INTRODUCTION

Every year in the U.S., nearly 180,000 people die from injuries and violence related to preventable occurrences such as car crashes, assaults, and drug overdoses. However, unintentional injuries and violence disproportionately affect socially and economically marginalized communities. These populations are impacted by factors such as built environment, education, and income which increase their risk and likelihood of severity of injury and violence. The integration of equity into injury and violence prevention (IVP) programs is essential to address the social determinants of health that contribute to injury and violence inequities. IVP programs are striving to integrate health equity into their work, however, the programs are in the beginning stages of that process. Through anecdotal conversations with our colleagues and members, we have learned the perceived difficulty in discussing health equity and operationalizing equity approaches in IVP.

The purpose of this discussion facilitation guide is to assist IVP professionals as they start (or continue) the conversation about incorporating health equity into injury and violence prevention programs and their work. This guide hopes to achieve this by:

- Providing formal definitions of health equity and other related key terms;
- Facilitating reflection on current and historical IVP infrastructure as it relates to health equity;
- Facilitating reflection of current and past IVP programs and interventions; and
- Inspiring actionable steps to integrate and/or improve health equity practices within IVP programs and in their work through open and critical discussion.

FACILITATOR’S GUIDE

Initiating and facilitating conversations around health and racial equity with your organization, stakeholders, and/or partners is not an easy feat. Take a moment to acknowledge the importance of spearheading the conversation(s) as your organization strives to advance health equity in its practices and work. This section will provide tips on how to use this group discussion facilitation guide and how to navigate the conversation about incorporating health equity into your program. Additional resources are also provided for your reference.

NAVIGATING THE CONVERSATION

The facilitator is meant to draw out the opinions and ideas of the discussion participants. The focus of the facilitator should be on how the discussion members participate in the process of learning or planning.

Below are some tips to keep in mind as the facilitator:

- **You are not the expert in the room and that’s okay!** Even if you know more about health equity than the participants of the conversation, do not present yourself as so. Acting as the health equity expert in the room can discourage participants from sharing their thoughts and opinions without pressure.

  Conversely, if you feel that you do not know much about health equity, that is perfectly fine! While it is your goal as the facilitator to guide the participants in this learning process, it is equally warranted and celebrated for this to be a learning experience for you as well! Take this as an opportunity to be exposed to new information, perspectives, and ideas that can be used to advance health equity in your role at your organization.

- **Consider reflecting on your beliefs and biases prior to the discussion.** Participants’ opinions, beliefs, and biases will be shared during the discussion. These may differ from your beliefs or may be ideas you think will not work. However, as the facilitator, you do not want to hinder anyone from speaking based on your reactions. Prior to the discussion, reflect on the topics that will be covered, your beliefs, and your biases. This may help you be able to control them as you guide the discussion.
- **Be aware of your behavior.** As the facilitator, you want to be a neutral party. There may be points in the discussion where the room could be divided on a topic. Do not take sides. In addition, you want to be the person creating an inviting, safe, and learning environment so participants can feel comfortable as they share. Remain aware of your tone and body language.

- **Do not memorize a script!** The conversation should flow organically, so try not to memorize a script. Instead, use bullet points to remember what topics you would like to cover. While this discussion guide is full of prompts, feel free to pick and choose what questions to use while facilitating the conversation.

Talking about health equity can be a sensitive topic as people reflect on their beliefs, identities, and biases. There is another layer of pressure added as we are asking IVP professionals to reflect on their organizations and their work to determine how they are advancing health equity. As the facilitator, you want to create a safe and nonjudgmental space for colleagues, partners, and stakeholders to share their thoughts.

Please consider the following as you prepare to navigate this conversation:

- **Create ground rules.** Discussions can reveal differences in beliefs and opinions, and it is important that no one is maltreated as a result of their views, ideas, or thoughts. Developing ground rules can set the standards for the environment of the discussion. Consider dedicating time in the beginning of the discussion to create these rules with the participants. It will allow everyone to be on the same page and may warm them up to participate in the discussion.

- **Make sure everyone feels comfortable participating.** As mentioned before, these can be difficult conversations to have. Be sure to acknowledge the difficulty of the conversation and let participants know that all contributions are valued and will be treated with respect. Try incorporating “temperature checks” throughout the discussion to check in with yourself and the participants.

  Additionally, it is possible that participants can feel threatened or take the questions personally or as they relate to the roles of the participants in the organization. Emphasize at the beginning that this conversation is not meant to put blame on staff or leadership. This is not a time to disrespect team members and their contributions to previous and/or current practices and interventions. And if a participant is feeling disrespected or uncomfortable, it’s okay for them to take a time out outside of the discussion to regroup and return when they feel comfortable.

- **Do not let one person or the same small group of individuals dominate the conversation.** There may be some individuals who are more willing to share their thoughts, and that’s great! However, by allowing the same people to continue sharing their thoughts, others may feel discouraged to speak. If someone hasn’t spoken, try to check in with them and see how they feel about the topic at hand.

- **Be comfortable with silence.** When discussing topics such as health equity and your organization’s practices, it is possible that the room will be silent. Silence is okay! This could be a moment in which participants need time to reflect, they may not feel comfortable sharing with the whole room, or maybe participants do not have an immediate answer. Do not try to fill the silence yourself. Try having the participants talk about the question with a partner or within small groups. If that does not work, it is okay to move on.

- **Remember to summarize the main points and ideas at the end of each topic section.** The thoughts and ideas shared during this discussion should be noted and summarized at the end of each section. Ideally,
the thoughts and ideas shared will be used to develop plans and practices to build the health equity capacity of your organization or partnership.

- **Be sure to thank the participants!** Everyone’s opinions and time are valuable. Thank the participants for being willing to take the time to reflect on the program and sharing what needs to be done to advance health equity in the program’s work and internally.

**Additional Resources on Facilitating Discussions:**

- [Facilitating Political Discussions](#) from the Institute for Democracy and Higher Education at Tufts University
- [Tips on Facilitating Effective Group Discussions](#) from The Harriet W. Sheridan Center for Teaching and Learning at Brown University
- [How to Facilitate Discussions](#) from University of California, San Diego

**HOW TO USE THE GUIDE**

There are multiple ways to use this guide, as it is meant to be a flexible resource. For example, multiple discussions can be held to address one or both topic sections. The facilitator may find that both topic sections can be covered in one discussion. Also, any of the questions provided in the topic sections may be tailored to better fit the conversation or may not be used. The choice is up to the facilitator and the organization to choose the best way to use the guide.

This discussion facilitation guide is composed of two main sections: Internal Opportunities and External Opportunities. The Internal Opportunities questions are intended to have participants reflect on the current infrastructure of the IVP program. Does the organization’s infrastructure foster health equity in its current state? This section considers factors such as internal practices, the workforce, and mission statement to internally integrate health equity practices. The External Opportunities will have the participants reflect on factors related to the implementation and evaluation of IVP interventions such as data collection, partnerships, and community relationships. At the end of each section is the wrap-up question. The wrap-up question is meant to determine what the organization will work on based on the discussion. This is the time to identify feasible objectives and necessary actions to achieve those objectives.

Throughout the discussion facilitation guide, the word “organization” is used. Please note that this is used to refer to your home agency, program, or organization. Feel free to replace “organization” with whatever term best describes where the participants are from. For example, if you are using this guide to discuss health equity within a multidisciplinary team, you may replace “organization” with “multidisciplinary team” or the name of the team, if appropriate.
KEY TERMS

Health Equity: assurance of the conditions for optimal health for all people.  

Health Disparities (also known as Health Inequalities): plausibly avoidable, systematic health differences adversely affecting economically or socially disadvantaged groups. Health disparities can be used to illustrate and measure health equity in a population. 

Racial Equity: a process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color.

Structural Racism: the racial inequity that is deeply rooted and embedded in our history and culture and our economic, political, and legal systems.

Cultural Competence: integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes.

Cultural Humility: the lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but one starts with an examination of her/his own beliefs and cultural identities.

Additional Resources on Health Equity:

- Building Safer States - Health Equity Accompaniment from Safe States Alliance (coming soon!)
- Achieving Health Equity from Robert Wood Johnson Foundation
- Race Equity Tools from Government Alliance on Race and Equity
DISCUSSION

INTERNAL OPPORTUNITIES

As you embark on this discussion to advance health equity in your work, it is essential to first address how health equity is prioritized within your organization. The infrastructure of an IVP organization impacts how effectively organizations and practitioners implement and evaluate their interventions. In this section, you will explore how well your organizational infrastructure creates the climate for staff to advance health equity in the field and internally.

An organization should show its dedication to integrating health equity into its IVP work by aligning internal policies and practices with a set of principles that prioritize and advance equity-centered approaches. Organizational health equity infrastructure can be developed through a mission statement explicitly stating commitment to health equity, a diverse workforce, and the implementation of frequent and regular training and technical assistance on equity subject matters among other factors. A diverse workforce has a variety of lived experiences, perspectives, and knowledge to create interventions to address health inequities. Ideally, an IVP workforce should reflect the population or community that it serves. An organization should be willing to engage in continuous training and technical assistance to be able to equitably and appropriately serve and partner with marginalized populations. One diversity, equity, and inclusion training is not sufficient to support equitable approaches in the field and in the organization. Building skills and knowledge to respectfully work with these populations is a process, not a checkpoint. Anti-racism, cultural humility, anti-oppression, and inclusive communication skills are a few examples of topics that could be covered in training and technical assistance opportunities.

Questions:

- How comfortable is our team in discussing historical and current systems and structures that contribute to and sustain health inequities?
  - Follow up: How could we better facilitate these conversations?
- Thinking about the current state and practices of our organization, where are some areas in which we actively promote health and racial equity internally?
  - Follow up: Where are some areas that we can improve on?
- How does our organization create and maintain an inclusive environment in which staff members feel that they belong and can be their authentic selves?
- Does our mission statement and vision reflect a commitment to health equity in our workplace and work? (How could we improve?)
- How diverse is our workforce? Does our workforce represent the communities that we serve?
  - Follow up: How could we attract a more diverse candidate pool to our organization?
- What could be done to improve equity within our workplace and workforce?
- What kind of training and technical assistance opportunities would be beneficial to increase knowledge and skills in regard to health equity and racial equity?
  - Follow up: What organizations could we partner with for this?
- What internal challenges prevent us from (fully-if your organization has already started this work) integrating health equity into our interventions?
  - What are some solutions to address these challenges?
• How does our organization work to enhance cultural competency in team members? What could change about these current practices to strive toward cultural humility?

• *Wrap-up Question:*  
  - From our discussion, what are our short-term goals? Long term?  
  - What are our next steps?

### EXTERNAL OPPORTUNITIES

• How has our organization contributed to – whether intentionally or unintentionally - health inequities in any shape or form? How diverse are our formal and informal partnerships? Are there sectors with whom we could partner for our IVP work?  
  - Follow up: How do we start to form those relationships?  
  - Follow up: Are we distributing our partnership and subcontractual funds in a way that contributes to or hinders equitable distribution of assets?

• How do we promote health equity and racial equity in our current partnerships?  
  - Follow up: How can we ensure that we are promoting health equity and racial equity in future partnerships?

• What would cultural humility look like in the IVP space?  
• How can cultural humility be emphasized when working with other sectors and organizations during IVP interventions?  
• What practices/techniques/methods have been used to understand the lived experiences of the populations of focus of our interventions? How effective have they been?  
• How do we ensure that community members feel supported and valued throughout the intervention?  
• How do we center the community’s voices in our interventions?  
• How can we promote community participation throughout the implementation and evaluation processes?  
• Where are there gaps in our data collection and data analysis methods?  
  - Follow up: How can we improve our methods to analyze and address health inequities?

• How has any of our past data collection or data analysis had any unintended consequences that created mistrust or caused (or contributed to) health inequities?  
  - Follow up: What can we do to prevent this from occurring again?

• How do we communicate information to our populations of focus? Are these methods used across populations or do we tailor them to specific populations’ needs?  
  - Follow up: How can we ensure that future communication is specifically tailored to the population we are working with?

• What other opportunities do you see for addressing health equity across our efforts?  
• *Wrap-up Question:*  
  - From our discussion, what are our short-term goals? Long term?  
  - Follow up: What are our next steps?

### CONCLUSION

Thank you for your participation in this health equity discussion. Your commitment to the advancement of health equity and racial equity in injury and violence prevention is appreciated. This conversation is a step in the right direction and will be used to inform actionable plans to integrate equitable practices internally and in IVP interventions.
REFERENCE LIST


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