Equity and Service Delivery

Pre – Infant Mortality Advisory Council (Pre-IMAC)
February 15, 2018
Ann Arbor, MI

Dr. Marijata C. Daniel-Echols
Center for Health Equity Practice
Michigan Public Health Institute
Health equity can be viewed both as a **process** – removing economic and social obstacles to health such as poverty and discrimination

and as an **outcome** – everyone has a fair and just opportunity to be healthy
4 Levels of Oppression and Change

**Personal**
Feelings, beliefs, values

**Interpersonal**
Actions, behaviors, language

**Institutional**
Rules, policies, procedures

**Cultural**
Collective ideas about what is normal, true, right, beautiful
A Strengths Based Approach to service delivery requires the intentional use of a Health Equity Framework
APHA HE Framework Domains

Within Your Organization
Acknowledge that equity is more than any one single intervention
Have an open and honest dialogue
Partner, partner, partner

Within Your Community
Be mindful of history
Let go of your agenda
Build trust

Within Your Practice
Follow the data, but…
Community ownership is paramount
Pay attention to process
Know when to step aside

Better Health through Equity: Case Studies in Reframing Public Health Work (March 2015)
What about POWER?
Power and the Role of the Practitioner

Power is neither good nor bad. It is neutral.

Power is not given by others. It is claimed or built (with others).

Power is a product of relationship.

Power is most effective when it is focused and channeled.

Communities where people have strong relationships with one another are more powerful than communities where relationships are fragmented.
Sources of Power

• **Positional power** comes from organizational authority or position (people providing capacity building technical support have this power). It is often forgotten by people with the power, rarely forgotten by those without it.

• **Obstructive power** stems from the ability to coerce or block. Whether implicit, threatened or demonstrated, those without other sources of power may depend on it. Many activists are experts in its use.

Source: National Community Development Institute [www.ncdinet.org](http://www.ncdinet.org)
Sources of Power

• **Expert power** comes from wisdom, knowledge, experience and/or skills (e.g., someone is widely respected because of her skills as an organizer).

• **Collaborative power** comes from our ability to join our energies in partnership with others in pairs, teams, organizations, communities, coalitions and movements.

Source: National Community Development Institute [www.ncdinet.org](http://www.ncdinet.org)
INTENTIONALITY

• Challenge your own assumptions (personal)

• Trust that people make decisions based on what they understand to be what is best for themselves/their family (interpersonal)
INTENTIONALITY

• Understand that the choices people make are determined by the choices available to them (institutional)

• Create systems that promote shared power (institutional)
Contact Information

Dr. Marijata C. Daniel-Echols
Program Director
Center for Health Equity Practice
Michigan Public Health Institute
mdaniele@mphi.org