

WAITING FOR HEALTH EQUITY

FACILITATION GUIDE

Waiting for Health Equity serves as a tool for individuals working on or interested in working on issues of health equity to be able to better understand and unpack the interplay between social factors--such as race, income, language, and sexual orientation--and health. Center for Health Progress created this tool with a broad audience in mind, especially people who have the power and purpose to influence the health care system, which is why we selected a graphic novel as the optimal way to present this information. We also wanted a tool that would have a good balance of data and visuals in order to engage people exploring root causes and structural barriers that create health inequities.

We recognize that discussions about health inequities can be difficult. *Waiting for Health Equity* attempts to break down these difficult topics into easy-to-grasp storylines. The characters' interactions with the health care system highlight how social determinants of health manifest in an individual's health and well-being. We understand that no single character can accurately reflect the experiences of an entire community and are acutely aware of the risk of tokenism and the potential to inadvertently perpetuate negative stereotypes. With that in mind, the *Waiting for Health Equity* characters were developed in partnership with a diverse group of community members and leaders. Their feedback and suggestions helped shape the characters' stories to reflect common challenges and experiences that would build empathy and encourage productive conversation.

We hope this tool serves as a way to generate meaningful dialogue about the root causes of health inequities and inspire action to address them. In our experience, meaningful discussions around root causes of health inequities typically require at least 1 hour and 15 minutes. However, whether you have 15 minutes or 2 hours, we hope you'll use and adapt the following facilitation techniques to guide participants through a new and deeper conversation about health equity.

LEAD WITH THE "POP"

As a facilitator, consider the POP of the session beforehand: the purpose (**why** are we meeting?), outcome (**what** desired outcomes need to be reached to consider this meeting a success?), and process (**how** are we going to reach the desired outcomes?). It's likely that for *Waiting for Health Equity* it would be something along the lines of:

- **Purpose:** *Waiting for Health Equity* has multiple purposes:
 - To raise awareness of how various communities experience health care
 - To increase understanding that health is more than health care
 - To demonstrate how social factors and history greatly impact our well-being
- **Outcome:** Everyone has a deeper understanding of the root causes of health inequities, and is able to more comfortably speak about and act to dismantle structural inequities in the work we do to achieve health equity.
- **Process:**
 - Well in advance of the session, provide copies of *Waiting for Health Equity* to participants to read beforehand. The facilitated conversation will not be productive unless participants read the graphic novel ahead of time, so strongly encourage this. Not only will this will save time during the session, it will allow participants to have individual processing and reflection time prior to the session.
 - Begin the session with 15 minutes of welcome, framing (including distributing a 3-minute pre-evaluation survey--see bottom of guide), and introductions (including something that will break the ice).
 - Create group agreements to guide the discussion. Example agreements you can suggest to the group include:
 - *Respect for others* – We're not here to come to a consensus or to debate or win your point. Let's remember that it's okay to disagree with somebody today, but don't be disagreeable.
 - *Share the conversation* – Some people naturally speak more than others. If you're one of these people, try to remember to let others speak, too.
 - *Everyone has an equal voice* – Health equity is complex and some folks here might be so-called "experts." Today, it doesn't matter if you've been working on these issues for years, or if this is your first in-depth health equity conversation, all opinions are of equal importance.
 - Facilitate a conversation with structured questions that first gather high-level feedback on participants' perceptions of the graphic novel, and then dive deeper into key issues raised in the novel. If the group you are speaking to works with or on behalf of a certain group of people, or is interested in a certain group of people or issue (e.g., immigrant or LGBTQ+ rights) then have more robust discussion questions ready for those audiences pertaining to those topics. Distribute a post-evaluation survey (see bottom of guide).

ANTICIPATE THE DISCUSSION AND GROUP DYNAMIC

A little preparation can go a long way. Consider the following tips when preparing to facilitate a conversation using *Waiting for Health Equity*:

1. Consider sharing definitions of key terms that are used throughout the graphic novel, including health equity, health inequities, structural racism, institutional racism, and power dynamics. Some sample definitions include:
 - *Health equity*: We achieve health equity when there are no longer differences in health outcomes and access to timely, affordable, and quality health care services based on social factors like race, income, and ZIP code.
 - *Health inequities*: Preventable differences in health outcomes and access to timely, affordable, and quality health care services based on social factors like race, income, and ZIP code.
 - *Systemic oppression*: A system in which public policies, institutional practices, cultural representations, and other norms negatively impact people who have historically lacked equal opportunity.
 - *Institutional racism*: The policies and practices within institutions that, intentionally or not, produce outcomes that negatively impact people of color.
 - *Power dynamics*: The specific ways that power is used, intentionally or not, to reinforce unjust social hierarchies.
2. Don't shy away from diving deep on what may seem to most people uncomfortable topics of conversation. The point of the discussion is to raise collective understanding of issues, like institutional racism, that, although potentially difficult or tense for some to discuss, are necessary to in order to normalize the topic and begin to more effectively address structural health inequities. It is okay to let people sit in tension if that tension is productive and leads to generative dialogue.
3. Be cognizant of power dynamics in the room, and be adaptive as a facilitator in response to those dynamics. Pay attention to who is speaking up and who is not participating actively in the discussion. Pay attention to women, people of color, gender non-conforming individuals, and others who have been marginalized in society and whose voices should be heard in the discussion to make it more meaningful for all participants. Be sure that all participants understand that all questions and statements are relevant and important, no matter how small they may be. You never know when someone else is thinking the exact same thing but may be too reluctant to say it. Don't be afraid to interrupt traditional power dynamics as you recognize them. Try different facilitation structures, including written reflection time, small group or pair conversations, and "go around" sharing structures that encourage everyone to participate.

4. Discussions about health inequities and systemic oppression can sometimes be challenging. Anticipate participant push back by preparing beforehand. What specific pushback might crop up in your discussion with the people you know will attend? Role play with a friend or colleague to help deal with the scenarios you've come up with. If pushback or tension arises, try the following facilitation techniques:
 - Establish and continually revisit group agreements
 - Deflect singular agendas by asking:
 - How would others in the group respond to this?
 - How might your experience or perspective differ from others?
 - Do not tolerate personal attacks. If someone uses personal language, ask them to be respectful. If needed, don't be afraid to ask someone to leave the room.

IDEAS FOR STRUCTURING FACILITATION

Conversations can sometimes feel forced, especially with participants who don't know each other or if time is limited. Various facilitation structures exist for many group sizes and types. Do some research while crafting your agenda and don't be afraid to try something new. We especially like many of the structures compiled by Henri Lipmanowicz and Keith McCandless at <http://www.liberatingstructures.com/>. A few well-timed questions posed by you, the facilitator, can make all the difference. Urge participants to open up and participate in a deeper way by using some of the following questions. "Must ask questions" are presented in bold below and should be considered priority questions.

Objective Questions (To engage the five senses, invite inclusive participation, draw out the facts and objective data) - *10 minutes*:

- **Begin this segment with a go around exercise by having each participant share one social determinant of health (or word, or phrase, or thought) that stuck in their mind after reading "Waiting for Health Equity." After this, offer the opportunity for individuals to elaborate on what stuck in their mind.**
- **What specific issues stood out to you?**
- Which story(ies) stood out to you?
- What stood out to you most about (insert: Tamara, Anh, Manuel, Laura, Claudia, or Jake)'s story?
- What did you learn about the characters?

Reflective Questions (To elicit and acknowledge imaginative, intuitive, and emotional responses, and to acknowledge memories and initial associations) - *10 minutes*:

- **What did reading "Waiting for Health Equity" bring up for you?**

- **What was new information to you and how did that new information impact you?**
- **What is the most difficult to get your mind around? What was most difficult to get your heart around? What is most difficult for you, period?**
- What did you feel while you were reading it?
- Was there a particular character, story, or moment that resonated with you? If so, which one and why?
- What is your gut reaction to the characters, stories, and/or information presented in the graphic novel?
- What concerned you and why?
- How did you feel about Jake's discomfort with some of the other characters' situations? Have you experienced similar moments of conflict?
- The characters exposed some very personal things about themselves that we don't often learn about strangers. Did you find yourself connecting with any of their emotions about the situation? Did you find yourself agreeing or disagreeing with any of their reactions?

Interpretive Questions (To elicit the sharing of experiences and individual meaning, builds collective consciousness and shared awareness, and identifies available options and possibilities) - *30 minutes*:

- **What appears to be the central issue? What seems the most critical?**
- **What questions did this raise for you?**
- What have you learned from reading this graphic novel? How, if at all, has it broadened your perspective on what it means to be doing health equity work?
- How does this information speak to a broader dialogue on values in our country? How do "American values" (personal responsibility/individualism, meritocracy, equal opportunity, etc.) show up in the graphic novel?
- How were you able to reconcile this information with the way you see forms of discrimination manifest in the work you do?
- What new vantage point did this give you?
- How have communities you work with dealt with these themes?
- Audre Lorde said: *"There is no hierarchy of oppression. There is no such thing as a single-issue struggle, because we do not live single-issue lives."* Where did you see in "Waiting for Health Equity" tension and competition between the different characters' struggles: the so-called Oppression Olympics? What about the tension between multiple identities in a single character? What does this mean in terms of whose voices we choose to give a platform to?
- Tamara's story has elements of generational or cyclical oppression, where the same barriers her parents faced, she faces, her children face, and we believe her grandchildren may also face. How does the longevity of these issues influence our approach to health equity work?

- Starting with Manuel, a few of the characters reference racism, but largely in the context of an individual committing a racist act. None of the characters seem to recognize the system itself as a perpetrator. What does this mean for how we approach health equity work?
- Anh and Claudia are both immigrants. What similarities did you notice in their stories? What differences?
- Laura's character is unique, in that some of the systemic barriers she faced in the very recent past have been significantly reduced due to a sea change in the national opinion on issues of LGBTQ rights. How does this affect how we think about health equity as a movement?
- Have you seen change in other areas of the health equity conversation?
- More so than the other characters, Jake's story taps into some of structural barriers to good health for some Coloradans within the health care system itself. What health care structures and systems do you see currently operating in a way that perpetuates health inequities?

Decisional Questions (To develop depth level collective opinions or resolve that may lead to future action, draws out deeper meaning, makes conversation meaningful and relevant to the future, exposes individual and group choice) - *10 minutes*:

- **What does this mean for your/our work?**
- **What ideas action has this raised for you?**
- **End this segment with a go around exercise by having each participant share one thing they will walk away from this session with.**
 - Can you work to develop clear policies and protocols for how communities access interpretation services within your organization?
 - Can you set up trainings for your staff on issues of veterans and mental health?
 - Can you set up trainings for your staff on delivering care to refugees?
 - Can you set up trainings for your staff on how social circumstances impact health?
 - Can you work to develop clear policies and protocols for how your organization refers the communities you serve to agencies that have services you do not deliver?
- What are these concepts really about? What's the story behind the story?
- How can we move beyond recognition and understanding of root causes of health inequities to actively challenging and dismantling oppression, poverty, and injustice in the work we do?
- What are strategies we can use to counter systemic oppression and institutional racism in our work?



PRE-EVALUATION

1. What are you hoping to get out of this session?

2. I understand the root causes of inequities in health and health care.

Strongly
Disagree

Disagree

Neutral

Agree

Strongly
Agree

3. I feel comfortable discussing issues of structural inequity and discrimination in my work.

Strongly
Disagree

Disagree

Neutral

Agree

Strongly
Agree

4. I feel comfortable addressing issues of structural inequity and discrimination in my work.

Strongly
Disagree

Disagree

Neutral

Agree

Strongly
Agree

5. It is necessary to deeply understand structural barriers to good health in order to advance health equity in Colorado.

Strongly
Disagree

Disagree

Neutral

Agree

Strongly
Agree



POST-EVALUATION

1. What worked well for you during this session and why?
2. What did not work well for you?
3. What suggestions do you have for the facilitator of this session?
4. Did you have any concerns about the way the material was presented, either in the graphic novel itself, or in today's discussion?
5. I understand the root causes of inequities in health and health care.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
-------------------	----------	---------	-------	----------------
6. I feel comfortable discussing issues of structural inequity and discrimination in my work.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
-------------------	----------	---------	-------	----------------
7. I feel comfortable addressing issues of structural inequity and discrimination in my work.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
-------------------	----------	---------	-------	----------------
8. It is necessary to deeply understand structural barriers to good health in order to advance health equity in Colorado.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
-------------------	----------	---------	-------	----------------
9. If you are a facilitator of these kinds of conversations, would you find the graphic novel helpful as a tool in the future?

Yes	No
-----	----