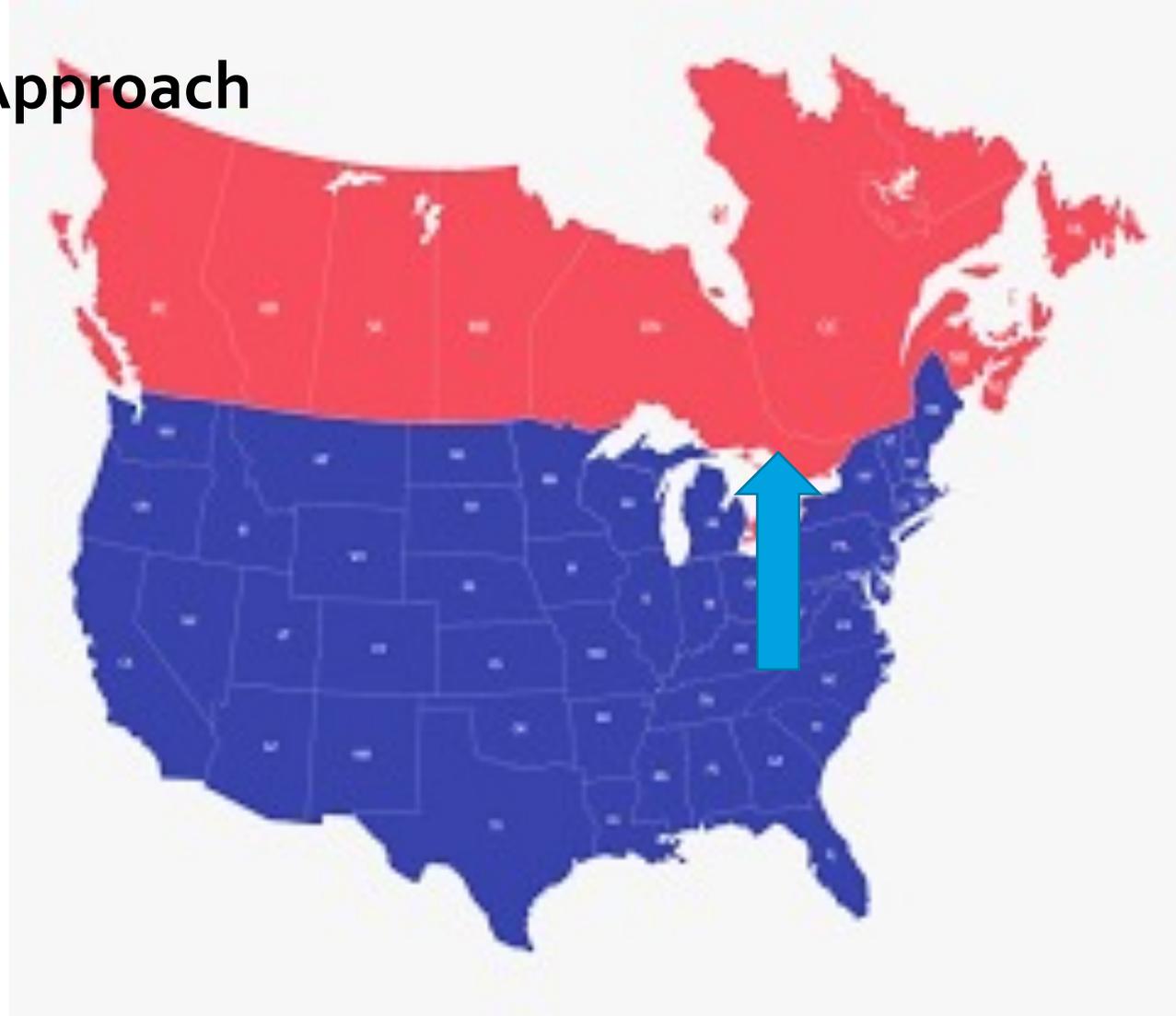
Just Ignore the Parts You Don't Like



The “Road to Canada” Approach

*I fully support you
getting to Canada and
stand with you.....*

*.....But there is one condition: you
can go to Canada, but you may not
travel Northward”*



Handicap:

To hinder, impede, incapacitate; to place at a disadvantage

Opinion: The health-care industry doesn't want to talk
this single word



(Washington Post)

Opinion by Ron Wyatt

April 5, 2021 at 1:42 p.m. EDT

Cannot change something
you are not allowed to
talk
about.

Talking about-- and
acknowledgement of
Racism
are not enough
to achieve equity

Anti-racism action
is required

*"The struggle is not against white
people, it is against RACISM"*



"Equity Training"



Available Trainings –*an incomplete list*

- *Undoing Racism Workshops*
- *Results-based Accountability*
- *Intercultural Development Inventory (IDI)*
- *Implicit Association Test (IAT)*
- *Implicit Bias training*
- *Racial Healing Workshop*
- *Attend workshops on threat response, white fragility, internalized racism*
- *Attend Social Justice/Reproductive Justice workshops*
- *Consciousness raising/disrupting status quo webinars*
- *Groundwater*



Potential limitations to training

- Informational vs. **Experiential**
- Transactional vs **Transformational**
- Individual behavior vs. **Systemic or structural change**
- Temporary vs. **Sustained change**
- “One size fits all” vs. **Matching training to appropriate Stages of Change and needs**



Targeting Approaches: Misconception (1)

"All I need to attain equity is to apply the appropriate evidence-based practice"





Targeting Approaches: Misconceptions(2)

"Once we put in place policies that address the social determinants of health, we will achieve equity"



It is possible to increase inequities while improving social determinants

Social Determinants of health must also be addressed with an equity lens





Current approaches to equity: A Summary

Rarely consider all aspects of the complexity of the problem.

Are rarely holistic, are often piecemeal and incoherent

Rarely go deep enough to make a dent

Are under-resourced

Are not systematically planned, often opportunistic

Rarely result in sustained and consistent reductions in inequities

Assume equity exists "Out there"-- rather than assessing and changing the ways that organizational processes and decisions maintain inequities or inhibit equity



How Should We Approach Achievment of Equity?



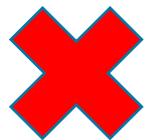


State Title V Equity Capacity Development

- **Many different starting points in equity journey**
 - Champions (individuals or teams) without Organizational support
 - Champions (individuals or teams) with Organizational support
 - Leadership mandates without staff capacity development
 - Project-focused equity work
 - Institutional change work
- **Many different contexts: personal, organizational, political**
- **Many different “approaches” to achieve equity**
 - *May not be science –based, holistic*



ROADMAP TO POPULATION EQUITY



Equity in Population Outcomes

Organizational Cultures of Equity

- Self*
- Team*
- Organization*
- Networks/Collaborators*



Organizational Equity Ecosystem

Organizational Equity Ecosystem

**Inviolable
EQUITY
Components**
(Equity frame)

← BOTH →

**EQUITY FRIENDLY
PROCESSES**

**KNOWLEDGE AND
ATTITUDE CHANGES**

RESOURCES

REPAIR

REMOVE

REMEDiate

RESTRUCTURE

PROVIDE

Engagement with
Underrepresented
PWLE

Power Building

Evidence-Based
Practice

Asset Framing
Concept Mapping
Universal Design
Ecosystem Mapping
Structural Change
Critical Dialogue
QI for Equity
Place Focus
Cross-Sector
Collaboration

Transformational
Anti-Racism
Anti-Colonial
Implicit Bias
Recognizing
Differential Impacts

Trainings
Checklists
Handouts
Readings
Webinars
Data
Communities of
Practice



Summary

Equity is a necessity, not a nicety

- Essential to the provision of quality care and effective public health
- Not just an outcome, but a way of “doing” and decision-making in Title V that is more transformative vs. transactional
- The components of the WDC provide integral parts of the equity ecosystem:
 - Engagement with PWLE
 - Evidence based practice
 - Systems Integration
- The process of equity capacity building in Title V also requires:
 - Knowledge and attitude changes
 - An equity frame to ensure you address inequities and not just health conditions