Fostering Equity: Creating Shared Understanding for Building Community Resilience

Module II
Preparing for the Equity Talk

Module I demonstrated how policies designed with the explicit intent of racial oppression are now creating inequities beyond racial lines and producing negative place-based and class-based outcomes in communities across the country. This means that inequity is no longer a concern for just some people, it is a concern for all. This module presents a framing that facilitates coalition building around a shared understanding of the past and present, thereby creating a firm foundation for transformational social justice change.

For the past five years, partners within the Building Community Resilience Collaborative and Networks have been advancing change by exploring how local history, ordinances, and practices contributed to trauma and inequity for marginalized neighborhoods and residents. A fundamental part of implementing the BCR process is to understand the people and dynamics of the community. In the process (seen here) we explicitly call out creating Shared Understanding and Community so that we may learn from our neighbors, co-workers, or even friends and family—the effects of structural inequity that drive community trauma, including factors outside of race. Through this exploration, coalitions have come together to map out the collective experience of oppressive systems and policies, as well as the inequitable social structures that exacerbate individual traumas.
Fostering Equity: Creating Shared Understanding for Building Community Resilience

BCR employs a systematic approach based on four central components. These are applied as a continuous improvement model: creating shared understanding of childhood and community adversity, assessing system readiness, developing cross-sector partnerships, and engaging families and community residents in a collaborative response to prevent and mitigate the Pair of ACEs.

Modules II and III contain lessons from our experience in creating shared understanding of community adversity. This tool is a compilation of our experience and the wisdom of community members who are central to our coalitions. It is designed to help others engage in conversations about equity in a way that resonates with a range of audiences.

Creating Shared Understanding: Equality is not Equity

Why does this matter? Equality fails to consider that everyone will not benefit equally to an equal amount of resources or supports provided at an equal level. Even more
important, equality fails to recognize that not everyone is starting from the same place, whether that be economically, socially or even physical capability. Equity acknowledges there are inherent differences in the ‘starting line’ based on race, financial status, education, gender, place and a host of other categories. Equity provides the means to correct the failure of systems, policies and practices that promoted inequality. Over time, inequalities created a permanent gap in race- and place-based outcomes—a gap that represents a status quo of trauma and poor outcomes in certain communities. To undo the effects of these structural inequalities, equity must be applied—a deliberate focus on closing gaps created by inequality. Some communities will need more resources and supports.

Using a picture to spark conversation, deepen understanding of inequity and adversity.

The Pair of ACEs tree is planted in soil that is steeped in systemic inequities, robbing it of nutrients necessary to support a thriving community. If adverse community environments are the roots of inequity and adverse childhood experiences are the fruit of the tree, then inequitable policies are elements in soil that rob the tree (community) of vital nutrients, sustaining inequity.

Understanding Local Legacies of Inequity

In some communities, uncovering an accurate account of local history may take a bit of digging. Below are some things to consider when exploring your community’s legacy of inequity.
• **Diversify sources of information.** It is critical to ensure that historical research includes a diversity of sources that can provide facts to help explain how inequitable outcomes exist in communities. Potential information sources may include public records, archived news articles, and data sets.

• **Ask questions.** Figuring out ‘who, what, when, where, why and how’ adds context to the facts. That context is vital to pinpoint the drivers of inequity and describe their relationship to inequitable outcomes. When beginning research, using the name of a community and key terms such as ‘redlining’, ‘juvenile justice’, ‘community policing’ and ‘graduation rates by race’ can be a good start to finding local sources and reports.

• **Look for policy linkages.** Inequity is often the result of decisions - both unwritten and codified into law - meant to preserve the power of a dominant social group. By uncovering the means by which policy and legislation contribute to the perpetuation of inequity, coalitions can pinpoint specific strategies aimed at undoing the effects and rewriting policy.

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**The Pair of ACEs Tree: When a Picture Tells the Story of Inequity**

The Pair of ACEs tree was introduced by The Center for Community Resilience as a way to illustrate how adverse childhood experiences - and the outcomes they drive across the lifespan in children and families (such as depression or substance abuse) - are compounded across generations when experienced within the context of adverse community environments (including poverty, community violence, lack of economic mobility).

Just as the tree planted in soil lacking the nutrients necessary to sustain growth, children and families across the country live in communities lacking a system of supports and buffers to help them bounce back in the face of adversity. Local BCR collaboratives use the Pair of ACEs tree to ask, ‘What’s in your soil?’ to get to root causes of trauma and despair. This simple question provides a starting point to help stakeholders identify the drivers of adversity that are most relevant to your community, engaging those with lived experience and multiple sectors, including education, public housing, juvenile justice, public health, business development and government.
Challenging Public Narratives to Advance Equity

Narratives are a “collection or system of related stories that are articulated and refined over time to represent a central idea or belief.”¹ They exist everywhere and are created by everyone. Couples often have a narrative about how they met, or siblings about who got in trouble more often in childhood. These narratives are simple and harmless, having no real effect on anyone involved. But when a narrative begins to shape how people create meaning about the world and their place in it, it transforms into what is known as a “public narrative.” Public narratives are shared systems of meaning that provide mental models, patterns, and beliefs to make sense of the world and our individual standing. Public narratives give coherence to group experience, particularly as it relates to how the world works. Over time, if repeated often enough in public discourse, public narratives can become widely accepted as ‘fact,’ whether or not evidence supports such claims.

In America, there are several dominant public narratives that serve to uphold inequity, such as meritocracy,² individualism,³ white supremacy,⁴ and colonialism.⁵ To demonstrate how dominant public narratives are woven into everyday life, the below chart describes the belief perpetuated by the narrative, how it is expressed in policy, and a brief explanation of its real-life impact on equity.

<table>
<thead>
<tr>
<th>Public Narrative</th>
<th>Mental Model/ Belief</th>
<th>Expression in Policy or Practice</th>
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<tr>
<td><strong>Meritocracy</strong></td>
<td>Economic power and success are bestowed based on talent and hard work. Gender, race, and class are irrelevant.</td>
<td>While the Equal Pay Act prohibits gender-based wage discrimination, it is written in a way that allows for pay differences based on seniority, merit, productivity, or “a differential based on any other factor other than sex.”</td>
<td>The policy language – e.g., ‘a differential based on any other factor than sex’ – creates a loophole that allows employers to justify wage gaps on criteria other than gender. These exceptions make it more difficult for women to prove that unequal pay is gender-based.</td>
<td>There is no occupational category where women out-earn men. Men are offered higher salaries than women for the same work 63% of the time, and companies pay women on average 4% – but as much as 45% – less than men in the same jobs.⁶</td>
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<td><strong>Individualism</strong></td>
<td>Everyone is responsible for his or her own health, well-being, and prosperity; a person’s life is the sum of their own choices.</td>
<td>The Clinton Administration’s 1996 welfare reform legislation - Temporary Assistance for Needy Families (TANF) - undercut the social safety net for poor people by creating a program focused on developing self-sufficiency.</td>
<td>This block grant policy gave states flexibility in how they use TANF funds, allowing for redirection of funds away from welfare programs. In some cases, the diversion of funds may support positive initiatives, such as pre-kindergarten programs. But in others, states have diverted money meant for welfare to things like anti-abortion programs or financial aid programs for affluent and middle-class students.</td>
<td>TANF spending on basic assistance dropped from 70% to 26% between 1996-2014, limiting availability of cash support for the poorest families. In that same time, the number of households using food pantries doubled from 2.7% in 1996 to 5.5% in 2014.</td>
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| **White Supremacy** | White people and their intellect, ideals, feelings, and beliefs have greater value than people of color and their intellect, ideals, feelings, and beliefs. | The Underwriting Manual of the Federal Housing Administration stated that “incompatible racial groups should not be permitted to live in the same communities” and suggested constructing highways to separate white neighborhoods from African American. | Neighborhoods within or adjacent to predominantly African American enclaves were graded as ‘hazardous,’ creating a barrier to homeownership for people of color- a key component of inter-generational wealth. | African-American homeownership rates persistently lag behind that of white families. In 2017, the African American homeownership rate (41.8%) was the lowest of all racial and ethnic groups. Between 2000 and 2017, the African American homeownership rate dropped.
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<td>White Supremacy (Continued)</td>
<td></td>
<td>Federal entities also created color-coded maps to “grade” and indicate where it was safe to insure mortgages. These maps ‘redlined’ certain areas - mainly those with a majority of people of color or poor people - as “hazardous,” or too risky to provide mortgage loans.</td>
<td>of neighborhoods graded as high-risk or ‘hazardous’ nearly 60 years ago, tend to be areas of low-to-moderate income with nearly two-thirds of residents made up of people of color.</td>
<td>4.8%—a loss of about 770,000 African American homeowners—while homeownership rates for other racial and ethnic groups either remained constant or increased.</td>
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<td>Colonialism</td>
<td>Domination or subjugation of others is acceptable in the pursuit of “progress.”</td>
<td>In 1831, Supreme Court Justice John Marshall ruled that ‘tribal [Indian lands’] relations to the United States resemble that of a ward to his guardian,” essentially giving the federal government eminent domain over tribal lands. This ruling placed Indian lands under federal government control, giving Native people “right of occupancy” but not ownership.</td>
<td>Native Americans cannot leverage their land-based assets and must rely on the government for economic development. But the government’s complex legal processes and regulations forbid Native Americans from selling to entities other than the federal government and prohibit tribal nations from profiting from the sale of their land or the natural resources (such as coal oil, timber) within.</td>
<td>Residents on tribal lands have the highest poverty rate (25.4%) of all people of color in the U.S., resulting in a poverty rate that is three times greater than white Americans. Native Americans living on a reservation earn just over $29,000 in median income compared to the national Native American median income ($40,300).</td>
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As the above examples demonstrate, dominant public narratives are pervasive and can be used to justify both the creation and outcomes of inequitable policy, further contributing to cycles of inequity. Dominant public narratives are difficult
to dismantle because they tend to serve the interests of dominant social groups and exist as themes or stories expressed in policies, mass media, art, and corporate discourse—an effect that often goes unnoticed and unquestioned. But when you question dominant public narratives, you make them visible and create space for conversations that challenge the status quo. Doing so with community as an engaged partner gives voice to the lived experience, which provides evidence to refute existing narratives used to maintain inequity in policy and create new narratives that foster a culture of equity.

Lifting Up Fact: Questioning Dominant Narratives

No single narrative can accurately define no group or community. Mapping out the diversity of life experience and perspective within a group or community will help create a deeper understanding and support the development of well-informed solutions to help foster equity. When faced with a common or dominant narrative, question it with a critical thinking approach. Failing to do so can result in policy and practice developed with false, inaccurate, or incomplete information.

Is the narrative factual?

Just because you read it - or a familiar source says it, tweets it or repeats it - doesn’t mean it’s based in fact. If you believe it to be true, can you validate the narrative through individuals of differing backgrounds, experiences and perspectives? Can you find data that support the narrative? If not, you may be missing the nuance and / or complexity of an issue.

Who benefits from the narrative?

When power or resources are at stake (or perceived to be at stake), messages, stories and narratives that maintain the status quo are often crafted to benefit a limited, dominant group.

Who is missing from the narrative?

Too often leading narratives serve a dominant group, which can silence or serve to invalidate a whole range of experiences and perspectives experienced by marginalized groups. There are always alternative perspectives. Seeking them out may take time and effort, but it is essential to inform your understanding of the motives behind leading narratives and uncover the voices that are missing from shaping it. This process of discovery will help you understand the larger context and balance fact against narrative.
I am a seventy-year-old white male who has a pretty good life. I love my wife, and she loves me. There are lots of issues in our family, but there is a lot of joy too. I am in good health, and I feel financially secure.

I have faced a lot of adversity, though, so the idea that white male privilege had anything to do with me getting to where I am today didn’t make sense to me.

My dad was horribly abused as a child. He promised not to pass that abuse along to his children, but it was a promise he wasn’t able to keep.

Dad spent a lot of time in jail and prison. That left mom to care for my brother, my sister, and myself. Mom had dropped out of school in the eighth grade. She gave birth to me when she was sixteen years old, my brother when she was eighteen, and my sister when she was twenty. She started drinking [alcohol in excess] shortly after my sister was born.

I was drinking [alcohol in excess] by the time I was sixteen. During my senior year in high school, I was arrested, convicted of a crime, and sentenced to one year in [Oregon’s] Tillamook County jail.

How could white male privilege have had anything to do with my journey since that journey included experiences with poverty, crime, and addiction?

My sister, Rosie, was probably the first person to help me begin to understand. I remember telling her how important Abraham Lincoln's story was to me because it gave me hope that anyone could become president of the United States. She replied, “You mean any man can become president.” Mrs. Clark, my third-grade teacher, read Abraham Lincoln’s biography to us in class. It had never occurred to me that Rosie hadn’t heard the same message I had heard in grade school.

Looking back now, even though my life was difficult, I can see that being a white male played a role in my redemption. I received a lot of help along the way to get into recovery, improve my education, get a job, and move ahead in my career. I was given trust and respect long before I had a chance to earn it. If I had been a different race or a different gender, I don’t believe I would have been given many of those opportunities and benefits.

This is just one of the reasons I am grateful to be included in the national Building Community Resilience (BCR) movement. BCR leadership is skilled at creating “safe spaces” where truth telling, vulnerability, healing, and charting a course forward together are happening. I am learning that even though I am not a bad person or personally responsible for creating the systems that grant white men unearned privilege and oppress others, I am responsible to work for equity and justice.
The Burden of Inequity, The Benefit of Privilege

It can be useful to view community experiences through the lens of inequity and privilege in order to see differences across a lifetime and over generations. Working through this tool in collaboration with partners is another means of developing shared understanding and beginning to map the ways inequities present themselves in community.

**Using the chart:** Examples given below are high-level, but it may be useful for you to get more granular and specific as it pertains to your community.

<table>
<thead>
<tr>
<th>Burden of Inequity</th>
<th>Outcome of Inequity</th>
<th>Benefit of Privilege</th>
<th>Outcome of Privilege</th>
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<tr>
<td>Generational poverty</td>
<td>Lack of savings, lack of homeownership</td>
<td>Generational wealth</td>
<td>Home ownership, wealth passed on</td>
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<td>Poorly resourced public schools</td>
<td>Lower educational attainment, less access to economic mobility</td>
<td>Access to highly resources schools and educational supports</td>
<td>Higher educational attainment, greater likelihood of economic mobility</td>
</tr>
<tr>
<td>Limited access to health and social supports</td>
<td>Burden of chronic disease, shortened life expectancy</td>
<td>Access to social supports and enrichment programs</td>
<td>Less burden of chronic disease, longer life expectancy</td>
</tr>
<tr>
<td>Living in areas of concentrated poverty, higher crime rates</td>
<td>Harsher community policing practices aimed at residents not for the benefit of resident safety or sense of security, more frequent contact with law enforcement, higher levels of community trauma. Higher arrest rates, higher rates of incarceration.</td>
<td>More likely to live in areas with lower crime rates, community policing practices aimed at protecting community from outsiders.</td>
<td>Lower levels of community stress due to positive interactions with law enforcement, lower arrest rates and lower rates of incarceration.</td>
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Messaging: Why Framing Matters

Everyone has a role to play in creating more equitable communities, but not everyone understands how they can contribute to advancing equity, or why it should even matter to them. Thus, one aim of communicating equity is to help people see themselves in the work. The way we message equity to a policymaker in a predominately White, rural town in Texas will likely be different than how you would message equity at a community conversation in the District of Columbia’s predominately African-American Ward 8.
One Issue, Two Frames

In the 1980s, crack cocaine ravaged African American communities, destroying the health of drug users and creating turf wars that increased violent attacks and murders, including of innocent people. Popular media framed the epidemic to create a narrative of African American people as immoral, criminal, and dangerous. This narrative helped justify President Ronald Reagan’s Anti-Drug Abuse Act of 1986, which took a heavy-handed approach to substance abuse and distribution. Rather than address the adverse community environments (e.g., poverty, lack of employment opportunity, community displacement and disruption) that fed the demand for drugs and fueled the drug trade in African-American communities, the Reagan Administration increased penalties and resources that encouraged criminalization of substance abuse and increased harsher penalties for dealers of crack cocaine and marijuana. The Clinton Administration doubled down on this approach with the Violent Crime Control and Law Enforcement Act in 1994, including mandatory life sentences for individuals convicted of a violent felony after two or more prior convictions including drug crimes. Whether a person was subject to ‘three strikes’ guidelines varied by substance. Sentencing guidelines for individuals convicted of possessing, using or distributing powder cocaine, which was more often used by white and higher income offenders, carried a much lighter penalty than crack cocaine, which was mostly used by African American and low-income offenders. The result is that African-American substance abusers and their distributors (who were often African-American, as well) were convicted and incarcerated at higher rates and with longer sentences than the users and distributors of powder cocaine.

Today, the race and class of the victims of the nation’s opioid epidemic contrast vastly with the crack cocaine crisis and so do the solutions. The opioid crisis is perceived as an issue that greatly impacts all communities—not just communities of color—and as such, much more empathy is being applied in the nation’s response.

Thirty years later, the face of drug addiction is overwhelmingly portrayed as white and the supplier wears a white coat (pharmacists and physicians), sparking a response that is focused on access to drug treatment and lawsuits against manufacturers. Today’s advocates call for a public health approach to substance misuse and abuse, leading to the passage
of legislation such as the 21st Century Cures Act, Comprehensive Addiction and Recovery Act, and SUPPORT for Patients and Communities Act, which collectively provide more than $10 billion in allocated funding to address the opioid crisis.\textsuperscript{25} This approach increases access to drug treatment, prioritizes drug diversion programs over criminal conviction, and emphasizes a need for trauma-informed treatment for the children and families of substance abusers. Today's \textit{medicalized} approach to the opioid crisis is in stark contrast to the \textit{criminalized} approach during the crack cocaine epidemic, fueling resentment in communities of color that have yet to fully recover from the effects of criminal policies that left addiction untreated and instead resulted in mass incarceration, and an overall lack of empathy from policymakers.\textsuperscript{26}

These two tales demonstrate how narratives and framing can influence how we come to perceive and respond to the Pair of ACEs. The public narrative of communities of color as inherently flawed and criminal - and of white people as deserving of compassion and redeemable - influence the systemic and policy approaches to illegal drug use.

\textbf{Framing 101}

In simple terms, framing is a tactic used to highlight certain issues, or aspects of an issue, and downplay others. Just like narratives, frames help assign meaning to issues, prioritize their importance, and influence what and how an audience thinks about a topic, all of which have implications for public opinion, public policy, and resource allocation.\textsuperscript{27} Understanding of issues is often frame-based, rather than fact-based. Thus, framing offers an opportunity to discuss inequity in a way that focuses on the conditions creating disparities, offering insight into why the disparities exist rather than just an assessment of who they affect. Let's look at an example:

\textbf{Fact:} In the District of Columbia's Wards 7 and 8, which are predominately African-American, rates of diabetes and asthma are three times higher\textsuperscript{28} - and life expectancy is up to 21 years shorter\textsuperscript{29} - than in predominately white and wealthier Wards 2 and 3.
Dominant Narrative Frame: The dominant narrative of individualism triggers the assumption that the disparities in chronic disease and life expectancy are the result of poor individual health behaviors, such as eating too much processed food, and failure to participate in health promoting activities, such as exercise.

Equity Reframe: By adding the context that Ward 7 and 8 residents experience the highest rates of unemployment, poverty, and deadly violence in DC, we can begin to see that their inequitable health outcomes are more likely the result of an inability to move and play safely in neighborhoods, as well as lack of access to and affordability of fresh, healthy food options. With that understanding, we can shift the focus of solutions toward the pair of ACEs (i.e., the social and environmental factors) rather than solely on the rehabilitation of individual people.

Elements of Framing. Think of a frame as a puzzle: the elements of the frame are puzzle pieces that must fit together in order to change the way people think and move them to action. The Frameworks Institute suggests that there are 12 foundational frame elements, which are explained in this one-pager, and include things like personal values, context, metaphors, and solutions, to name a few. With these elements in mind, you can use Spitfire Strategies’ Smart Chart 3.0 to begin building out a messaging framework to support equity communications.

Crafting a Message of Equity

Our words can either connect us to those we want to engage, or they can move us further apart; our aim is to develop messages that connect. The Center for Community Change recommends considering the following lessons to create more persuasive messages about addressing trauma, creating equity, and building community resilience:

- **Lead with shared values, not problems.** Often in public health, we lead with a problem, then identify the solution and the call to action. Your audience does
not want more problems – they have enough of their own. Instead, start your message with a shared value that is generally accepted (e.g., family, opportunity, agency). Doing this connects the reader to your message immediately, rather than giving them the opportunity to say, “this isn’t something I can relate to, so I don’t need to pay any more attention.”

**Example:** *We all want our children to grow and thrive in a safe and healthy environment. But too many Native Indian/Alaskan Native (NI/AN) babies in Washington State never get that chance, dying at twice the rate as White infants.*

When integrating “shared” values, do so with an understanding that values are culturally driven and can differ across race, nationality, etc. Consider how you might need to identify and leverage the shared values of specific communities.

- **Bring people into the frame.** Inequity is the result of systemic and institutional forces. If we don’t name the origins of inequity, we can’t identify real solutions.

  **Example:** *Nearly 1 in 4 of Dallas residents are foreign-born. As healthcare and social service providers, we have a duty to protect, promote, and preserve the health and well-being of our community. Unfortunately, this has become increasingly difficult as federal lawmakers implement policies that intimidate immigrant families, preventing them from seeking support services out of fear of detainment or deportation.*

  If there is no clear culprit, or political sensitivities prevent such explicit naming, use actions words to make it clear that inequities are created and don’t happen passively.

  **Example:** *Nearly 1 in 4 of Dallas residents are foreign-born. As health and social service providers, we have a duty to protect, promote, and preserve the health and well-being of these individuals, but this has become increasingly difficult as the lingering threat of detainment and deportation scares immigrant families from seeking public or government services.*

- **Create the Good.** Language that focuses solely on reducing a problem, without naming the positive impact, may not move people to act. Instead, use words that describe the good that a policy, campaign, or movement can create so that audiences can connect how reducing the problem would benefit people.

  **Example:** *African American residents in DC are more likely to live in areas that are unsafe. It’s hard to be healthy when you face risks just going outside*
to be active. DC’s BCR Coalition is leading an effort to support and align work across critical government agencies to address community violence and create safer spaces that promote healthy movement.

• **Focus on outcomes.** We tend to label outcomes, whether desired or undesired, in policy terms such as ‘paid family leave’ or ‘minimum wage increase.’ We also do this with people, calling them ‘enrollees’ or ‘beneficiaries.’ Using policy terms removes the lived experience and makes the message less compelling. Instead, refer to people based on their human roles (e.g., mothers, children, friends, neighbors) and describe what outcomes your proposed solutions will create for those people.

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**Communicating Equity within Coalitions: An example from BCR Network Partners in Greater Cincinnati**

_Erin Saul, Community Relations Specialist, Joining Forces for Children_

Joining Forces for Children recognizes that to achieve its vision that all residents, organizations, and institutions in Greater Cincinnati are a collective force that ensure healthy, resilient children are thriving in nurturing families, neighborhoods, and communities, we must apply a lens of diversity, equity and inclusion (DEI) to our efforts.

The first steps on this journey were 1) building consensus among the Joining Forces for Children Steering Committee members to make DEI [diversity, equity and inclusion] a priority and 2) building a cross-sector team to develop a meaningful, concrete plan to move the work forward.

In the fall of 2019 the Joining Forces for Children Steering Committee adopted a DEI plan that is driven by three tenants: equitable conditions provide supports that promote resilience; many Adverse Childhood Experiences (ACEs) are linked to policy and system driven inequities; adverse community environments are the result of policies and practices across multiple systems that were designed for the place-based inequities they produce across generations. The DEI plan breaks down our mission driven goals into three overlapping buckets of work that are each driven by concrete strategies, timelines, and milestones.
Creating a Common Language

Common language isn’t just about using words that are accessible and comprehensible, it’s also about selecting terminology that doesn’t alienate. Whether we like it or not, there are people who don’t see equity as a priority. But this cannot be a barrier to our ability to engage them in equity conversations. When needed, consider using language that communicates your commitment to equity without using the explicit terminology. See the below phrases as examples:

- Health starts long before illness. In our communities, schools and jobs, barriers exist that prevent an equal opportunity to achieving optimal health and wellbeing.
- All people should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.
- Your neighborhood or job shouldn’t be hazardous to your health.
- Health begins where we live, learn, work and play.

Having to talk around equity isn’t ideal, but it’s important to have alternate language available for instances when you are engaging people in a less progressive environment.

Measuring Equity

The saying, ‘What gets measured is what gets done,’ is worth remembering when we think about making the case for equitable change. We recognize that at times, the term ‘equity’ can seem confusing and undefined - a buzzword with no real meaning. Yet data and numbers are powerful currency, especially among policy-makers and decision makers.

With the understanding of our nation’s history of intentional discrimination through policy and practice, we can see that today’s disparities are measures of inequity. Therefore, narrowing - and ultimately eliminating - our disparities will reflect our success in increasing equity. Closing the disparity gap increases equity for communities that experience the greatest burden of negative outcomes in health and wellbeing.

Disparities among groups are historically most significant when segmented by race, though they can be just as stark when considering other factors such as poverty and wealth, place (rural/urban/suburban), or educational attainment.
Inequity can be demonstrated with any range of data points, including outcomes in health (disease rates, life expectancy), education (educational opportunity, high school graduation rates, suspension rates), interaction with the justice system (arrests, convictions, incarceration rates), etc.

Measuring Equity:
An example from from Greater Dallas

Genesis Gavino, Deputy Resilience Officer, Office of Resilience, City of Dallas

The City of Dallas is committed to leading with equity, beginning with its Values of Service, the Resilient Dallas Strategy (developed as part of the 100 Resilient Cities cohort), and Equity Indicators Project. Under the leadership of City Manager, T.C. Broadnax, the City adopted four values of service - empathy, ethics, excellence, and equity - which informs and guides the way the City as an organization and as individual public servants serve our communities. With an equity lens, the City developed the Resilient Dallas Strategy, a roadmap to begin addressing the growing disparities that exist in Dallas with a focus on workforce development, healthy communities, transportation access, immigrants and refugees, neighborhood infrastructure, and environmental sustainability. Born out of the Resilient Dallas Strategy, the Equity Indicators Project is the first step in helping us understand and measure progress toward equity across our community.

The Office of Resilience has developed a matrix to align the Equity Indicators against Resilient Dallas goals that can be used by internal and external stakeholders to map current initiatives, programs, and policies that have an effect on the indicator. Most recently the matrix was used to identify opportunities for partnership and prioritization between the City of Dallas, Dallas County Health and Human Services, and Parkland Hospital Health System for the Community Health Needs Assessment. This collaborative partnership is just one of the many ways to demonstrate how equity and its subsequent work cannot be accomplished by one entity but must be a collective effort by all.

- **Community Health Needs Assessment:** https://www.parklandhospital.com/Uploads/public/documents/PDFs/Health-Dashboard/CHNA%202019.pdf
Endnotes


