

Advancing health equity: Key questions for assessing policy, processes, and assumptions

ASKING QUESTIONS IS A PATH TO ACTION

Health equity means everyone has what they need to be healthy, and that no one experiences unjust barriers that limit their health.

Health inequities are unfair differences in health status across populations. These differences in health are due to a wide range of social and economic conditions. Some groups benefit from the design of systems that deliver things we all need—such as education or housing—while other groups do not. Inequities can persist over time, as these systems tend to repeat and reinforce patterns of exclusion and marginalization.

Answers to these questions can provide a clear understanding of how systems and structures maintain inequities. This understanding can inform intentional action to disrupt and change how they function. For example, **policy decisions** create and shape systems and structures. Asking clear questions about policies, therefore, is a potent strategy for revealing sources of inequities in systems and structures. Answers can point to actions that eliminate unjust barriers.

Assessing policies, processes, and assumptions

The questions in this tool provide a starting place for carefully examining policies, processes and assumptions to advance health equity.

- Policies are the decisions made about how we will build and govern our communities.
- Processes are the ways in which we make those decisions.
- Assumptions are the underlying values that determine our policies and shape our processes.

Assumptions, especially those operating in institutions and systems, are rarely openly stated or even known. Critically assessing policies and processes can help reveal hidden assumptions, which then can lead to development of a different set of explicit, shared assumptions and open up opportunities for new ways of thinking and acting.

The questions here apply to a wide array of settings. Individuals, communities, organizations, elected officials and others can use them to reveal where and how systems and structures perpetuate injustice, and to uncover opportunities for change. Ideally, asking and answering these questions will become standard practice.

Key questions

The key questions when looking at existing policies are:

- What are the outcomes?
- Who benefits? *
- Who is left out?

* The question of “who?” should include race/ethnicity, ability/disability, age, gender, sexual orientation, residence, income/wealth, and differences in situation such as home ownership/renting, full-time/part-time work, etc.

ADVANCING HEALTH EQUITY: KEY QUESTIONS FOR ASSESSING POLICY, PROCESSES, AND ASSUMPTIONS

The key questions to help design new policies are:

- What outcomes do we want?
- Who should benefit?

The key questions to examining processes are:

- Who is at the decision-making table, and who is not?
- Who has the power at the table?
- Who is being held accountable and to whom or what are they accountable?

The key questions to help develop new processes are:

- How should the decision-making table be set, and who should set it?
- Who should hold decision-makers accountable, and where should this accountability take place?

The key questions to identify assumptions are:

- What values underlie the decision-making process?
- What is assumed to be true about the world and the role of the institution in the world?
- What standards of success are being applied at different decision points, and by whom?

The key questions to define new assumptions are:

- What are our values?
- What would it look like if equity was the starting point for decision-making?

Supplemental questions

These additional questions may help with discussions generated by the key questions.

Policies

- How are the **benefits** of the policy or policies distributed among **groups**, such as across racial/ethnic populations?
 - How has racism (historical or otherwise) contributed to the distribution of benefits across populations?
- How are the **benefits** of the policy or policies distributed among **places**?
 - How has racism contributed to the distribution of benefits across places?
- How might the benefits of the policy to populations or to places be more equitably distributed?
- What groups are **burdened** by this policy? Which places?
- How might the **burdens** on populations or on places be more equitably distributed?
- What have been the outcomes of this policy? Were these the intended outcomes?
 - Does this initiative/policy maintain things the way they are now? Should it?
 - Are there unintended consequences from the policy? Is there a way to correct for unintended outcomes?
- Are policies in other areas affecting the effectiveness of this policy? Where could policies be coordinated?

Processes

- Who is involved in the decision-making process? How connected are the decision makers to the communities affected? How is responsibility for making decisions shared?

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- What are the criteria used to make decisions? Are these the right criteria?
- How inclusive and empowering is the decision-making process, especially for those historically excluded?
- What mechanisms are in place to ensure the decision-making process considers the long-term interests of diverse populations?
- What structures/mechanisms could ensure that experts and agency staff are “on tap” as resources versus “on-top” as deciders?
- What is the implementation process? Is it reflective of stakeholder needs and values?
- How are outcomes tracked and reported? Are there ways to improve data collection and transparency?

Assumptions

- How is opportunity defined, for whom, and who is defining it? How might opportunity be defined to include everyone?
- How is a healthy community being defined, for whom, and who is defining it?
- What is a successful outcome? For whom, and who decides what “success” is? What should be measured to indicate success?
- Is equity a central concern? If not, why not? How could it be addressed?
- What is government’s role? Who decides what role government should take?
- What is an effective, participatory, and equitable public process?
- What are the roles/responsibilities of the institution/organization/office? What are not? What should the roles/responsibilities include?

Further reading

The “key” and “supplemental” questions for advancing health equity have their origin in the following important documents:

- ISAI AH and the Kirwan Institute for the Study of Race and Ethnicity (2010):
[Shining the Light: A Practical Guide to Co-Creating Healthy Communities](http://www.kirwaninstitute.osu.edu/reports/2010/05_2010_ShiningtheLightOrganizingGuide.pdf)
(www.kirwaninstitute.osu.edu/reports/2010/05_2010_ShiningtheLightOrganizingGuide.pdf)
- Health Resources and Services Administration and the Region V Collaborative Improvement and Innovation Network on Infant Mortality (2016):
[Foundational Practices for Health Equity: A Learning and Action Tool for State Health Departments](http://www.health.state.mn.us/communities/practice/resources/equitylibrary/coiin-hrsa-foundational.html)
(www.health.state.mn.us/communities/practice/resources/equitylibrary/coiin-hrsa-foundational.html)

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