

# Equity & Systems Change Introduction

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Massachusetts Health Officers Association Annual Conference

*October 26<sup>th</sup>, 2023*

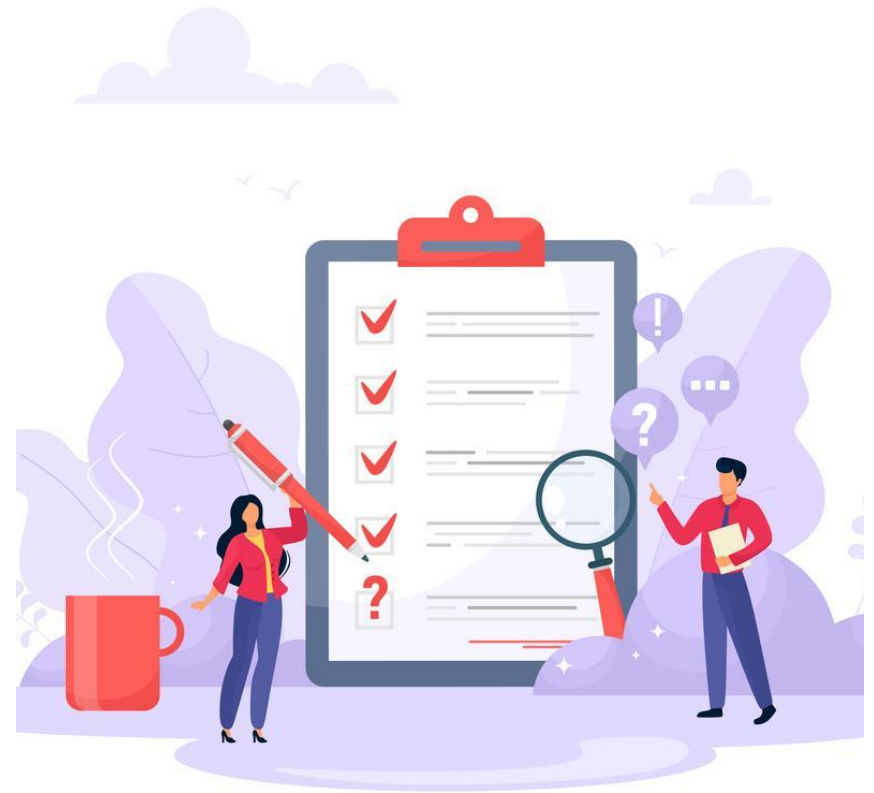


**Health Resources in Action**  
*Advancing Public Health and Medical Research*

# Learning objectives

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- I. Get grounded in equity and systems change concepts
- II. Provide reflections on Public Health Excellence Awardee workplans
- III. Demonstrate how mental models hold inequities in place – restaurant inspection example

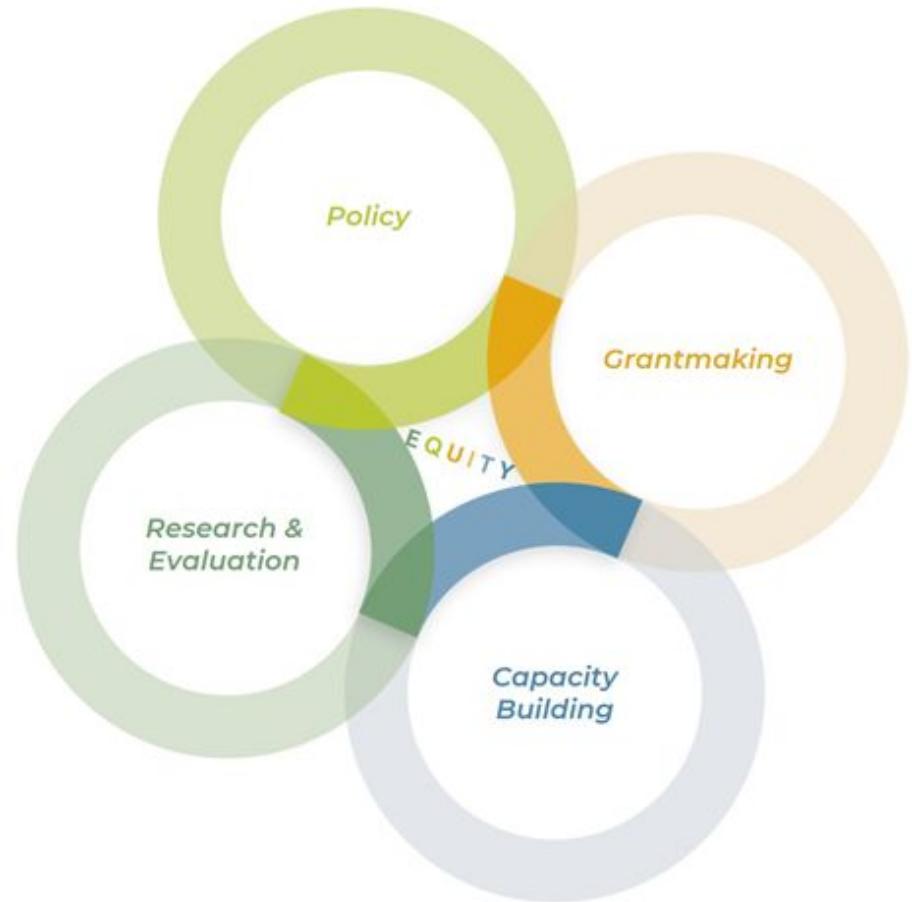


# About Health Resources in Action

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Public health institute  
based in **Boston, MA**

*Our Vision:* A world  
where all people attain  
and experience optimal  
health and well-being.



# Our approach: Bridging head and heart

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***intellectual  
investment***



***emotional  
investment***



What do we mean by equity?

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**Diversity** is about mixing it up, and **inclusion** assumes that the existing arrangement is essentially working fine and dictates a practice of accommodation where ‘diverse’ people are given concessions to help them cope within the existing paradigm without changing it.

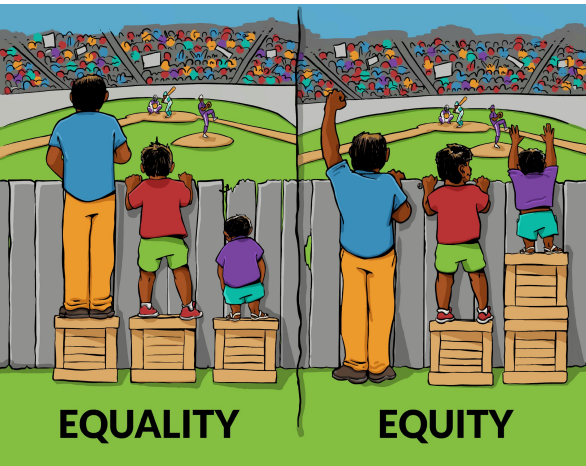
*Nashira Baril*

*Boston-based racial equity trainer and  
Neighborhood Birth Center Founder*

Tuesday, June 29, 2021

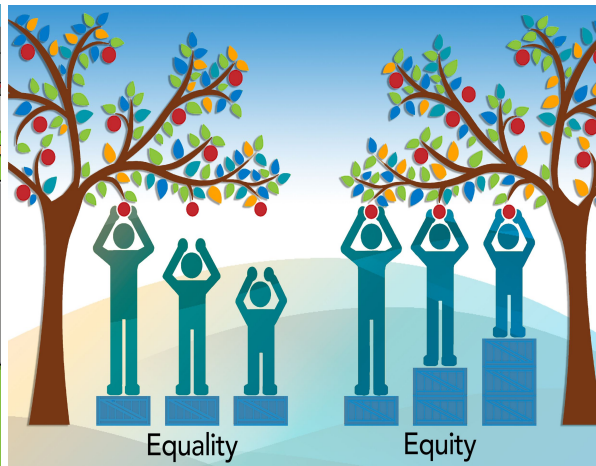
# Equity vs. Equality

redistributing  
resources



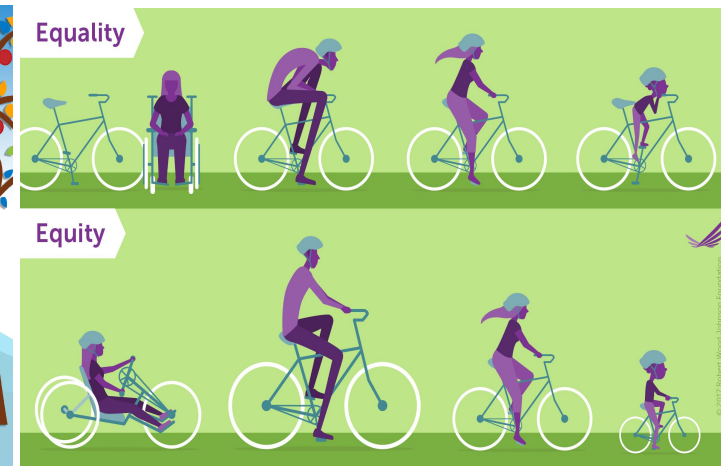
Interaction Institute for Social Change | Artist:  
Angus Maguire

adding  
resources



2014, Saskatoon Health Region

adapting  
resources



Robert Wood Johnson Foundation



# Health equity demands racial equity

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*We affirm:*

- ☑ Racial inequity looks the same across systems.
- ☑ Socioeconomic difference does not explain racial inequity.
- ☑ Inequities are caused by systems, regardless of people's culture and behavior.

From: Racial Equity Institute's "The Groundwater Approach: Building a practical understanding of structural racism"





# Public Health Excellence Workplans: *Equity Focused Reflections*

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# PHE Workplans: Equity Reflections

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- Tremendous variation in readiness and application.
- Significant lack of specificity, data, and “who” is being referenced as focus populations experiencing inequity.
- Significant opportunity to critique how decisions get made, who is making them, and what could look differently if people closer to the issues had a role.
- Significant opportunity to move “up the ladder” of community engagement.
- Significant opportunity to critique standard operating procedures and use inspection practices to build team confidence in applying equity principles.
- Equity measures of success need to be more measurable.



Systems Change and Deep Equity -  
*Finding New Ways of Practicing Public Health*

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# What do we mean by “systems change”?

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*A fish is swimming along one day  
when another fish comes up and says,  
“Hey, how’s the water?”*

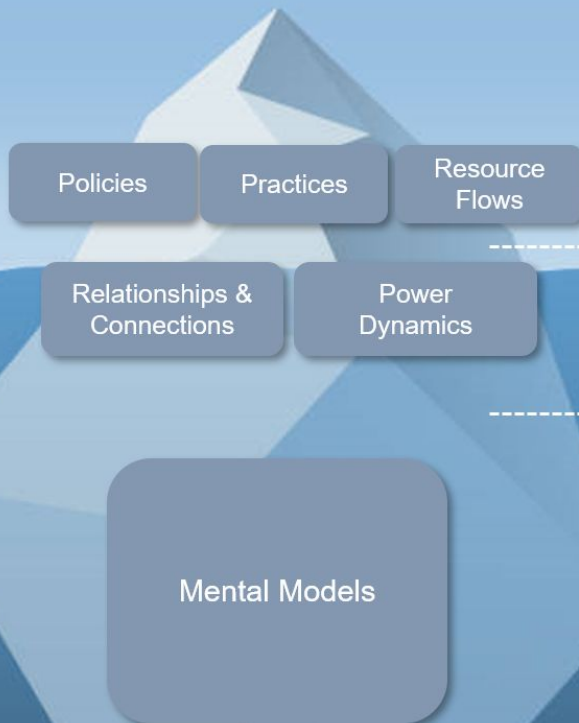
*The first fish stares back blankly at the  
second fish and then says,  
“What’s water?”*

*Image source:  
DismantlingRacism.org*



# How will we get there?

## Six Conditions of Systems Change



**Structural Change**  
*(explicit)*

**Relational Change**  
*(semi-explicit)*

**Transformative Change**  
*(implicit)*

*“Real and equitable progress requires exceptional attention to the detailed and often mundane work of noticing what is invisible to many.”*

FSG’s “The Water of Systems Change”



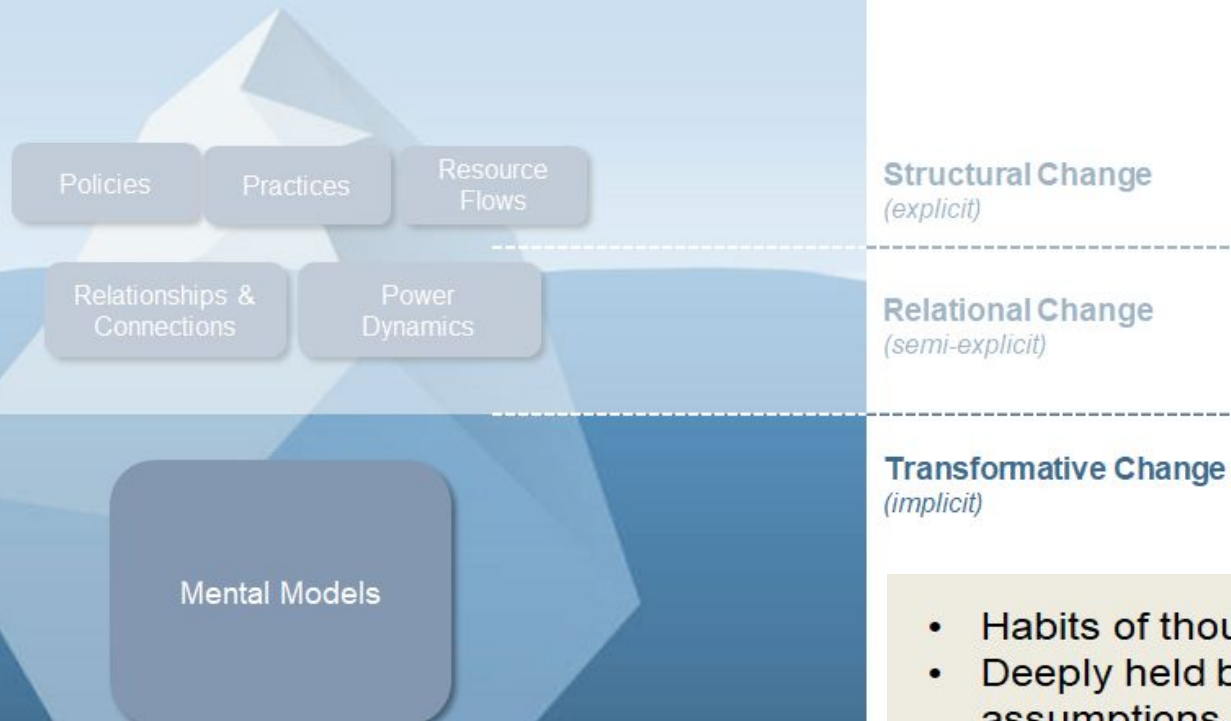
# Exploring Mental Models: What Holds Inequities in Place?

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# Why do mental models matter?

## Six Conditions of Systems Change



**Structural Change**  
*(explicit)*

**Relational Change**  
*(semi-explicit)*

**Transformative Change**  
*(implicit)*

- Habits of thought
- Deeply held beliefs and assumptions
- Taken-for-granted ways of operating that influence how we think, what we do, and how we talk



# Mental models...

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- Influence how we understand the inequity we are trying to resolve
- Influence who we engage in solution-making and how we engage them
- Influence our decisions around policies, practices, and resource flows to solve for the inequity we are trying to resolve





# How do we challenge our mental models?

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## 5 Why's



Ask “why” at least 5 times to get to root causes and move past superficial sources of health and racial inequities

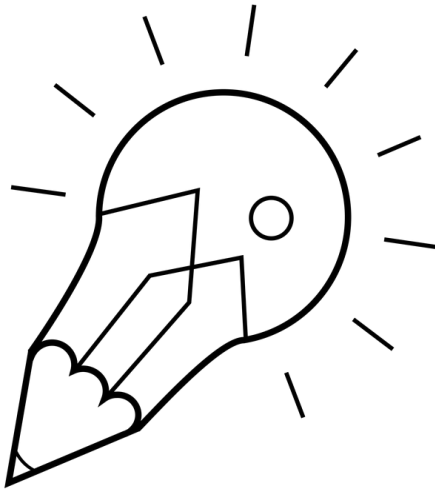
- Why does the data look the way it does?
- Why are certain populations advantaged over others?
- *Note:* Don't jump immediately to racism.



# A food inspection story in Northampton, MA

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Asian cuisine restaurants are failing food inspections at high rates, putting residents and restaurant workers at risk.



**Traditional  
evidence-based  
approaches**

Issue compliance orders, including fines

Provide available educational materials

Place on increased inspection cycle



# Challenging mental models

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**Asian cuisine restaurants are failing food inspections at high rates, putting residents and restaurant workers at risk.**

**Why?** Lacking information related to food code standards

**Why?** Lack of access to culturally and linguistically relevant information

**Why?** Information available only in English, not educational, and public health workers are seen as threatening

**Why?** Sanitary code developed as an enforcement mechanism, public health workers are trained as enforcers, most code inspectors are white and male

**Why?** Paternalism (we know what's best) and ingrained racial/ethnic bias ("they" are choosing not to comply)



# New mental model for food inspections

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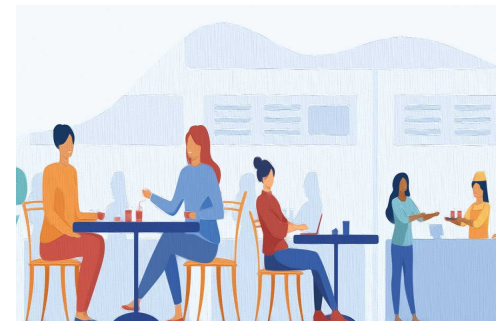
## *Choosing education and relationship over enforcement.*

**Focus on public health workforce capacity building:** Code enforcers get training on cultural differences, discuss ingrained stereotypes/biases.



**Identify policy shifts:** Minor violations vs. critical, fines as last resort, systems in place to translate materials.

**Direct support for restaurants:** Hire food code educational consultants with lived experience to provide onsite training



# 5 Why's Tips

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- 5 Why's are a starting point for conversation, and should be constantly revisited and challenged
- Why's won't be perfectly linear, and that's expected
- Our inclination is often to jump to solutions; remember that all the "Whys" can show up within our systems, so we need to uncover them and dig deeper
- Root causes should ultimately get to systems issues; it's much less about individual or program-level issues
- Who you engage and how you engage them will influence your understanding of the "why's"



# Final thoughts

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- Why should I care (in largely white communities)
  - Equity is adding to, not taking away
  - Creates better outcomes for all
- Unconscious bias training is needed
- Active listening skills are as important as technical skills
- Critical reflection on the day-to-day and mundane is required
- Power and relationship building need to be prioritized



# Small Group Practice: 5 Why's

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# Small groups

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## 5 Why's



Ask “why” at least 5 times to get to root causes and move past superficial sources of health and racial inequities

- Why does the data look the way it does?
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- *Note:* Don't jump immediately to racism.





## 5 Why's: Tips

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# Thank you!

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