



Informant Interview Finding Report: June 9, 2021

Health Equity Tool Kit

Research Details

- **Research Objectives:**

- Speak with diverse sector leaders throughout the state to identify the challenges and opportunities to health equity work and transformational language.
- Identify efficient communication pathways to move health equity and transformational language forward.
- Develop communication tools for diverse sectors to deploy to their constituencies about health equity and transformational language.

Interview Format: Twelve key informants were identified by the Wisconsin Department of Health Services and the Wisconsin Population Health. Informants were interviewed one-on-one with primarily open-ended questions during 30-minute sessions. Interviews occurred May 17-25, 2021. Sectors represented included:

- Public health
- Health systems
- State government and agencies
- Law enforcement
- Christian churches
- Community resource providers
- Academia

Interview Approach: Because the root value of health equity is general equity, the goals of the key informant interviews were to capture the individual's experiences with and views on both general equity and health equity. By capturing perspectives on both, through-lines across the issues could be identified to ensure tool kit content and tactics are efficient and effective for diverse sectors or constituencies.

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1. Equity and health equity work is seen as important

All participants acknowledged that equity and health equity work is often discussed as an important issue within their sectors for a variety of reasons. Many of the participants also noted that applying an "equity-lens" to their work, when possible, is one way of evaluating their sectors' outcomes.



Comments from participants

- *“George Floyd and everything that’s happened in the wake of that. It just brought to light how far we have to go.”*
- *“Historically, we’ve understood equity conceptually. In the last few years I’ve noticed a greater interest in health and how it’s all related and health equity is a big part of that. It’s getting defined in our minds much more, which is a good thing.”*
- *“It’s still just starting to be talked about in circles in rural, white communities. That’s why it’s so important because we still have people in our communities not getting the opportunities, they should be getting at the basic human rights foundational level.”*
- *“Equity is important because health equity is important, and health equity is important because inequitable health outcomes are bad for everyone.”*
- *“It is a vital role for us because churches are embedded in their communities, they’re made up of people from their communities, and they serve their communities. Ultimately, if we are doing what we are called to do, we are not just facing inward.”*
- *“Leveling the playing field and leveling power and sharing power, I believe it will benefit us all.”*
- *“This moment in time, good law enforcement leadership is trying to find either terms or definitions similar to equity and have those discussions within their agencies.”*
- *“If Martin Luther King, Jr. was alive today he would come to Milwaukee. He wouldn’t go to Birmingham; he would come to Milwaukee.”*

2. Lack of common definition for the concept or outputs of equity

Participants inconsistently defined equity and health equity. Equity was often interchanged with the concepts of fairness or the ability to access resources. Those participants who were more deeply steeped in health equity policy work talked about delineating the unique differences between equity and equality and fairness; however, most other participants did not appear aware of the differences.

Comments from participants

- *“I hear the word fairness more often. I think there’s a huge amount of unrecognized differences in language on this topic [equity] in and around it. From a rural point of view and my point of view that breeds frustration.”*
- *“I’m not convinced that people understand what it means when they’re saying it. With the organizations I work with they’d say it’s a priority and it probably is. But I don’t know if we’ve done a good job of making sure it’s beyond the conceptual understanding and more about how we’re going to do our work in a different way to actually get at problems.”*
- *“To me it means fairness and doesn’t mean equalness.”*
- *“My definition is that everyone has a fair opportunity regardless of race, age, gender, sexual orientation; that people have a fair shot.”*



- *“We define equity as the removal of policies and systems in order to ensure equal access regardless of race, creed, ability, status, disability, age, gender. I think oftentimes we approach things from looking for equality, but equity is the removal of systems and barriers.”*
- *“I would say personally, equity would have to do with everyone individually, and within the groups they identify with, having equal access to resources and equal opportunity to use them in their lives. But for my sector there’s a significant variance. There’s a broad range of understanding. Some would have a lot of affinity for that understanding and some would probably co-mingle a sense of equality or flatness. Part of that variance is due to life experience; part is political affinities.”*
- *“I’d define equity as something that’s fair and equal and accessible to most, if not everyone. For my sector, law enforcement, [they] might define equity in more of an imbalanced way by placing equity on economics and demographics. Law enforcement tends to have a more narrow view of the scope of things; they’d see it as more self-driven. Law enforcement often believes that people make choices that get them into the circumstances they are.”*
- *“A health disparity is any sort of difference in health outcome between two different groups. Whereas a health inequity is a difference in health outcome that is systemic, patterned, preventable, avoidable, and not the result of biology. So, all health inequities are health disparities, but there’s a subset of health disparities that are not health inequities... Based on how I just defined health equity, we can’t get to health equity without getting to equity. We probably need to do a better job of communicating that.”*
- *“Equity is that we’re getting people what they need to be healthy, not that everyone gets the same thing. It’s very different than equality, but very much tailored to specific people for what they need.”*
- *“The partners I work with would have less of an abstract definition and more real-world examples of what equity would look like for them. They would talk about having their kids feel safe walking to school— and not from crime— but from police officers. They would talk about what are the opportunities to be healthy. They would talk about being able to go to the doctor and trust their physician and trust that they’re getting the same health care that I’m getting as a white woman.”*
- *“People talk this academic way about equity, and I think we need more concrete stories and [ways] for folks to connect it to their lives.”*
- *“There may be some different definitions within health centers. We’ve spent time on this because we recognize there’s a difference between equal access to resources and equal outcomes.”*
- *“To me, folks in urban Wisconsin, see equity through what I would call an intraregional lens or regional community lens — a lens that’s looking inwards. So, people in Madison look at equity as something within Madison. People I work with in rural Wisconsin, look at equity between communities, so they compare themselves with the richer communities of Milwaukee and Madison, and do not look at any significant inequities in their own communities.”*



3. The concept/term “equity” can emotionally charged

A number of participants noted that the term equity was seen as potentially divisive, political, or an unwelcome “buzzword” within their sectors or the general public. This sentiment was particularly noted by participants serving rural populations, located in politically conservative areas, and/or members of law enforcement.

Comments from participants

- *“The word itself, evokes physical emotions from folks. I believe those emotions are indicative of people’s inner values.”*
- *“Unfortunately, I have to be really careful how I even use the word equity in certain circles because instantly it’s like it causes inflammation. Equity is used in different ways, in different pockets, in different sectors.”*
- *“I feel like it’s a buzzword because people say it and [then] it’s a priority because people pressure to make it a priority.”*
- *“The word that acts most as a lightning rod is ‘diversity’ because it’s turned into ‘you’re discriminating against white people to encourage a minority.’ That gets misunderstood and turns into a lightning rod. I don’t think the word ‘equity’ is a lightning rod, I like that word.*
- *“To the extent that they (white, rural, lower-income folks) hear it, it might be a little loaded because they’re equating it with helping people of color. It can take on political connotations, but I don’t know if they really even know what it means.”*
- *“Using a term like equity might lead them [law enforcement] down a road where they [feel like it’s] implied for social workers. Low enforcement in many areas try to define themselves NOT as social workers because they don’t have the skills or desire to be a social worker.”*

4. Equity and health equity work is inconsistently scoped

The scope of equity-related work varied across the participants’ sectors for several reasons, including the need to navigate internal buy-in and comfort levels. Some participants stated that their sectors focused on the issues of hunger and general poverty and not on a particular population. Some participants also shared varying levels of discomfort in how to approach health equity work for specific underrepresented groups because of internal cultural barriers. This unease was particularly strong within the faith and law enforcement sectors.

Comments from participants

- *“It can certainly take on racial or ethnic dimensions, but from my perspective it should include anyone who’s struggling with poverty or low income.”*
- *“A relatively easy entry point with churches is hunger because it’s probably the least politicized.”*
- *“[Discomfort] becomes a whole lot more intense around LGBTQ+ issues because there’s the sense of threatening the family — not that it actually does, mind you — but there’s the sense of it. There’s also unfortunately the “it” factor, the idea that LGBTQ+ folks threaten the boundaries that folks in more conservative groups use to keep their lives safe and regulated ... that becomes the visceral threat. People think, ‘I can conceive of poverty happening to my family and wanting*



someone to help me,' but 'I do not want to dream of somebody violating the sanctity of my family, the cleanliness of my family.' That's an entirely different matter."

- *"Immigration and refugees are tricky, sometimes they're an easy lift and sometimes they're not. Sometimes that has to do with how the economy is doing."*
- *"[Health care] affordability is a pretty cross-cutting goal, and I don't know that it's necessarily something that's impacted by [inequity]. Our view is that health care is universally unaffordable, so we haven't looked at it from the perspective of 'are there inequity considerations within the issue of affordability?'"*

5. Uncertainty in how rural constituencies fit

Many participants discussed the complexity of including or excluding rural populations as a marginalized group for equity and health equity work. Some felt strongly that rural populations often have limited access to health resources and thus should be considered marginalized. Others noted that rural populations can move or change their statuses; however, traditionally marginalized groups cannot change their fundamental identities and thus rural populations should not be considered marginalized within the context of equity work.

Comments from participants

- *"I think we need tools to say yes about rural health inequities. We get stuck there often and it's true because we have a lot of inequalities in our rural communities, but it's not quite the same. We need some tools to name that better."*
- *"It feels it's very fashionable to talk about racial equity and not so much about rural equity. I think we need to talk about both."*
- *"I'm talking about the white population — there's a feeling they've been abandoned, that rural parts of the U.S. are not getting the same attention or resources. That they aren't respected and because of that the economic conditions are deteriorating. They say 'my parents or grandparents life might've been tough, but it was better than what I'm going through now.' And that's because many manufacturing jobs are gone, the number of family farms are dropping, kids are moving out. So, there's a great deal of resentment about all that but not a great deal of understanding of why it's happening."*

6. Internal constituencies/employees do not have a consistent baseline of knowledge of equity and health equity to meaningfully understand the urgency or actions needed

Although most participants acknowledged some concepts of equity are broadly stated priorities within their sectors, most noted that there has not been significant enough work done with their internal constituencies to shift to a sustainable and organic equity-focused culture. Participants also noted that trust needed to be built with the internal constituencies on the topic before those groups should be expected to engage with external stakeholders or the general public on issues of equity and health equity.



Comments from participants

- *“Oftentimes we look at doing our equity work with external stakeholders, and we forget to prime or prepare our internal staff to hold things in place [and then] we’re constantly running into the disconnect. [If we don’t] identify how to prime teams to do this work, we’re just setting people up for failure and putting us further behind.”*
- *“We need to normalize, organize and operationalize. Normalizing the conversation so people can talk in trusted circles to get their own thinking clear first.”*
- *“There’s a lot of convincing [needed] just amongst public health and public health allies. There’s a subset of folks who understand equity and health equity and are really on board with it, but even amongst our own field there isn’t consensus around the direction of that. It strikes me as a little bit of an identity crisis, like the field of public health feeling ‘what is our purpose here? Are we just an equity field? How do we reckon with that?’ because it’s this new phase...”*
- *“We’re trying to do some of that internal work and then also some of that systems level work within our department, but we’re really just scratching the surface.”*
- *“I feel like they’re dipping a toe into it [health equity work] but we dip a toe into non-COVID work and then we’re two feet back doing COVID work the next day.”*
- *“It’s a lot of consensus building, and so much time is spent convincing people why it’s important, which is exhausting.”*
- *Leadership at these agencies probably would be willing to and interested in having a dialogue [about equity and health equity] in trainings and explain how those things come together and intersect. The struggle they’ll likely have is having the frontline officers convinced it’s worth talking about. How do I get my people to understand this? How do I help them understand how equity is something interpreted from the eyes of the viewer?”*

7. The concepts of “systems” and “systematic” are not understood

Participants commonly acknowledged that the lack of understanding of “systemness” was a challenge in moving the needle on their equity work. Even within organizations that self-identify as being more focused on equity and health equity, they noted that the siloed nature of their work makes it difficult for their staff/community to see how their systems may overlap with others. Additionally, organizations and leaders often do not have a clear understanding of the power they have to change or adjust within the systems, and thus often believe the power is most likely held by “someone else.” Similarly, individuals within organizations do not understand the individual power they hold to make decisions or how their individual work feeds into the big picture.

Comments from participants

- *“For the health care workers and public health people, we’ve got to get them out of the individual frame and into the collective frame.”*
- *“The system is confusing, and we’re also a very individualistic society. Our systems don’t help us understand those connections.”*



- *“People working in public health even struggle to understand it, especially if they haven’t been in public health for a while. It takes a long time to fully grasp not only how it works at the local level, and then fully understand how those systems operate, the policies that are embedded into the systems, and what it really means to actually peel it back. It’s a ton of work. They may have an idea of how the system they currently work in might relate. But [it’s important] to be able to look across systems and say ‘okay the education system has this going on. The incarceration system has this going on. The financial system has this going on.’”*
- *“One major problem we all face is the ‘silo-ing’ of our programs. They think about their programs because they have to run them, but they don’t necessarily see things in a broader context of how it’s all related. We all deal with ‘silo-ing’ in our organizations no matter where you are or who you’re serving, but that’s probably one of the greatest obstacles to people thinking more broadly. I think people are beginning to understand it more, but it’s impeded by the silo mentality.”*
- *“We hire culturally competent diverse staff, all important stuff. But, it’s not getting at systems — the disparity, the real equity. It’s not getting at any of that. In fact, health care systems are very good at conserving their own power. I think for health care systems, they’re likely to say housing policy, criminal justice policy, all these other social and economic policy sectors, that’s not our swim lane. That’s not our expertise. We don’t belong there.”*
- *“We don’t necessarily understand or have pieced out all of the systems that the sector connects with, and I think that’s the challenge. I don’t think everyone fully understands that there’s a positive and negative consequence with every decision we make. Organizing the partner mapping, really looking at the matrix of how these systems intersect will help us identify who needs to be at the table to have that conversation. [Right now, it’s] ‘here’s my program, here’s my population, here’s who I work with, these are my partners.’ You can’t really make change in [that type of] isolation, so I do think it’s the systems [that are the challenge]. I don’t think people fully have a grasp of that.”*
- *“It’s unclear because everything in our world is siloed. You have groups managing different things, you have segregated funding where you only get certain benefits with certain programs, and so everything is looked at from a siloed perspective.”*
- *“The challenge is identifying which policy is holding the other one in place. Is it a federal, legislative change, is it a state policy, is it a fiscal policy, is it a county policy, is it part of the agency in which an individual intersects? We have to have those honest conversations that explore and dissect where those levers are to be able to make real actionable change.”*
- *“So often people will say ‘Well that’s above my pay grade,’ or ‘I don’t have the authority,’ or ‘I’m not able to do that.’ We have to do some different, some strong groundwork, so that we all see the opportunity we have to pull a lever or that we have the opportunity to influence a lever before we even talk about the levers.”*



8. Inability to bridge conversations into action

Most participants shared that their sectors struggle to move from conversations or general value statements to specific action items (be they big or small).

Comments from participants

- *"[Many] are in the camp of 'I think I'm generally an equitable human, I'm not a racist, and I can conceive of the fact that things have not been fair.' But they are not thinking deeper of how they could personally help change the system."*
- *"Theoretically conversations are happening in the space of equity. We know that things need to change, but when it gets down to peeling off every layer of the onion, that's where it gets complex. We may not necessarily have all the authority to make the necessary changes. So, I think right now we're just at the dissection piece."*
- *"Conversations are starting now, [but] the challenge is going to be looking at the levers and the policy levers to be able to move to engage."*
- *"How do you get people to be motivated? I [even] struggle — I've got to move myself from being interested to being committed. It has to really, really matter, not just abstractly to me."*
- *"When folks are so afraid of being racist, they end up just sitting in their racist structure and not making changes to that structure because they're so afraid of being called racist or doing something racist and that immobilization of that fear just stops them from doing anything. And all the while whatever organization or work that they're doing, that racist structure is continuing to put out racist outcomes."*
- *"Unless you've been part of a historically disfranchised group, you might [only] be able to have empathy and understand that someone doesn't have the same experience as you. But it's hard for people to think about how they can do their work differently so someone else is better off. It's this disconnect between 'what is my own experience in the world?' to 'how my experiences impact others.'"*

9. Anxiety and fear of difficult conversations

Participants noted that individuals, including themselves, do not know how to have conversations about equity and health equity in meaningful ways because they are fearful of pushback, offending people, and getting questions they may not have the answers to. The lack of confidence in how to talk about the issues or equity work was often stated as a reason why work does not begin, stalls, or is unable to bridge to action.

Comments from participants

- *"The more we can create space for relationships, the better. The problem there is that we're not incentivized to create strong relationships."*
- *"I think the most important work that any of us have to do in Wisconsin and in the United States is learning how to have more meaningful conversations with people who don't already agree with us. I don't really think there's anything more important because I think we're doing it so poorly and it's having such devastating impacts everywhere we look."*



- *“Folks feel awkward because there’s so much shame and disappointment at the lack of progress we’ve made as a country — we don’t want this to be true of us. I wish we could have effective conversations, but I don’t know how to do that effectively without creating defensiveness. I guess it starts with a desire to have a genuine conversation, versus trying to convince one another of a different point of view. A desire for more dialogue and less debate, so the goal is understanding and not convincing.”*
- *“The health centers are seeing more barriers because there are people in their communities who are not understanding why we’re talking about this and in the ways we’re talking about it. Or there are people on their boards who might be trying to downplay it as an issue that’s relevant in a smaller, more rural community. At least we have to have a general level-set of what words or concepts mean to help have those conversations.”*
- *“When we work with a lot of white, rural, conservative people, those discussions about equity can go down different roads — maybe roads we don’t necessarily want them to go down.”*
- *“Telling someone what they should believe doesn’t work well. Listen to them in an empathetic and respectful way, not telling them they’re wrong because there’s almost a bit of an inferiority complex for people who are lower-income in rural areas. They sometimes feel it’s somebody else’s fault, or they’ve done nothing wrong, or ‘why am I doing worse?’ So to the best of our abilities, we have to get beyond that.”*
- *“I don’t think the goal is making people comfortable. I think the goal is giving people the tools of how you survive being uncomfortable and using that more dramatic thing that you won’t die from being uncomfortable. And to explore why they’re feeling uncomfortable.”*
- *“We’re talking about building compassion and empathy for folks who are vulnerable, and the way you do that is helping people begin to see them as a person, not a number or category.”*
- *“I think that white folks can have a different relationship with hope a little bit than marginalized populations. I would just say that people might be exhausted and maybe weary to be hopeful.”*
- *“If we start with racial biases [it] would be hard for people to accept.”*
- *“They’re in such a scarcity mindset, we have to figure out how to talk to them.”*

10. Scarcity mindset as one of the primary challenges

There was a common theme amongst participants that it is challenging when groups see equity work as taking something away from one group to give to another. Within that context, participants also touched on the general culture of the Midwest that focuses on the pride of hard work and good decision-making (“pull yourselves up by your bootstraps”). Individuals were occasionally described as feeling like others must “earn” their place to be seen as an equal or feel it is unfair to provide resources to individuals who they believe have not worked hard enough.

Comments from participants

- *“One thing that comes up in conversations is this feeling that in order to reach equity you have to take from one group to bring another group up equitably. That’s what people argue about often — if you give one group ‘special treatment,’ then another group will suffer. Figuring out how we can move around that kind of mindset is really important.”*



- *“Where I find or run into issues ... are the dominant narratives in our country, which are so closely tied to what people consider their values. So much of the belief systems in these narratives pit people against each other and perpetuate inequity... it’s so wired in our systems and how we think.”*
- *“It really upsets me when I think about how we get at odds with one another [because of] the scarcity mindset. We have the power to give everyone what they need, but we make a choice that we don’t do that. It also butts up against human greed, so even if people get what they need, they want more and more, so it’s challenging to be like, ‘I’m okay.’”*
- *“In my personal experience in conversations with other business CEOs, I hear a concern about ‘what this means for me’ and ‘will I lose something’ or ‘will something be taken away from me.’ I think it’s an issue. Instead of perceiving that racial injustice is undermining everyone, they see that if we correct injustice, they’ll have to give something up.”*
- *“I think there’s the perception that hard work should be rewarded, and that people shouldn’t be rewarded or entitled if they don’t make an effort.”*
- *“We’ve got this North American bootstraps culture of ‘I can fix my own problems,’ or ‘I ought to be able to fix my own problems,’ or ‘I am to blame for my own problems.’”*
- *“We have a myth in this country that being healthy required two main things: you need to behave yourself and you need to go to the doctor.”*
- *“We have to be careful to not say these folks are less educated because that just claims a narrative of condescension.”*
- *“Helping people become ‘economically independent’ is always something that sells really well with the folks we work with [white, rural, lower-income]. There’s a great deal of pride in being independent and taking care of yourself and your families, without getting help from anybody, including government entities. If we phrase it that way there’s more of a responsiveness from people who may otherwise see equity as something more related to people of color in urban areas.”*

11. Funding/resources as a pain point

Resources for equity work, be it reprioritizing budget investments within their own organizations or receiving outside funding, was seen as critical by several participants. The inability to focus on equity or health equity work in a meaningful way within sectors was often tied to lack of resources and needing to “tack on” equity work onto someone else’s full-time job duties. Additionally, within the context of funding pain points, some participants noted their hesitancy to have more regular or bold conversations or priorities focused on equity and health equity because they were concerned funding would be pulled (by local units of government) or harder to get.

Comments from participants

- *“We’re working to build some capacity. Our office is really charged with that, and we are less than on FTE ... I talk a lot about time, scope, and resources and the scope of what we’re trying to tackle is huge. We haven’t been, to date, given much time or resources to do that.”*



- *“It often feels like an ‘add-on’ that we’re doing equity work. For me, I want to do equity work first and everything else comes secondary, but because of our funding structures it’s the other way around. It’s really hard to make that shift.”*
- *“If we say we value equity, it takes a lot of work and time and partnership; and people need to be allowed that time.”*
- *“A lot of organizations don’t have the resources and financial capacity. We’re fortunate in that we have some funding that we’ve cobbled together and use in creative ways where we can identify priorities. It’s not completely dependent on fundraising. But, for a lot of organizations or my peers, it’s difficult if you’re a smaller nonprofit to come up with the resources to do that.”
“Lack of adequate staffing is a big thing because even if you’ve got good learners, you can’t always get them trained or people are too busy and there aren’t enough staff.”*
- *“We need to engage in moving our conversations from advice-seeking or consultative to bi-directional where funding is given without limitation or isn’t prescribed by the community in which they would be using those funds. Because right now, we’re trying the one-size-fits-all approach, and we know that does not create equity.”*
- *“Sometimes, communities put them at odds with mayors, city councils, or other power brokers in the community. They’re a little less independent.”*
- *“We need funding in public health to be able to do this work, especially in rural communities, and you know rural is code for white. We have tax-levied dollars, we have a great health officer that supports this work; however, I know other communities aren’t as fortunate and we can’t do the work without the money. We need to be able to have staff to devote time to this and funds to get partners to buy into it too.”*

12. Challenges in identifying baseline data, measuring actions, and tracking outcomes

Some noted that they were challenged to find data to illustrate to others the disproportionate health outcomes of various groups throughout the state or were unable to utilize data to show outcomes at the hyper-local level. This had a trickle-down effect of being unable to set measurable goals to measure the ROI on their work. The inability to see themselves within the “system” in which they operate also contributes to being unable to identify appropriate actions, outcomes, and measurements, which then leads to analysis paralysis and lack of action.

Comments from participants

- *“I had a conversation with a CEO group about if we’re moving the needle. The question became, ‘how would we even know?’ There are things we can count like how many staff attend DEI trainings, do people open emails, those types of things, but that’s a far cry from knowing if we’re impacting hearts, minds, and behavior.”*