

A Discussion Tool:

7 Questions to Map Your Landscape for Equity

Audience: health and social service providers and leaders wanting to make health care more “equity-oriented” (in our view, more culturally safe, trauma- and violence-informed and supportive of substance use health).

Purpose: Map your physical, socio-cultural, historical, economic, political and language landscape to know what resources and challenges you might be starting with.

Use: This tool is intended to be used by two or more people as one initial step toward enhancing equity at the organizational level, and can be used as part of the EQUIP Equity Action Kit. Many organizations find it helpful to create working groups that include leaders and those providing direct service in different roles (e.g., nurses, physicians, reception staff, security, custodial staff, etc.). However, since any place is the right place to start, you could also use this tool to get started with one other person to think through the context you work in from an equity perspective. Read and discuss the questions in your equity working group; identify what you know about the inequities experienced by the populations you serve, and what you don't know. For those things you don't know, identify how to fill in the gaps (perhaps each person can tackle one unknown and regroup). Below we have provided 7 questions to help you map your landscape. To prompt your thinking, we have provided examples from diverse settings that are fictionalized, but represent real circumstances or are composites of real situations. Each example surfaces questions that will be helpful for any setting. These questions are not exhaustive, and you will identify your own!

1 How does your service context (e.g., small rural area, cancer care setting, Emergency Department, hospital, clinic, community social service agency, etc.) create/contribute to and/or mitigate inequities?

Examples:

Emergency Department Primary & Community Care Cancer Care

2 How does the history of your service context (e.g., hospital, primary/community care clinic, outpost, etc.) create/contribute to and/or mitigate inequities?

Examples:

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3 What are the key features (physical, economic, political, socio-cultural) of your service context and how will these features influence your quest for equity?

Examples:

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4 How does your organization position itself, and how is it seen by the public? How might these perceptions influence equity?

Examples:

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5 Who is served and how does that align with the mandate as well as the (self)perception of the organization/unit/setting? Does the reality of those served, and their care experiences, match the rhetoric?

Examples:

Emergency Department Primary & Community Care Cancer Care

6 What is your organization's culture with respect to how staff are supported in their work, how patients are treated from the start to the end of their visit(s), and how change can get started and be sustained? Would these cultural factors support equity-oriented care? Why or why not?

Examples:

Emergency Department Primary & Community Care Cancer Care

7 How are people talked about in your organization/unit/service setting? How do you think people in the local community perceive or think about your organizations? This can include during formal interactions (provider-patient, provider-provider, provider-supervisor; team case consultations, etc.), informal discussions (hand-offs, coffee-room chat, etc.) and in documentation/charting.

Examples:

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