Establishing Alignment for Statewide Equity: The EASE Framework

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Introduction

The EASE framework was created to support the work of the Pennsylvania Interagency Health Equity Team (PIHET). The framework contains two major components. One shows the multiple levels and domains that drive systemic inequities. The other reimagines "representation" as "perspective" and provides four key considerations for gathering and embedding perspective into equity work.

We present the drivers of inequity first to provide a comprehensive view of the causal chain of inequities. This depicts the problem of "what is happening". Next, the four considerations of "perspective" are presented, and these provide insights for how to address inequities. We ordered them this way to provide a methodical walk through from understanding the problem to addressing the problem.

These were designed to provide comprehensive yet straightforward resources to aid diverse state agencies to understand how inequities are created, identify their role in intervening on inequity drivers, and incorporate best practices for learning from marginalized groups and embedding insights into practice.

If you have questions, comments, or suggestions for improvements, please feel free to contact us:

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What is happening:

What to consider:

A. Structural Determinants: Power and Control

I. Macrosystem and histo-cultural context (domination)

Colonization	Capitalism	Supremacy

II. Socioeconomic and Political Context (political determinants of health)

Governance	Macroeconomic policies	Public policies	Culture and societal values	Epidemiological Conditions

III. Social Stratification (marginalization & intersectionality)

Biological/Physical	Cultural	Social	SES	Location	Origins

Social class: Differential power and control

IV. Oppression (group detriments)

Unequal access and opportunities	Unequal exposure and vulnerabilities	Barricaded and forced trajectories	Barriers specific to experiences

B. Intermediary Factors: Experiences and Conditions

V. Differential Material Conditions (social determinants of health)

Economic Conditions	Physical Environment	Social Conditions	Service Environment	Political and Legal Environment	Communications and Technology Access

VI. Differential Consequences (inequities)

Social	Economic	Health	Vicious cycles

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Perspective:

Bodies

Experiences

Strategies

Policies

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Purposes of the Framework

- Depict experiences of marginalized communities

- Identify the many layers of equity work

- Codify shared understanding (concepts, language, causal chain)

- Encompass roles of diverse PIHET agencies

- Ensure room to grow

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Uses of the Framework

- Support discussion, processing, and identifying strategic takeaways

  - Guide interagency meetings and work

  - Internal and external education; communications

  - Identify intervention points and collaboration opportunities

  - Identify opportunities to go further "upstream"

  - Inform development of racial equity tools

- Pursue funding opportunities for implementation

Drivers of Inequity

A. Structural Determinants: Power and Control

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## I. Macrosystem and histo-cultural context (domination)

Systems of domination and social structures that impede the pursuit of health. These systems revolve around exploitation, eradication, segregation, and assimilation. By products include militarism and globalization.

Colonization	Capitalism	Supremacy
Foreigners taking control of an area or its people, usually by force, sometimes settling in that area, and bringing people from their origin country to settle in the colonized area. This process forces disconnection from land, family, and cultural practices of native peoples. In the U.S., colonization included theft of Indigenous land, forced removal of tribes to reservations, intentional spread of disease (e.g., smallpox blankets), and belief in "Manifest Destiny" which assumed God had intended for settlers to expand West across the land. Often characterized by a lack of tolerance and respect for local people, customs, and resources - that are later appropriated and monetized.	An economic system of private ownership of means of production. Capitalists own the means of production and hire workers to operate the means of production for wages. The worker does not benefit from ownership nor profits created from their labor. Profits to owners ("the bottom line") is the highest priority, often without regard for social or environmental impact. Commonly extractive. Relies extensively on wage labor, where people sell their capacity to work and often do not have another way to live. In the U.S., capitalism thrived due to theft of land from Native people and enslaving African people. Neither group has benefitted from the profits and both groups have experienced extreme and ongoing deprivation.	The belief that one group is morally or socially better than another or having more value or better quality. Often viewed in binary terms (e.g., white vs. non-white; male vs. female). Supremacy ideologies legitimized genocide and slavery. Racism developed as a way to rationalize the enslavement of a specific group of people (Africans). Supremacy devalues the role of birthing people in creating the entire human race and the labor involved in raising children.
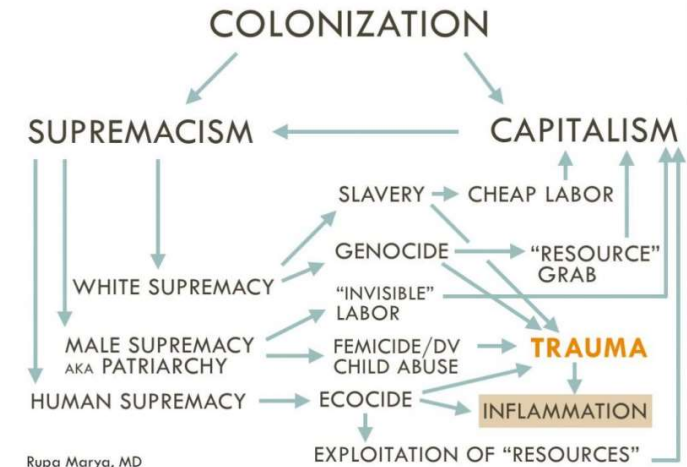
Marya, R. (2018). Health and justice: The path of liberation through medicine. Keynote presentation; Bioneers Conference, San Rafael, CA. https://bioneers.org/rupa-marya-health-and-justice-the-path-of-liberation-through-medicine/
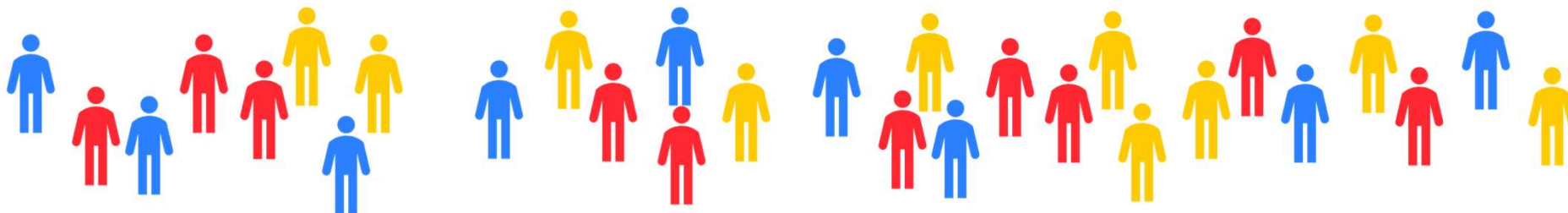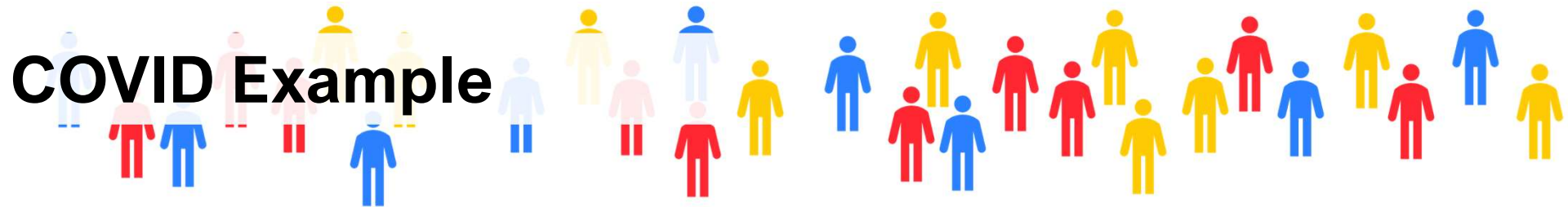
II.   Socioeconomic and Political Context (political determinants of health)

The broad characteristics, systems, and values that define how society operates and how resources are distributed and to whom.

Governance	Macroeconomic policies	Public policies	Culture and societal values	Epidemiological Conditions
The way a society organizes itself to make and implement decisions.	Fiscal, monetary, balance of payments and trade policies and underlying labor market structures.	Address social needs and market failures. Taxation and income redistribution Social insurance	Who and what is most important Who and what is centered	Global and national policy setting, especially in the case of major epidemics.

Solar O, Irwin A. (2010). A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice).

COVID Example

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• Federal, state, and local govt response (NIH, CDC, LHDs) • Executive orders • Emergency declarations	Paycheck Protection Program Liquidity Facility to provide liquidity to financial institutions that originate loans under the SBA's Paycheck Protection Program (PPP)	• Essential workers • Priority populations • Business closures • Stimulus payments • Remote schooling	• Public health vs. individual autonomy • Science and public health literacy	• COVID-19 • Vaccination development • Vax & PPE distribution • Data collection and reporting • Information & misinformation

III. Social Stratification (marginalization)

Sorting of people and groups based on their status across the domains shown below. Higher and lower valuing of people occur across these domains according to whether they are of preferred (e.g., male; white) or non-preferred status. Common factors are shown in each domain however these lists are not exhaustive.

Marginalization involves centering and prioritizing the needs and values of preferred groups and pushing to the margins the needs and values of non-preferred groups. Intersectionality involves the combination of multiple factors within or across domains (e.g., Black, queer, female) and combinations of preferred and non-preferred statuses (e.g., Black, male).

Biological/ Physical	Cultural	Social	SES (socioeconomic status)	Location	Origins
Characteristics that a person was born with or features of their physical body.	Relating to the practices and belief systems specific to unique groups.	Norms that are defined by society. Often specific to a place and point in time. Definitions of these categories change over time as social ideas change.	The social standing or "class" of a person or group. Typically organized into levels (low, med, high) (e.g., middle class).	Communities and people in certain regions receive less resources than others. Often related to population density and other community characteristics.	Characteristics related to whether a person or group is "from here". Includes origin status of previous generations (e.g., second generation Mexican-American).
• Sex • (Dis)ability • Sexual orientation • Age • Skin color	• Ethnicity • Religion	• Race • Gender identity – assigned at birth • Parent/caregiver status – related to gender identity • Gender expression	• Education • Occupation • Income	• Rurality	• Indigenous • Migration and refugee status • types and levels of papers • English as second language

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IV. Oppression (group detriments)

Multiple factors combine to create an experience of unjust impositions or restraints which severely reduce a person or group's ability to direct their life's course. Membership in devalued groups (e.g., low-income; non-white) often leads to multiple detriments of belonging to that group.

Unequal access and opportunities	Unequal exposure and vulnerabilities	Barricaded and forced trajectories	Barriers specific to experiences (e.g., re-entry constraints)
The absence of resources and chances for progress or advancement, as well as lower quality resources and opportunities.	Being subjected to an undesirable and harmful action or influence and increased susceptibility to harm and damage.	Deterministic experience whereby certain characteristics of the person or group arbitrarily dictate their life options.	Additional constraints on life course options for groups with specific/unique experiences above and beyond social stratification factors and often because of those factors.
	The intentional presence of harmful conditions as well as their presence by neglect.	Limitations imposed on the life course due to unequal conditions.	For example, people of color are disproportionately incarcerated due to their race. Upon release from incarceration, they encounter numerous constraints to returning to society and productive citizenship.

V. Material Conditions (social determinants of health)

The characteristics and circumstances in a person's or community's environment in which they live, work, play, pray, etc. Often referred to as the social determinants of health and where equity strategies are targeted to mitigate unequal conditions across groups and communities.

Economic Conditions	Physical Environment	Social Conditions	Service Environment	Political and Legal Environment	Communications and Technology Access
• Labor market • Housing market • Inflation • Banking/products • Family economic well-being • Nutrition & food security • Access to health care	• Housing conditions • Parks & green space • Transportation (roads, sidewalks, transit) • Clean water, air • ATOD & guns • Risk conditions • Toxic conditions • Predatory marketing and services	• Exclusion, discrimination • Educational opportunities • Family make up and relations • Social cohesion, incl. community and neighbor • Stigma • Historic and present-day traumas	• Available, accessible, and affordable services • Quality of services • Appropriateness of services • Under/over responsive service providers: • police/LEOs • education • child welfare • juvenile justice • health care	• Justice and repair • Political power • Civic engagement • Registered voters • Active voters • Polling places • Mail in ballots • Mass incarceration • Juvenile involvement	• Technology devices • Digital literacy skills • Media outlets & information sharing • Radio • Newspaper • Trusted sources

VI. Differential Consequences (inequities)

The cumulative effect of all preceding factors which lead to inequities across multiple domains of life and living. Consequences of illness vary significantly according to their social class and (consequently) their material conditions.

Social	Economic	Health	Vicious cycles
• Familial burden in times of temporary and chronic illness • Stigma of illness • Barriers to social participation	• Healthcare costs and related debt • Inability to work • Job security • Working conditions • Financial well-being • Generational wealth • Pursuit of education	• Shortened lifespans • Lack of treatment (timely, quality) • Nutrition • Sanitation • Housing conditions • Disability-related constraints • Physical health • Mental health • Co-morbidities • Addiction	Vicious cycles are made up of processes that create and reinforce a cycle of collapse or degradation. They are termed "vicious" due to the entrenched and interconnected relationships across systems and sectors and due to how extremely difficult it is to intervene on or escape the cycle. Vicious cycles can be contrasted against "virtuous cycles" where resources and opportunities lead to more resources and opportunities.

Perspective

Perspective: Bodies, Experiences, Strategies and Policies

When we discuss "representation" as a means to collect information and experiences from marginalized groups, there's oftentimes a misconception that representation is a sufficient or "good enough way" to gather perspectives.

However, there are several considerations as it pertains to how to acquire perspectives from marginalized groups, outside of representation.

What most companies and organizations believe to be their desire for representation (and its lack of) is truly a lack of perspectives, experiences, and other levels of understanding, not simply a physical void that can be filled with bodies.

Perspective - Bodies, Experiences, Strategies and Policies

Perspective relies on several elements:

Gathering Perspective:

1.**Bodies:** A person's physical/ demographic represented within the space (Ex. Hiring a person that demographically 'fits the description' of needed representation)

2. **Experiences**: Values and cultural experiences leading the discussion in how individuals should/could be represented (Ex. Attending events that showcase cultural experiences (Latino Health Summit))

Embedding Perspectives Into The Work:

3. **Strategies**: Initiatives designed to address inequities/ to promote equity. Mission and vision that places those bodies and experiences within their solution focused discussions. (Ex. Creating the environment that shows representation is being considered- translations).

4. **Policies**: Set of rules set by the organization that commit to the *sustainment of strategies.* Such as "user-friendly" mission and vision, policies and procedures that help to further diversify the organizations and serve to dismantle systemic disparities which create a more welcoming space for all. (Ex. Non-Discrimination Policy, Mandated Implicit Bias trainings)

Level of Perspective	Objective	Race Equity Implementation Level	Organizational Culture Assessment (Best Practice Indicators)
Gathering Perspective			
Bodies: Physical/ demographic represented within the space. A physical body speaking on *firsthand, lived experiences* that align with the perspectives desired according to the specific needs of the group or organization.	Increasing physical 'representatives' for the perspectives wanting to be assessed or perspectives that need to be embedded in the thought leader process. Full committed member of PIHET who has lived experience.	Awake	• Marginalized group/member feels comfortable speaking, remaining engaged, and/or critiquing when needed • Psychological safety is understood and cultivated in the team • Marginalized members have the authority to lead the conversation • Inclusive seating amongst and as a part of collective; not being singled out • Discussion void of being 'singled out' as "the" representative" of a particular group • Insights come from firsthand lived experiences that can speak on the issues directly impacted (not second hand experiences)
Experiences: Values and cultural experiences leading the discussion in how individuals should/could be represented.	Increasing knowledge of diverse experiences through the examination of those with lived experience, without their commitment to full membership within PIHET.	Woke	• Ability for experienced 'storyteller' or 'liaison' to provide accurate account/recall of info disseminated. • Accountability and bias check to ensure conscious balance of fact and emotion – not centering yourself; able to account for one's own bias/experience • Gathering of information rooted in cultural humility, curiosity, openness to difference, discomfort

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Level of Perspective	Objective	[Race Equity Implementation Level](#)	Organizational Culture Assessment (Best Practice Indicators)
Embedding Perspective into the Work			
Strategies: Initiatives designed to address inequities/ to promote equity. Mission and vision that places those bodies and experiences within their solution focused discussions.	Developing and carrying out equity-focused plans that are shaped by insights and guidance from marginalized group members.	Work	• Equity is integral, centered, and proactively considered and accounted for; equity <u>as part of</u> the initiative design • Strategy shows understanding of existing programming, with forward-thinking to account for 'loopholes' • Buy-in and energy to examine and reorganize existing structures and processes • Willingness to allow for realistic timelines to thoughtfully include equity strategies • **Insights gathered from Bodies & Experiences** are proactively incorporated
Policies: Set of rules set by the organization that commit to the *sustainment of strategies.* Such as "user-friendly" mission and vision, policies and procedures that help to further diversify the organizations and serve to dismantle systemic disparities which create a more welcoming space for all.	Using interagency collaboration to embed PIHET mission through the development of Department specific and overall policies that can serve in dismantling existing systemic inequities.	Work	• Potential/actual loopholes for arbitrary administration are examined and addressed throughout planning and implementation process; • Equity impact assessments are conducted upfront to anticipate potential harmful effects; and routinely gathering input from the people implementing and most affected by the work • Actively examining for white dominant norms and correcting accordingly

References

This framework was adapted from and informed by the resources below. The general structure is drawn from the Solar 2010 model, and the remainder of it is a synthesis and adaptation of models and frameworks from the other references shown here.

- Alvidrez, J. Castille, D., Laude-Sharp, M., Rosario, A., & Tabor, D., (2019). The National Institutes of Minority Health and Health Disparities research framework. *American Journal of Public Health, 109*, S16–S20. doi:10.2105/AJPH.2018.304883

- Association for Women in Science. (nd). Intersectionality: A critical framework for STEM equity. https://awis.org/intersectionality/

- Australian Aid. (2019). Ending violence against women and girls: Evaluating a decade of Australia's development assistance, p. 23. https://www.dfat.gov.au/development/performance-assessment/aid-evaluation/strategic-evaluations/evawg

- Bay Area Regional Health Inequities Initiative. (2010, June). Retrieved online https://www.barhii.org/barhii-framework.

- Bradley, S. A. & Creavey, K. L. (2022). *Understanding Adverse Childhood Experiences (ACEs) in context: Mapping adversity across the socioecological model*. All Youth Access.

- Equity in the Center. (2020). Awake to woke to work: Building a race equity culture. https://equityinthecenter.org/aww/

- Kaiser Family Foundation. (2021). Disparities in health and health care: 5 key questions and answers. Retrieved online https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

References (continued)

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- Marya, R. (2018). Health and justice: The path of liberation through medicine. Keynote presentation; Bioneers Conference, San Rafael, CA. https://bioneers.org/rupa-marya-health-and-justice-the-path-of-liberation-through-medicine/

- Mohatt, N. V., Thompson, A. B., Thai, N.D., & Tebes, J. K. (2014). Historical trauma as a public narrative: A conceptual review of how history impacts present-day health. *Social Science & Medicine, 106*, 128-136. https://doi.org/10.1016/j.socscimed.2014.01.043

- National Academies of Sciences, Engineering, and Medicine. (2019). Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda. Washington, DC: The National Academies Press. https://doi.org/10.17226/25201.

- Solar O, Irwin A. (2010). A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice). https://apps.who.int/iris/handle/10665/44489

- Young Friends of the Earth, Europe. (2020). Toolkit for intersectional movement building. Power flower tool, p. 41. https://youngfoee.eu/resource/toolkit-for-intersectional-movement-building/