The Importance of Changing Organizational Culture to Support Health Equity Practice: Dialogue as a Public Health Strategy to Address Health Inequity

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Leadership
Policy

Training
Dialogue
Action

Relationships
Organizational
Culture
Health Equity leadership (the risks and opportunities of Administrative Buy-in)

Health Equity as a Core Organizational Value

Health Equity as a Measure of Community Well-Being (Context)

Health Equity Practice vs Health Equity knowledge (Commitment to train all staff in core concepts of Health Equity and the Public Health Response)
Staff empowered to respond, challenges to status quo encouraged and welcomed.

Endorsement / Mandate by leadership

Engagement of / Advocacy by community members who want to create change
Collective Impact: “Three are greater than One”

Leadership

Community

Workforce
Social Justice Facilitators – 30 people (health dept/ community), 12 days of training

Provide training to all staff

Offer similar services to other organizations and groups in the community

Facilitate dialogue in response to specific incidents
Levels of Oppression and Change

Personal
Feelings, beliefs, values

Interpersonal
Actions, behaviors, language

Institutional
Rules, policies, procedures

Cultural
Collective ideas about what is normal, right, true, or beautiful

Ron David, M.D.:

“Relationships are Primary; all else is derivative.”

Commitment to…

Authentic dialogue.

Making it as easy as possible to listen and hear the truth of racism, classism, gender discrimination.

Increasing our comfort with discomfort.

Mindfulness of LOVE and FEAR.

TR-ansition to ACTION.
Continuing to Move “Upstream”

Intentionally / Explicitly:
This is difficult work, and requires an authentic understanding of subtle forms of institutional discrimination that persist in our society.

- Institutional Racism
- Class Oppression
- Gender Discrimination and Exploitation
“Institutions don’t change institutions; PEOPLE change institutions.”

Doak Bloss,
HESJ Coordinator, Ingham County Health Department