



Center for Fatality Review & Prevention

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Facilitator's Manual

*Health Equity: Diversity, Equity, and Inclusion
Assessment Guide for Multidisciplinary Teams*



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Facilitator's Manual

Health Equity: Diversity, Equity, and Inclusion Assessment Guide for Multidisciplinary Teams

Introduction

Multidisciplinary teams are both a catalyst for and facilitator of important community, prevention, and public safety initiatives, particularly in the arena of childhood injury prevention, and most involve some form of inter-agency partnerships between organizations from across the community.

As multidisciplinary teams work to address childhood injuries and fatalities, the inequities in health outcomes remain a profound challenge. Outcomes are deeply tied to social determinants of health, including income, experience of racism, geography, and educational attainment. To advance the public's health, tailored approaches are employed to support marginalized communities, with the understanding that to decrease poor health outcomes that are tightly connected to the social determinants of health, social contexts must be addressed. Approaches that advance equity are necessary for effective public health practice in injury prevention. However, while all partners may agree on the importance of reducing childhood injury, they may not agree on population health approaches that emphasize advancing equity in their communities. Participating agencies may also have different orientations around concepts of equity and commitments to advancing it.

The unique challenge multidisciplinary teams face is their diverse agency partners may have different orientations and commitments to advancing equity externally and diversity, equity, and inclusion (DEI) internally. To meet this need, Children's Safety Network, Safe Kids Worldwide, and the National Center for Fatality Review and Prevention developed *Health Equity: Diversity, Equity, and Inclusion Assessment Guide for Multidisciplinary Teams* (the Guide). The Guide assumes that an internal commitment to DEI in organizational practice is foundational to advancing health equity in the community.¹

Multiple multidisciplinary teams from across the country piloted and provided feedback on the Guide. Based on feedback from the pilot sites, this Facilitator’s Manual was developed to support effective facilitation and use of the Guide with multidisciplinary teams and to provide additional resources that may support facilitators, multidisciplinary teams, partner agencies, or individual team members in getting the most out of the use of the Guide. It walks facilitators through the considerations for preparing to use the Guide with their multidisciplinary teams and provides examples that facilitators can use to stimulate conversation. The examples are shared throughout the Facilitator’s Manual and are identified in brackets and italics after the questions used in the Guide.

**THE GOAL OF
THIS GUIDE**

To produce knowledge that will equip multidisciplinary teams and their leaders to identify and act on growth opportunities within the team and community contexts and support a shared understanding of the multidisciplinary team's commitments to DEI and advancing health equity in the community.

The Guide will support professionals in determining their needs in implementing a health equity lens into their unique coalition and committee efforts, an important step in ultimately working toward health equity in their communities.

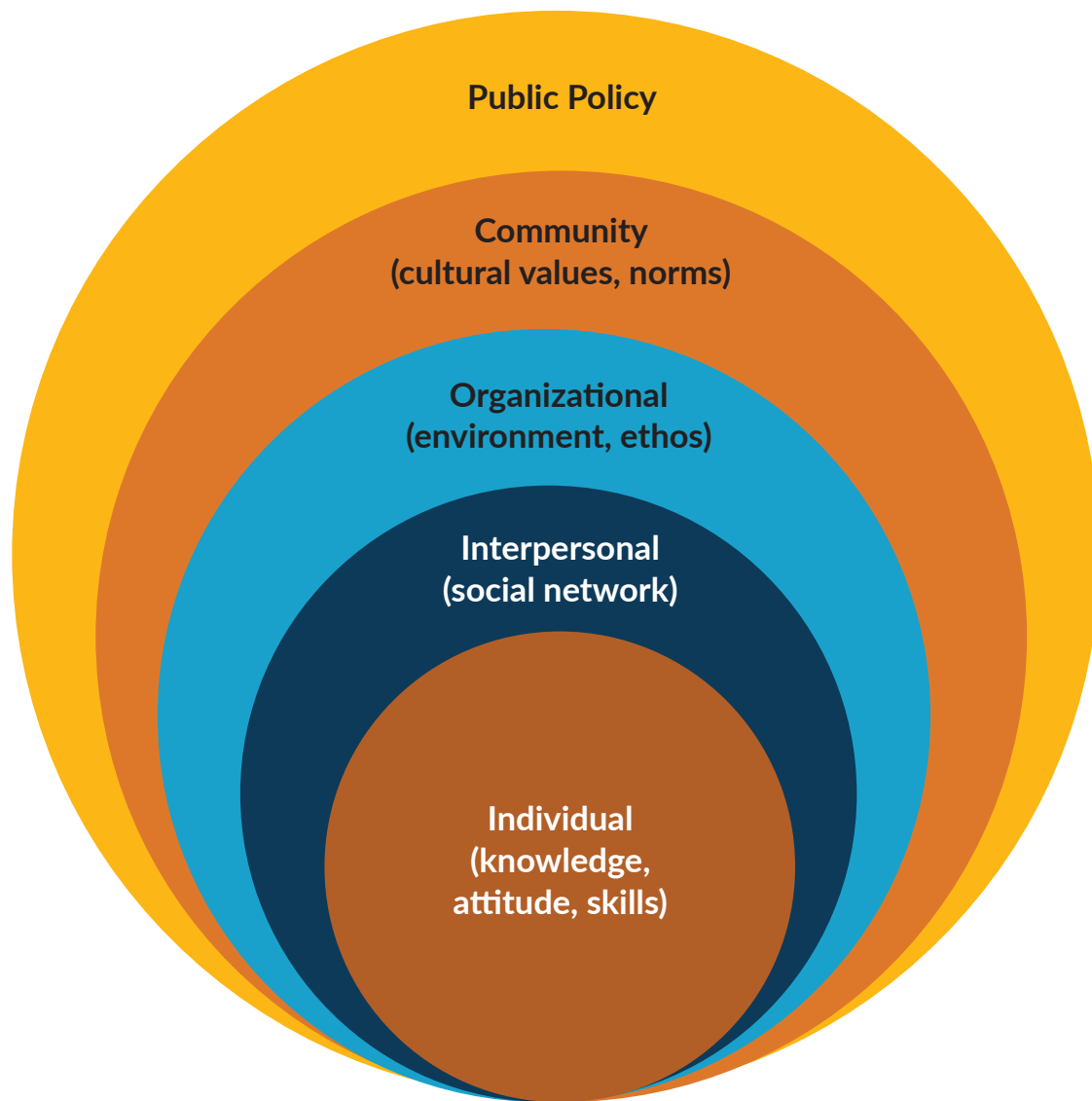
It is designed to:

- 1** *Yield insights into ways partner agencies from the multidisciplinary team context approach DEI in their home agency contexts.*

- 2** *Guide multidisciplinary team members to move from internal assessment of DEI to a discussion of home agencies' contribution to advancing health equity in their role on the multidisciplinary team.*

- 3** *Support multidisciplinary teams in considering next steps to address issues identified through the assessment.*

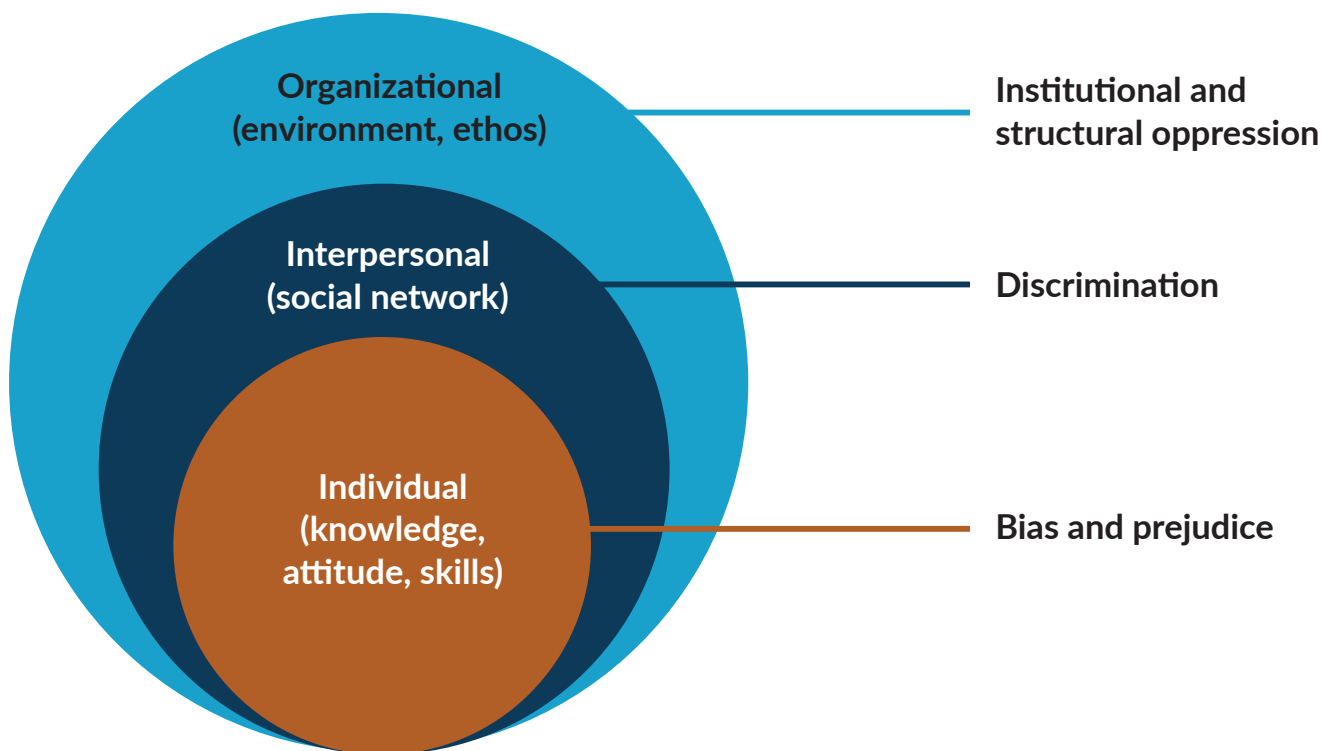
Figure 1. *The Social-Ecological Model: Framework for Prevention, Centers for Disease Control and Prevention*



The Social Ecological Model (SEM) provides opportunities to consider how either oppression can be perpetuated or equity can be advanced across individual, interpersonal, organizational, community, or public policy domains. At the individual level, people hold prejudices or biases, often unconscious preconceived opinions or even emotions about an individual or group. These can be positive or negative. Often, people act on these biases without even realizing it. When one acts on a negative bias or prejudice they have against others, it is discrimination at the **interpersonal** level, seen to have observable impacts on health outcomes.

Oppression, on the other hand, is the systematic weight of prejudice and discrimination on the people it affects, allowing prejudice and discrimination to be supported by social structures and institutions. Oppression serves both actively and passively to uphold normative structures of social power, such as patriarchy, white supremacy, and ableism at the **organizational, community, and public policy levels of the SEM** through values, norms, policies, and practices.

Figure 2. How Oppression Can Be Perpetuated at Different Levels of the SEM



The Guide focuses on the Organizational, Community, and Public Policy levels of the SEM, as seen in Figures 1 and 2, and the systems embedded in each of those levels. The SEM is used in the Guide to highlight a variety of factors, including capacity, communication, community connection, and programming. For a deeper examination of the SEM, explore [Social-Ecological Model Offers New Approach to Public Health](#).⁴



Planning to Use the Guide

General Considerations for Facilitators

Community Agreements

Community agreements are a set of consensus-based standards outlining how a group will work together. They are co-created by participating individuals to build understanding and shared expectations. Working groups benefit from establishing community agreements to guide their interactions. Some multidisciplinary teams using the Guide will already have established community agreements. For those that don't, it may make sense to establish community agreements prior to discussing DEI given potential sensitivities.

The facilitator may introduce the concept, provide various examples, and assist with establishment of common community agreements prior to starting the activities in the Guide. The facilitator should seek consensus from the group to confirm all participants agree to them. Community agreements should be revisited in each meeting the group works on the Guide.

Common community agreements and concepts include:

Make space for everyone to share. The team will let one person speak at a time and give each member the opportunity to weigh in. We will share space and speaking time among team members so that no one monopolizes and everyone contributes.

Listen to understand and not to respond. The team will focus on deep understanding of other members' perspectives and experiences without trying to justify their own. Only once we understand each other can we find common ground.

Share our experiences and expertise and make room for the experiences and expertise of others. We will use "I" statements, reflecting our own lived experience and knowledge without making assumptions about others' experience, knowledge, or choices.

Use "both/and" thinking. We will hold multiple experiences as valid and real, even if they look or sound different.

Prioritize impact over intent. Words and actions have both intention from the speaker/actor and impact on others. We will focus on the impact of statements and actions, both inside the team and out of it. We will take accountability for the impact of our words, actions, and choices, regardless of the intention behind them.

For more information on community agreements, visit:

Resources on facilitation and community agreements

[Drawing Change—Co-Creating Community Agreements](https://drawingchange.com/co-creating-community-agreements-in-meetings/) (URL: <https://drawingchange.com/co-creating-community-agreements-in-meetings/>)

[National Equity Project—Developing Community Agreements](https://www.nationalequityproject.org/tools/developing-community-agreements) (URL: <https://www.nationalequityproject.org/tools/developing-community-agreements>)

[Anti-Oppressive Facilitation for Democratic Process—Making Meetings Awesome for Everyone](https://arts-campout-2015.sites.olt.ubc.ca/files/2019/02/AORTA_Facilitation-Resource-Sheet-JUNE2017.pdf) (URL: https://arts-campout-2015.sites.olt.ubc.ca/files/2019/02/AORTA_Facilitation-Resource-Sheet-JUNE2017.pdf)

Preparing for Challenging Subject Matter

The discussions multidisciplinary teams will have when using the Guide may bring up difficult feelings or unexpected reactions. Health equity and DEI work inherently challenge the status quo of the systems and practices people are accustomed to. Discomfort is a natural, expected, and helpful state for many participants when engaging with DEI. However, because of their own lived experiences, some participants may not feel safe having these discussions. It is important that as the facilitator, you are aware that participants may go beyond feeling uncomfortable to feeling triggered. When someone is triggered, it means that something in the present has caused them to re-live the pain from past trauma. The facilitator may create a safe environment by reminding participants they have full choice in declining to participate in conversations or leaning into and exploring feelings of discomfort at any time.²

Resources on challenging discussions

Courageous Conversations: [About Us - Courageous Conversations](https://courageousconversation.com/about/) (URL: <https://courageousconversation.com/about/>)

Guide to Facilitating Challenging Conversations: [Guide to Facilitating Challenging Conversations - Diversity & Inclusion Support | Montana State University](https://www.montana.edu/diversity/resources/facultystaff/facilitatingconvos_guide.html) (URL: https://www.montana.edu/diversity/resources/facultystaff/facilitatingconvos_guide.html)

[Facing History and Ourselves—Navigating Difficult Conversations webinar series](https://www.facinghistory.org/) (URL: <https://www.facinghistory.org/>)

Breakouts

Depending on the size of the multidisciplinary team and other group characteristics, as the facilitator you may determine that it is most helpful to break into smaller groups for some or all of the Guide's discussions. We suggest that groups larger than 10-12 consider smaller breakout groups, which can be facilitated in both in-person and virtual environments. If using breakouts, team members should be provided clear directions for:

- How the larger group will be divided
- The discussion questions to be posed
- Capturing the Takeaways if those are completed in the small group context
- How breakout responses will be shared out to the larger group to ensure a shared understanding





Timeline

There is no "best" way to use the Guide. Teams will need several meetings to complete all of the proposed discussions. All teams who piloted the Guide used at least two meetings, with one site suggesting discussions be broken up across four to six meetings.

It is important that each team use it in a way that works best for their situation. This will depend on their regular meeting schedule, what other business they may need to conduct, and other group characteristics.

Potential strategies include:

- Strategy 1:** Dedicate a portion of a multidisciplinary team's meeting to introducing the Guide, reviewing the introductory materials, and send the Guide home with members. Reconvene later to talk through the Guide. Team members can be asked to fill in some of their answers in advance to help them in the discussion.

- Strategy 2:** Dedicate a portion of a team meeting to introduce the Guide and reviewing the introductory materials. Ask team members to review Key Concepts and Terms before the next meeting. Set aside dedicated time at the next three meetings to discuss the questions from each of the Organizational, Community, and Public Policy sections. Regular team work should continue in the rest of the meeting time. Send out the questions in the Guide ahead of time for team members to review. Then have discussions to hear the team members' responses when the team convenes. If the discussions are in smaller groups, team members should share the Key Takeaways from each section when back with the large group. Finally, use the Key Takeaways to facilitate a separate, action planning session once all three sections are complete.

Strategy 3: Focus on one section of the Guide at a time over seven meetings:

- **Introduction:** Introduce the Guide, highlighting the motivation and timeline for its use. Ask team members to review the Key Concepts and Terms for the next discussion.
- **Key Concepts and Terms:** Walk through Key Concepts and Terms together. Ask participants to reflect on and respond to the terms and concepts. Ask team members to review the Organizational questions for the next discussion.
- **Organizational Questions:** Pose the questions in this section to team members, asking them to share. Emphasize the Key Takeaways from this section will be used for planning next steps. Ask team members to review the Community-Focused Questions for the next discussion.
- **Community-Focused Questions:** Pose the questions in this section to team members, asking them to share. Emphasize that the Key Takeaways from this section will be used for planning next steps for the team. Ask team members to review the Public Policy Questions for the next discussion.
- **Public Policy Questions:** Pose the questions in this section to team members, asking them to share. Emphasize that the Key Takeaways from this section will be used for planning next steps for the team. Ask team members to review Key Takeaways from the Organizational, Community-Focused, and Public Policy sections in preparation for the next discussion.
- **Next Steps:** Share the Key Takeaways from the Organizational, Community-Focused, and Public Policy Sections with the group. Facilitators may choose to summarize or condense the Key Takeaways ahead of time to reduce redundancy. If this is done, it will be important to keep track of how many times a particular idea was shared, as it may be a higher priority for the group as a whole.
- **Action Planning:** Convene to review next steps and to create an action plan based on the Key Takeaways and Next Steps, ensuring to identify who is responsible, the appropriate timeframe, and what resources need to be identified or recruited and how.

Engaging partners

Existing Partners

The facilitator may send out a roster of multidisciplinary team participants that includes their home agency, role, and/or expertise before starting to work through the Guide. This provides everyone, especially new team members, with context regarding the home agencies represented on the multidisciplinary team.

Additional Partners

Facilitators should consider whether there are outside partners (partners not participating on the multidisciplinary team) who might be useful in the discussions team members will have when working their way through the Guide. Are there external partners who could provide a missing and important perspective in all or some of the sections of the guide—for example, is there value in involving a member of the communities impacted by inequity if they are not already represented on the multidisciplinary team. Previous users of the Guide have identified that they included a health equity representative from the health department.

The questions in the Public Policy section of the Guide may be challenging for multidisciplinary team members to answer confidently based on limited knowledge of this topic. While they may be difficult for participants to answer, they are still valuable to reflect on and discuss. Teams may decide to invite a partner with expertise in this area to participate in the Public Policy discussion. This person should be able to meaningfully speak to the ways in which local, state, and/or federal public policies impact communities and how they are related to health inequities.

Key Concepts and Terms

The Guide's Key Concepts and Terms offer an important opportunity for participants to establish shared understanding of ideas and words used throughout the Guide before engaging in discussions together. Facilitators may choose to present the concepts to the group or ask team members to review them outside of the meeting. The Key Concepts and Terms are found on pages 10-13 of the Guide.

Home Agency vs. Multidisciplinary Team

The discussions in the Guide ask multidisciplinary team members to answer questions about their home agency, the multidisciplinary team, and the broader community. Understanding the distinctions between these groups is important to having productive discussions. The facilitator should ensure the distinctions are discussed when introducing the Guide and proposed process.

The following definitions and ways to identify the subject of the question are included in the Guide:



Home Agency

The home agency is the agency or organization that employs staff who serve—often as agency-level assignees or volunteers—on external, multidisciplinary teams, coalitions, or taskforces. Questions focused on the home agency will be orange. Examples of home agencies include police departments, victims' services agencies, child welfare agencies, hospitals, or health departments.



Multidisciplinary Team

The multidisciplinary team is a working team with representatives from multiple home agencies in the community, convening to work toward common goals, including community safety, wellbeing, and injury prevention. Questions focused on the multidisciplinary team will be blue. Examples include Child Death Review teams, Safe Kids Coalitions, and other child injury prevention work groups.

Questions related to the community and public policy—not directly related to a home agency or multidisciplinary team—**will be black.**

Resources for Prework

The following resources may be helpful in framing the concepts of implicit bias, DEI, health equity, or institutionalized oppression.

Resources to support individuals

These resources can support multidisciplinary team members in understanding their own internalized biases.

Kirwan Institute's Implicit Bias Module Series: [Kirwan Institute: Implicit Bias Training Modules \(osu.edu\)](https://kirwaninstitute.osu.edu/implicit-bias-training) (URL: <https://kirwaninstitute.osu.edu/implicit-bias-training>)

National Healthy Start Association's Racial Equity Learning Series: [NHTSA-NCM CCI Racial Equity Learning Series \(RELS\) - Alliance for Innovation on Maternal Health Community Care Initiative](https://www.aimcci.org/nhsa-aim-cci-racial-equity-learning-series-rels/) (URL: <https://www.aimcci.org/nhsa-aim-cci-racial-equity-learning-series-rels/>)

The Implicit Association Test (IAT) addressing race, found here at Project Implicit at Harvard University: [Project Implicit \(harvard.edu\)](https://implicit.harvard.edu/implicit/) (URL: <https://implicit.harvard.edu/implicit/>)³

Resources to support organizations

These resources may be helpful if a participating agency requests additional resources for assessing or understanding health equity.

Michigan Public Health Institute's Health Equity & Social Justice in Public Health: A Dialogue-Based Assessment Tool: [HESJ-Dialogue-Based-Needs-Assessment-MPHI-CHEP.pdf](https://www.mphi.org/wp-content/uploads/2018/06/HESJ-Dialogue-Based-Needs-Assessment-MPHI-CHEP.pdf) (URL: <https://www.mphi.org/wp-content/uploads/2018/06/HESJ-Dialogue-Based-Needs-Assessment-MPHI-CHEP.pdf>)

Safe States Alliance's Injury and Violence Prevention Health Equity Scan: [injury_and_violence_preventi.pdf \(ymaws.com\)](https://cdn.ymaws.com/www.safestates.org/resource/resmgr/antiracismhealthequity/injury_and_violence_preventi.pdf) (URL: https://cdn.ymaws.com/www.safestates.org/resource/resmgr/antiracismhealthequity/injury_and_violence_preventi.pdf)

The National Center for Fatality Review and Prevention's Using Health Equity in Fatality Review: [Session 13: Using Health Equity in Fatality Review \(mihealth.org\)](https://mediasite.mihealth.org/Mediasite/Play/d0efa7aafc3942e29d9501c07e6f65e91d?catalog=db105963-a5d6-42c9-b623-7f5de124c02a) (URL: <https://mediasite.mihealth.org/Mediasite/Play/d0efa7aafc3942e29d9501c07e6f65e91d?catalog=db105963-a5d6-42c9-b623-7f5de124c02a>)

Whitehead M, Dahlgren G. (2007). Levelling up (Part 1): [Concepts and principles for tackling social inequities in health. World Health Organization](http://www.euro.who.int/document/e89383.pdf) (URL: <http://www.euro.who.int/document/e89383.pdf>). Retrieved September 28, 2020.

Resources for framing institutionalized oppression

These resources may be particularly helpful when introducing the Guide or when discussing the Key Concepts and Terms. They include multimedia resources and journalistic publications.

Daley, Janson. Study Shows Little Change Since Kerner Commission Reported on Racism 50 Years Ago, Smithsonian Magazine. March 2, 2018: [Study Shows Little Change Since Kerner Commission Reported on Racism 50 Years Ago | Smart News | Smithsonian Magazine](https://www.smithsonianmag.com/smart-news/study-shows-little-change-segregation-and-poverty-over-last-fifty-years-180968317/) (URL: <https://www.smithsonianmag.com/smart-news/study-shows-little-change-segregation-and-poverty-over-last-fifty-years-180968317/>)

Lodder, Luiza. Understanding Structural Racism, TEDxYouth@EAB. February 2019: [Luiza Lodder: Understanding structural racism | TED Talk](https://www.ted.com/talks/luiza_lodder_understanding_structural_racism) (URL: https://www.ted.com/talks/luiza_lodder_understanding_structural_racism)

Reeves, Halley. Redlining and the Health of a City, TEDxOklahomaCity. April 2019: [Halley Reeves: Redlining and The Health of a City | TED Talk](https://www.ted.com/talks/halley_reeves_redlining_and_the_health_of_a_city) (URL: https://www.ted.com/talks/halley_reeves_redlining_and_the_health_of_a_city)

Skibba, Ramin. The Disturbing Resilience of Scientific Racism, Smithsonian Magazine. May 20, 2019: [The Disturbing Resilience of Scientific Racism | Science | Smithsonian Magazine](https://www.smithsonianmag.com/science-nature/disturbing-resilience-scientific-racism-180972243/) (URL: <https://www.smithsonianmag.com/science-nature/disturbing-resilience-scientific-racism-180972243/>)

Solly, Meilan. 158 Resources for Understanding Systemic Racism in America (focus on Systemic Inequality), Smithsonian Magazine. June 4, 2020: [158 Resources for Understanding Systemic Racism in America | History | Smithsonian Magazine](https://www.smithsonianmag.com/history/158-resources-understanding-systemic-racism-america-180975029/#sectionTwo) (URL: <https://www.smithsonianmag.com/history/158-resources-understanding-systemic-racism-america-180975029/#sectionTwo>)

Solly, Meilan. Art Project Shows Racial Biases in Artificial Intelligence System, Smithsonian Magazine. September 24, 2019: [Art Project Shows Racial Biases in Artificial Intelligence System | Smart News | Smithsonian Magazine](https://www.smithsonianmag.com/smart-news/art-project-exposed-racial-biases-artificial-intelligence-system-180973207/) (URL: <https://www.smithsonianmag.com/smart-news/art-project-exposed-racial-biases-artificial-intelligence-system-180973207/>)

Interactive 1619 Project, New York Times: [The 1619 Project - The New York Times](https://www.nytimes.com/interactive/2019/08/14/magazine/1619-america-slavery.html?searchResultPosition=2) (URL: <https://www.nytimes.com/interactive/2019/08/14/magazine/1619-america-slavery.html?searchResultPosition=2>)

Additional Considerations

Discussion-Based Assessment

The Guide uses dialogue to lead teams in deep discussions, helping the team understand the DEI context in the home agencies, their multidisciplinary team, and the communities they serve. Given that, it was not designed with explicit intentions for teams to collect data on individual team member responses. **The most important thing to capture is the contents of the Takeaways from each of the Organizational, Community, and Public Policy sections of the Guide.** These will then be used in the final Next Steps section to identify actionable responses to the Takeaways.

Even though the intention is not to collect data, multidisciplinary team members should seek the approval of their home agencies for participation in the discussions in the Guide, informing them that the multidisciplinary team is conducting a series of discussions to determine the landscape of practices related to DEI from within the member organizations.

Confidentiality

A confidentiality statement or agreement should be signed by participants. It should ensure that the responses will not be shared outside the multidisciplinary team, they are not being used for research, and they are intended to support the multidisciplinary team in determining future priorities. Pilot sites recommended sending the questions out in survey form for participants to answer between meetings as a strategy to collect individual-level responses.

Concrete Outcomes

Given the amount of time and effort the Guide takes, it is important to establish expectations for concrete, actionable outcomes by the end of the end of the process. This honors team members' investment and increases the likelihood that specific actions will be identified. The Key Takeaways—along with the shared understanding built over the course of the Guide's discussions—should form the basis for identifying those next steps. However, future discussions and prioritization may be required.

Facilitating Use of the Guide

The following pages contain tips on facilitating each section of the Guide. The Organizational, Community, Public-Policy, and Next Steps sections all include the specific discussion questions, some of which have examples built into them. However, additional examples and ideas for you as the facilitator to use to get conversations started are included in brackets following the questions.

Introduction

Introduce the Guide, the reasons it is being recommended for use by the multidisciplinary team, and what the anticipated benefits of its use will be to the work of the team including the expectation for concrete next steps. As the facilitator, you should review the introductory information included in the Guide that will be provided to team members and consider your members and your context and whether there is any additional information that would be important to include as part of the introduction. This could include details like funders' or agency-level expectations, or how the Guide fits into the multidisciplinary team's mission and vision or strategic plan. Community agreements can also be established at the time the Guide is introduced.

Other information/activities you may consider including as part of the Introduction includes:

- Timeline for completion
- Specific objectives for completion
- Informing home agencies about members' participation
- Commitment to confidentiality
- Acknowledgment that the conversations may be challenging
- Overview of the Social Ecological Model (SEM)
- What to expect and how to prepare for the next meeting/section of the Guide
- Implicit bias resources or resources that contextualize historic or systematic oppression
- Additional resources that may support individual multidisciplinary team members or their home agencies.

Key Concepts and Terms

This section, starting on pg. 10 of the Guide, includes important definitions that may be new to some participants, and extensive references for more information. While it may be convenient to ask team members to review this section individually outside of a team meeting, it is important to dedicate a reasonable amount of time to discussing this section as a group, even if team members are asked to review it before to get a sense of where the group is starting from. Once the definitions and concepts have been reviewed, a follow-up discussion could include questions like these:

- What definitions/concepts were familiar to you?
- What definitions/concepts were new?
- What definitions and/or concepts stood out to you? Why?
- What definitions/concepts did you find challenging? Why?
- What definitions/concepts feel most important to discuss? Why?
- What definitions do you think will be most useful as we go through the Guide as a team? Why?
- What definitions do you think will be least useful as we go through the Guide as a team? Why?
- In what ways could dedicating more time to the Key Concepts and Terms change/improve our future discussions?

Organizational Questions



This portion of the assessment aims to understand your home agency in terms of operationalizing organizational policies and practices to achieve Diversity, Equity and Inclusion (DEI).

1

To your knowledge, has your home agency completed or participated in a training or internal organizational assessment as it relates to its current policies and practices to achieve diversity, equity and inclusion in your home agency? If so, when?

[Examples: Assessments or training on unconscious bias, identifying systemic biases that may impact current policies/practices, cultural competency, creating an inclusive workplace, racism, LGBTQ+ inclusion, or preventing discrimination or harassment.]

2

To your knowledge, has your home agency completed a needs assessment or similar assessment to determine the extent to which strategies and activities to achieve health equity are embedded in your agency's work? If so, when?

[Examples: Staff surveys, examining outcomes to identify inequities, or internal policy reviews.]

3

If you recall, what was the previous assessment tool(s) you or your home agency completed?

[It is likely participants may not recall the name of specific assessment tool(s). It is still helpful for them to describe the assessment tool, for example: "We took a survey to see if we felt like we were respected in the workplace, or if we had ever been treated differently by colleagues due to characteristics like race or sexual orientation."]

4

Are you aware of champions for DEI in your home agency?
If so, what are their roles?

[Answers may include examples of individuals whose job duties include advancing DEI, like a health equity consultant, or champions or leaders who advance DEI as they engage in other duties.]

5

Is there a diversity of social identities and perspectives at different levels of your home agency? (Examples of social identities may include race, ethnicity, heritage, sexual orientation, physical ability/disability, or gender identity.)

[Additional identities may include, age, religion, or spirituality, and it may be that not all aspects of one's identity are apparent or known to others. If you are comfortable, it may be helpful here to outline examples of your own social identities as an example. For more information about social identities, review the educational resources including the [Social Identity Wheel](https://sites.lsa.umich.edu/inclusive-teaching/social-identity-wheel/) (URL: <https://sites.lsa.umich.edu/inclusive-teaching/social-identity-wheel/>).

6

Are you aware of dedicated time, resources, and effort to understanding and employing practices and policies that promote DEI in your home agency?
If so, please provide an example.

[**Examples:** Assessments, surveys, listening sessions, policy reviews or revisions, training opportunities, inclusive holiday celebrations, or adopting more inclusive and equitable terms.]

7

When it comes to DEI efforts in your home agency, what is going well?
(Examples of work in this area include but are not limited to strategies to ensure equity in wages and benefits, diversity in professional service contracts and procurement, diversity in leadership, discussion and adoption of more equitable language and labels.)

[**Additional examples:** Home agency is introducing DEI concepts to staff, staff is becoming more responsive to DEI resources and practices, the home agency is employing equitable hiring practices that assess and prioritize lived experience (not just credentials), or policies are being introduced to ensure internal working groups are diverse.]

8

What resources may help improve your home agency's efforts to integrate DEI as a philosophy with intentional practices and policies? (Examples may include technical assistance/expertise, leadership, human capital, etc.)

[Additional examples: Successful model policies or resources used by agencies like ours, effective assessment of current DEI practice to understand gaps, or examples of how organizations integrate DEI into strategic planning and deliverables.]

9

What areas might need improvement? Please be specific. (Examples may include strategies to ensure equity in wages and benefits, diversity in professional service contracts and procurement, diversity in leadership, discussion and adoption of more equitable language and labels.)

[Additional examples: Professional development opportunities, redesigning work or service spaces to make them more accessible to individuals with disabilities.]



TAKEAWAY: What actionable issues related to DEI have you/your team identified in the Organizational discussion that you may want to focus efforts on in the future?

Community-Focused Questions



This portion of the assessment aims to understand and identify the needs in developing health equity interventions at the community level. It asks you to consider the perspective of the community and efforts and experiences of your home agency and multidisciplinary team.

Community

1

What health outcomes do you think the communities you work with are looking to achieve when it comes to health equity?

[**Examples:** Decreased disparities in suicide deaths, decreased community violence, or decreased rates of injury.]

2

How do you think the communities your agency serves conceptualize health equity?

[**Examples:** Giving fair opportunities to everyone in the community, providing tailored resources and service based on unique community needs, equitable access to safe walkable communities, safe places for children to learn to swim, safe and affordable transportation, or equitable access to healthy food options.]

3

To increase a focus on health equity, what do you think would be most useful to communities? (Examples may include additional resources, health equity champions, or policy change.)

[**Additional examples:** Listening sessions with community partners and agencies to share data and understand the community's perspective on what is leading to disparities, building awareness around community needs, addressing social issues that impact communities and increase risk.]

4

What types of barriers to advancing health equity do you see at the community level? (Examples may include funds, staff capacity, or policies.)

[**Additional examples:** Lack of buy-in or political will, lack of investment and relationship building with the community, or lack of consensus on where, how and when to start.]

Home Agency and the Community

1

On which level(s) of the Social-Ecological Model does your home agency work? See the image on [page 8](#) to help you decide.

2

What organizational capacity currently exists to implement a health equity lens into your home agency's work with the community? (Examples may include leadership and management skills, team building, or strategic and operational planning.)

[Additional examples: Subject matter expertise, available funds, or existing partnerships.]

3

Are staff trainings or resources are provided to develop an understanding about how inequities created and sustained within communities?

[Examples: Professional development opportunities, evaluation results, or outcome analyses.]

4

What gaps exist in your home agency's organizational capacity? (Examples may include limited knowledge, staff, resources, or political will.)

[Additional examples: Lack of buy-in, or lack of investment and relationship building with the community.]

5

What types of communication mechanisms and opportunities exist within your home agency as it relates to issues of inequities? (Examples may include surveys, facilitated dialogues, listening sessions, or standing meetings.) How frequently does this communication occur, and how are the results processed?

[Additional examples: Reporting policies, equity assessments, or evaluation metrics focused on equity.]

6

In what ways do the groups or teams charged with addressing inequities in your home agency reflect the communities with whom they work? (Examples may include race/ethnicity, (dis)ability, sexual orientation, or educational background.)

[**Additional examples:** Religious affiliation, cultural background, similar lived experiences, or languages spoken.]

7

What types of communication mechanisms and opportunities exist between your home agency and the communities you serve? (Examples may include surveys, community agreements, facilitated dialogues, or listening sessions.) How frequently do these occur?

[**Additional examples:** Evaluation opportunities accompanying/following service delivery, town hall meetings, or including at-large community members on committees or workgroups to provide feedback.]

8

What is currently being done at your home agency to develop trust with the communities you work with?

[**Examples:** Community outreach opportunities, prioritizing community feedback in service delivery or strategic plans, or including at-large community members on committees and workgroups.]

9

How can the voices of communities be prioritized in these efforts?

[**Examples:** Community-led strategic planning efforts, adding at-large community members to workgroups and committees, emphasizing that the lived experience of the community member(s) is an invaluable expertise, or creating action plans around the community's goals.]

Multidisciplinary Team and the Community

1

What types of communication mechanisms and opportunities exist within your multidisciplinary team as it relates to issues of inequity? (Examples may include partner agreements, data sharing, facilitated dialogues, listening sessions, or needs assessments.) How frequently do these occur?

[**Examples:** Considering outcome data alongside data illustrating social determinants of health, opportunities for team members to hear community experiences, or community members leading the team through a root cause analysis.]

2

Does the multidisciplinary team reflect the communities with whom you work? If so, how? (Examples may include race, ethnicity, (dis)ability, sexual orientation, or educational background.)

[**Additional examples:** Religious affiliation, cultural background, similar lived experiences, or languages spoken.]

3

What types of communication mechanisms and opportunities exist between your multidisciplinary team and the communities you serve? (Examples may include surveys, community agreements, facilitated dialogues, or listening sessions.)

How frequently do these occur?

[**Examples:** Engaging community advocacy organizations to help the multidisciplinary team identify priorities based on data and community context or presenting priorities or plans to the community for feedback.]

4

What is currently being done by the multidisciplinary team to develop trust with the communities you work with?

[**Examples:** Community outreach opportunities, listening sessions, prioritizing community feedback in service delivery or strategic plans, or including at-large community members on the multidisciplinary team.]



5

How can the voices of communities be prioritized in these efforts?

[**Examples:** Community-led strategic planning efforts, adding at-large community members to the multidisciplinary team, emphasizing that the lived experience of the community member(s) is an invaluable expertise, or creating action plans around the community's goals.]



TAKEAWAY: What actionable issues related to DEI have you/your team identified in the Community-Focused discussion that you may want to focus efforts on in the future?

Public Policy Questions

This portion of the assessment aims to understand and identify ways that public policy influences health equity. This could include local ordinances, state, or federal level policies, laws, or regulations. Team members may not be familiar with relevant policies or how they are impacting communities, but there is value in discussing these issues as they can have profound impact on health equity. Your team may decide to invite someone well-versed in policy issues to participate in this discussion.

1

What do you think the various systems that impact communities (e.g., housing, transportation, education) reveal about public policies that create and/or perpetuate inequities?

[Additional examples: Public works, zoning, healthcare, social services, education, child welfare, or juvenile justice systems.]

2

What current public policies help support your home agency or multidisciplinary team's work on health equity?

[Examples: Medicaid expansion, Title V Maternal Child Health Block Grant, or the Americans with Disabilities Act.]

3

What is going well as it relates to advancing an equitable policy or implementing a policy equitably?

[Examples: Organizations may have adopted restorative justice approaches, staff may be enthusiastically adopting health equity approaches to prioritize service delivery, or partners are grateful for equity-focused policy and practice.]

4

Even well-intended laws can have differential impact. What has been the community's experience with policies intended to advance wellbeing and equity?

[Examples: State seatbelt laws have disproportionately affected communities who usually rely on public transportation where seatbelts are not available, transportation allowances for Medicaid-eligible mothers do not cover other child(ren) she has to bring with her to appointments, or one of the requirements of probation is to be employed even though probation meetings are held during the work day, putting employment at risk.]

5

What are the current policies that create barriers to implementing health equity work? (For example, policies that may lead to over-policing of communities of color or policies that create food or service deserts.) What systems contribute to these barriers?

[Additional examples: Policies that limit access to public medical insurance like Medicaid, or definitions that limit access to ongoing mental health support in postpartum parents six weeks after delivery. This could also include the absence of beneficial policies such as those that may raise minimum wage or guarantee parental leave benefits.]

6

What resources are needed in order to make health equity-focused policy improvements? (Examples may include data, partners, or political will.)

[Additional examples: Subject matter expertise in advocacy and policy, educational resources to inform partners and policymakers, or elevating community stories that reflect the need to advance health equity.]

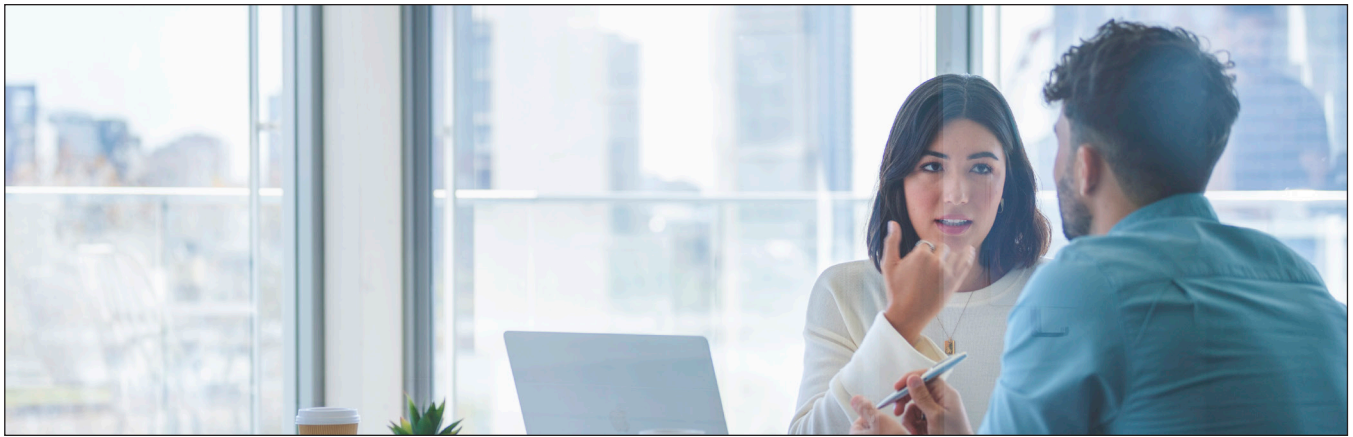
7

How can health equity work be built into public policy to support your work?

[Examples: Looking for implicit bias in policy and program planning, recognizing that it will show up, evaluating all policies to identify potential unintended impacts before finalizing, or requiring health impact assessments for policies, focusing on populations who have disparate outcomes.]



TAKEAWAY: What actionable issues related to DEI have you/your team identified in the Public Policy discussion that you may want to focus efforts on in the future?



Next Steps

This portion of the Guide allows teams to reflect on the questions and takeaways from the Organizational, Community-Focused, and Public Policy discussions to strategize ways to address issues that were identified. Multidisciplinary team members can fill out this worksheet individually to share their ideas or together as a group.

What actionable issues were identified in the Key Takeaways:

- At the Organizational level ([page 25](#))?
-

- At the Community level ([page 30](#))?
-

- At the Public Policy level ([page 33](#))?
-

Select key issues that are priorities to your multidisciplinary team to develop an action plan, focusing on the action to address the key issue, a realistic timeframe, necessary resources, and who will be responsible to move the action forward. Additional resources to support action planning are included in the Facilitator’s Manual.

Key Issue Identified	Key Issue Identified	Key Issue Identified
Next Steps	Next Steps	Next Steps
Action:	Action:	Action:
Timeframe:	Timeframe:	Timeframe:
Resources needed:	Resources needed:	Resources needed:
Person(s) responsible:	Person(s) responsible:	Person(s) responsible:

Additional Resources for Facilitators

CSN's Health Equity Planner to Implement and Spread Child Safety Strategies in Communities (URL: <https://www.childrendefinesafety.org/resources/health-equity-planner-implement-spread-child-safety-strategies-communities>)

CSN's Framework for Quality Improvement and Innovation in Child Safety (URL: <https://www.childrendefinesafety.org/resources/framework-quality-improvement-innovation-child-safety-guide-implementing-injury-violence>)

Wyatt, R., Laderman, M., Botwinick, L., Mate, K., & Whittington, J. (2016). Achieving health equity: A guide for health care organizations. Cambridge, MS: Institute for Healthcare Improvement. (URL: <http://www.ihp.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx>)

Practical Guidance for Embodying Equity in Implementation, A free virtual workshop from The Center for Implementation: Practical Guidance for Embodying Equity in Implementation | The Center (URL: <https://thecenterforimplementation.teachable.com/p/embodying-equity>)

Anti-Racism and Diversity Toolkit for academic pediatricians: Anti-Racism & Diversity Toolkit - Academic Pediatric Association (URL: <https://www.academicpeds.org/publications-resources/apa-anti-racism-diversity-toolkit/>)



Conclusion

Thank you for your ongoing participation in a multidisciplinary team focused on child health and safety. Your efforts, expertise, and commitment to this work are assets to the community. Your participation and use of the Guide with your multidisciplinary team exhibits a commitment to building just, equitable communities and to implementing equity-focused approaches to support community health and wellbeing.

For technical assistance or additional support in using this Guide or Facilitator's Manual, you may contact:

- Children's Safety Network: csninfo@edc.org
- Safe Kids Worldwide: info@safekids.org
- National Center for Fatality Review and Prevention: info@ncfrp.org

Endnotes

- 1 For the working definition of diversity, equity, and inclusion, or DEI, used throughout these resources, see page 11 of *Health Equity: Diversity, Equity, and Inclusion Assessment Guide for Multidisciplinary Teams*.
- 2 Adapted from anti-racism training provided by the Sierra Club Summer Program (SPROG).
- 3 It is recommended that the Implicit Association Tests, or IAT, be coupled with other training or informational opportunities, including from the resources listed here. Without additional context, participants' ability to fully understand implicit associations may be limited.
- 4 The Borgen Project: *Social-Ecological Model Offers New Approach to Public Health*. Retrieved from: <https://borgenproject.org/social-ecological-model/#:~:text=People%20do%20not%20act%20in,they%20do%20>.



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