

Ensuring Momentum & Accountability: Countering Resistance to Equity Actions

A Tool for Health & Social Service Organizations

As health and social service organizations work to achieve a culture of equity, it is important to find ways to embed and sustain momentum, including responding to resistance.

Ensuring Momentum

Sustaining action and maintaining momentum to promote equity starts with involving as many perspectives from as many people as possible. Key strategies include:

- **Keep widening the circle of engagement** by using “snowball” strategies to ask who else to involve
- **Identify what’s meaningful** to people: what reception staff suggest will differ from what security or social work staff suggest, and so on. Harness people’s interests!
- **Invite each person to contribute** in ways meaningful to them. For example, data analysts in your organizations may be key to evaluating progress.
- **Make equity work visible**, for example post activities and testimonials in weekly bulletins, staff email lists, on screens in waiting areas, etc. Take pictures as you go!
- **Aim for ‘quick wins’** as well as long range goals.
- **Expect delays and interruptions, and don’t be deterred by them.** The work may progress in leaps and bounds, or in incremental ways. You can always pick up where you left off!

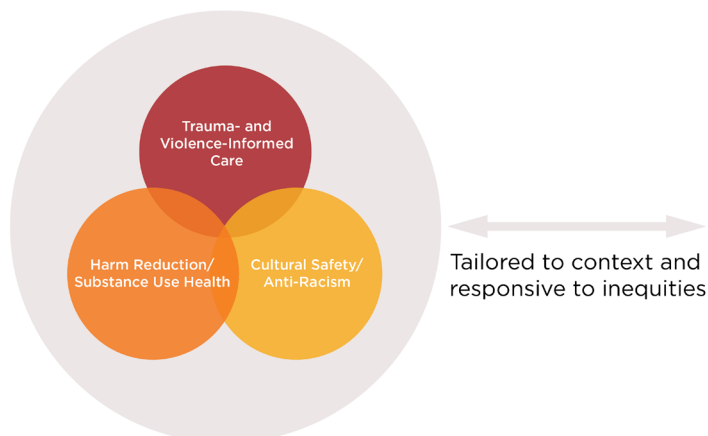


Countering Resistance

Resistance to equity-oriented actions is inevitable and can seem to derail momentum. Each of the key dimensions of equity-oriented care will raise unique forms of resistance – we suggest reviewing them, and the accompanying strategies as a team to consider what kinds of resistance and “push back” you might get, and how you might work to counter this resistance.

Integrating the three key dimensions and the 10 strategies of equity-oriented care (EOC) requires dialogue about racialization; white privilege (for more info, click [here](#)); systemic racism; power inequities; and the role of public institutions, policies and practices in sustaining inequities.

Key Dimensions of Equity-Oriented Health Care



Adapted from Browne, A. J., Varcoe, C., Ford-Gilboe, M., Wathen, C. N., Smye, V., Jackson, B. E.,...Blanchet Garneau, A. (2018). Disruption as opportunity: Impacts of an organizational health equity intervention in primary care clinics. *International Journal for Equity in Health*, 17(1), 154. [[click here](#)]

10 Strategies to Guide Organizations in Enhancing Capacity For Equity-Oriented Services

- Explicitly commit to equity
- Develop supportive organizational structures, policies, and processes
- Re-vision the use of time
- Attend to power differentials
- Tailor care, programs and services to local contexts
- Actively counter racism and discrimination
- Actively seek input from community partners and people with living and lived experience
- Tailor care to address inter-related forms of violence
- Enhance access to the social determinants of health
- Optimize use of place and space

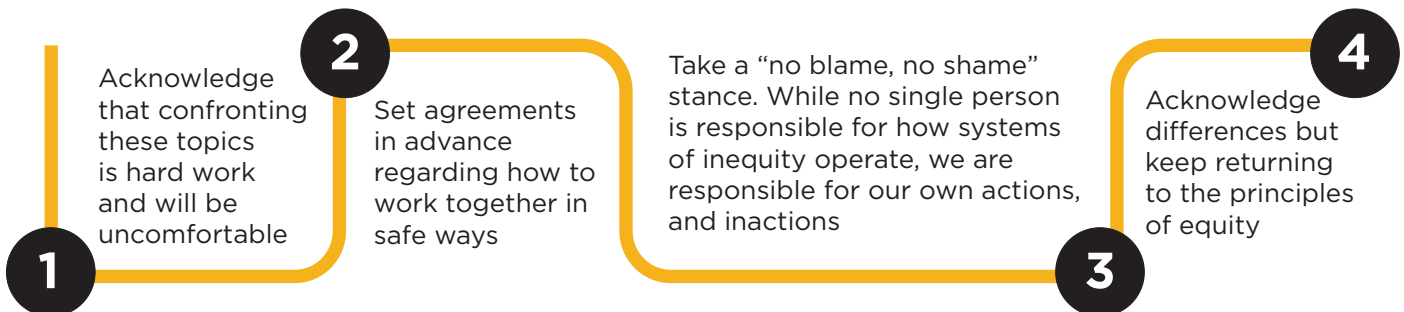
The potential for people in the organization to experience discomfort, guilt, defensiveness, and resistance when asked to think about privilege and disadvantage is well recognized in educational literature. Resistance can be passive: “I treat everyone the same” or more active and harmful: “Addicts make their own choices.”

Examples of resistance include:

- Staff might say things like, “systemic racism doesn’t happen here”; or “we’re colour-blind”.
- Staff might use stigmatizing language to dehumanize some people, and to justify poor treatment – the idea being that some people “don’t deserve” care, or are not as deserving as others. For example, labels such as “addict” or “drug seeker” may be used instead of person-first, non-stigmatizing language like “person who uses substances”.

? Who is seen as ‘less deserving’ in your setting?

People “resist” for many reasons. Some have not yet questioned unfairness, or thought about their own advantages (others will want to actively protect them); others are fearful of confronting difficult topics such as racism, white privilege, and violence, and many will have had their own experiences that make doing so more difficult. **To begin, it’s useful to:**



• **‘CONTENT’ WARNING EXAMPLE:** Having these conversations, and taking action, may reactivate trauma. Staff should monitor their well-being and be offered access to supports.

Embedding Accountability

Developing accountability mechanisms means setting standards and making sure there are ways of meeting those standards and delivering consequences when standards are not met. Accountability mechanisms will vary from context to context, and strategies could include:

- **Making commitments to equity at all levels.** For example, an organization could articulate a strategic priority regarding anti-racism. This is further reinforced if funders/regional health authorities set similar expectations.
- **Drawing on existing standards and communicating expectations.** Standards of practice (which vary among professions and roles) increasingly include clear expectations related to equity and social justice from members of the profession – make these visible.
- **Engage in dialogue about barriers** to meeting standards and provide strategies to get there.
- **Develop safe and effective suggestions/complaints and reconciliation processes** for, and in collaboration with, service users and staff. Follow-up and make these actions visible.



You can start to explore what accountability mechanism might be possible to mobilize in your organization by visiting the EQUIP Rate Your Organization Tools [here](#).

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