



Health Equity: Diversity, Equity, and Inclusion Assessment Guide for Multidisciplinary Teams

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TABLE OF CONTENTS

Introduction..... 5

Key Concepts and Terms10

Instructions for Using the Guide.....14

Internal Assessment..... 14

Organizational Questions.....16

Community-Focused Questions18

Community 18

Home Agency and the Community..... 19

Multidisciplinary Team and the Community 20

Public Policy Questions21

Next Steps23

Conclusion.....25

End Notes26



Health Equity: Diversity Equity, and Inclusion Assessment Guide for Multidisciplinary Teams

Introduction

The nature of multidisciplinary teams requires inter-agency partnerships from across the community. While all partners on your team may agree on goals like reducing childhood injury, they may not have a deep understanding of population health approaches that emphasize advancing equity in communities. Agencies may also have different orientations around concepts of equity and commitments to advancing it.

As multidisciplinary teams work to address childhood injuries and fatalities, the inequities some communities face and the resulting disparities in health outcomes remain profound challenges. Outcomes are deeply tied to social determinants of health, including income, experience of racism, and educational attainment.

Research shows that Black, Indigenous, and/or people of color (BIPOC), low-income, rural, and other socially marginalized groups experience disparate outcomes in health, education, and overall wellbeing.¹ While we work together to increase child safety and wellbeing, it is important for us to consider the ways in which community service and response systems may contribute to reducing risk for some children, while leaving some underlying risks unaddressed, or even increasing them at times.

To advance the public's health, tailored approaches are employed to support marginalized communities, with the understanding that to decrease poor health outcomes that are tightly connected to the social determinants of health, social contexts must be addressed. Tailored approaches are needed to support marginalized communities. Decreasing poor health outcomes, especially those that are tightly connected to the social determinants of health, demands that social contexts be addressed. Everyone should have a fair and just opportunity to achieve optimal health and wellbeing.²



Foundational to advancing health equity in the community is an internal commitment to diversity, equity, and inclusion (DEI) in organizational practice. The unique challenge multidisciplinary teams face is that they are made up of multiple partner organizations with diverse orientations and commitments to advancing not just equity externally, but DEI internally.

Multi-sectoral collaboration—like that of the multidisciplinary team on which you serve—enables an examination of the structural impediments to health equity and facilitates system-specific changes necessary for advancing health equity in communities.

THE GOAL OF THIS GUIDE

To produce knowledge that will equip teams in establishing a shared understanding of the multidisciplinary team's commitments to DEI and advancing health equity in the community and in identifying and acting on growth opportunities within the team and community contexts.

The Guide will support child health and safety professionals in determining their needs in implementing a health equity lens into their unique coalition and committee efforts, an important step in ultimately working toward health equity in their communities.

It is designed to:

1

Yield insights into ways partner agencies from the multidisciplinary team context approach DEI in their home agencies.

2

Guide multidisciplinary team participants to move from internal assessment of DEI to a discussion of home agencies' contribution to advancing health equity in their role on the multidisciplinary team.

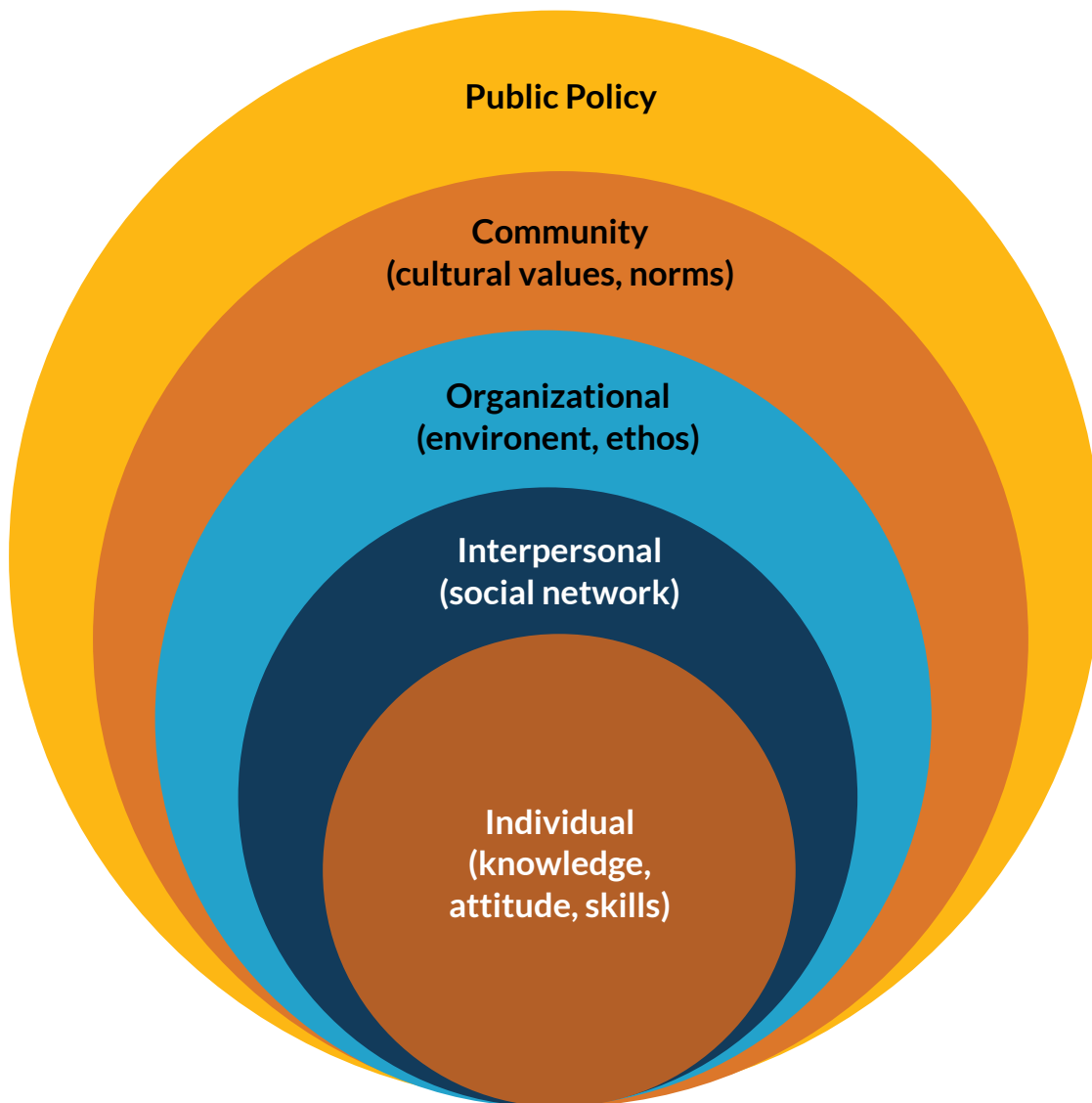
3

Support multidisciplinary teams in considering next steps to address issues identified through the assessment.

For the purposes of consistent and equitable language, the Guide has adopted [Applying a Health Equity Lens in Principle and Practice: Style Guide, Practices, and Resources for Bringing an Equity Focus to Health Policy Commission Work Products \(July 2021\)](https://www.mass.gov/doc/health-equity-practice-and-style-guide/download) (URL: <https://www.mass.gov/doc/health-equity-practice-and-style-guide/download>).³

The Guide uses the Social-Ecological Model (SEM) to conceptualize how individuals are embedded in and interact with progressively larger social systems (Figure 1). The SEM proposes factors within multiple levels of society and within multiple systems that affect behaviors and health outcomes. Likewise, to achieve equity, public health has committed essential public health services that actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities.

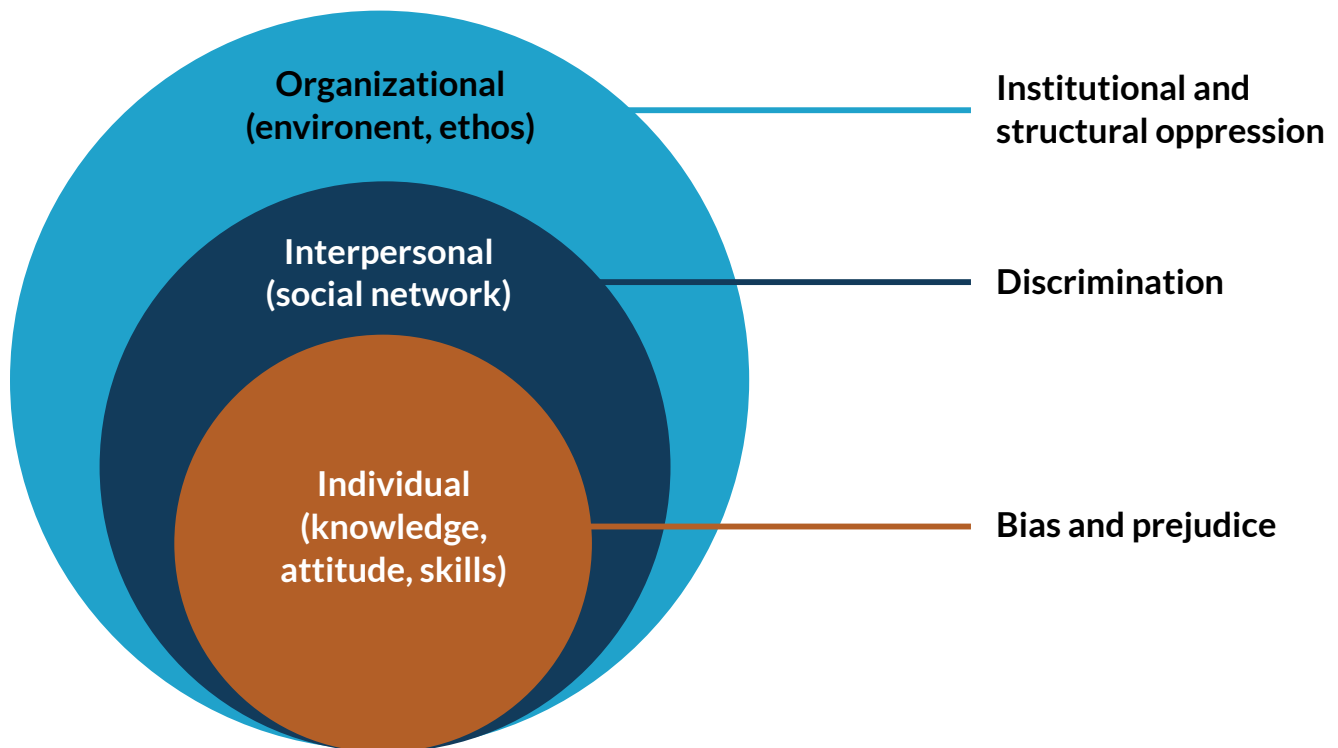
Figure 1. The Social-Ecological Model: Framework for Prevention, Centers for Disease Control and Prevention



The SEM provides opportunities to consider how either oppression can be perpetuated or equity can be advanced across individual, interpersonal, organizational, community, or public policy domains. At the individual level, people hold prejudices or biases, often unconscious preconceived opinions or even emotions about an individual or group. These can be positive or negative. Often, people act on these biases without even realizing it.⁴ When one acts on a negative bias or prejudice they have against others, it is discrimination at the **interpersonal** level, seen to have observable impacts on health outcomes.⁵

Oppression, on the other hand, is the systematic weight of prejudice and discrimination on the people it affects, allowing prejudice and discrimination to be supported by social structures and institutions. Oppression serves both actively and passively to uphold normative structures of social power, such as patriarchy, white supremacy, and ableism at the **organizational, community, and public policy levels of the SEM** through values, norms, policies, and practices.

Figure 2. How oppression can be perpetuated at different levels of the SEM



The Guide focuses on the Organizational, Community, and Public Policy levels of the SEM, as seen in Figures 1 and 2, and the systems embedded in each of those levels.⁶ The SEM is used in the Guide to highlight a variety of factors, including capacity, communication, community connection, and programming. For a deeper examination of the SEM, explore [Social-Ecological Model Offers New Approach to Public Health.⁷](#)



Key Concepts and Terms

The following terms are used frequently in public health professions and are also used throughout this assessment. It is important to have shared understanding of their definitions.

Health equity

The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities. Specifically, it requires prioritizing and addressing obstacles to health, such as poverty, discrimination, and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. Health equity means reducing and ultimately eliminating health inequities and their determinants that adversely affect groups that have been excluded or marginalized, recognizing these groups are not static over time.^{8,9}

Inclusion/Inclusivity

A set of behaviors that authentically encourages individuals to feel valued for their unique qualities and experience a sense of belonging and shared power.

Diversity, Equity, and Inclusion (DEI)

Diversity: The range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs. An appreciation and respect for the many differences and similarities in our work. This includes varied perspectives, approaches, and competencies of coworkers, partners, and populations we serve. It is all-inclusive and recognizes everyone and every group as part of the diversity that should be valued. It also involves different ideas, perspectives, and values. It is important to note that many activists and thinkers critique diversity alone as a strategy.¹⁰

Equity: A measure of fair treatment, opportunities, and outcomes across race, gender, class, and other dynamics. Continually, collectively and consistently reorganizing and redistributing power such that all have an equal opportunity to thrive. Power in this context is the ability to influence key decision-makers on a range of issues over time.¹¹

Inclusion: Refers to the intentional, ongoing effort to ensure that diverse individuals fully participate in all aspects of organizational work, including decision-making processes. It also refers to the ways that diverse participants are valued as respected members of an organization and/or community.¹²

Belonging

Engaging the full potential of the individual, where innovation thrives and views, beliefs and values work and/or act together willingly for a common purpose or benefit.¹³

Equality

Equality is providing everyone the same resources or opportunities regardless of what they need. This is different than equity in that equity focuses on different circumstances, allotting the resources and opportunities necessary to reach an equal, just outcome.¹⁴

Health Inequity

Differences in health status or the distribution of health resources between population groups arising from the social conditions in which people are born, grow, live, work, and age.¹⁵ Health inequities are unnecessary, avoidable differences in health that are unfair and unjust.¹⁶

Oppression

A combination of prejudice and institutional power that creates a system that regularly and severely discriminates against some groups and benefits other groups. Hardiman, Jackson, and Griffin state that oppression exists when the following four conditions are found:¹⁷

- The oppressor group has the power to define reality for themselves and others,
- The target groups take in and internalize the negative messages about them and end up cooperating with the oppressors (thinking and acting like them),
- Genocide, harassment, and discrimination are systematic and institutionalized, so that individuals are not necessary to keep it going, and,
- Members of both the oppressor and target groups are socialized to play their roles as normal and correct.

Levels of oppression: Systemic oppression occurs at the personal, interpersonal, institutional, and structural levels.

Race

For many people, it comes as a surprise that in the biological and social sciences, the consensus is clear: race is not a biological fact, but instead, it is merely a social construct that has been used throughout history to further racist and ethno-centric arguments, white nationalism, and anti-Semitism.¹⁸ Additionally, race designations have changed over time. Some groups that are considered “White” in the United States today were considered “non-White” in previous eras, in U.S. Census data, and in mass media and popular culture (for example, Irish, Italian, and Jewish people).

The way in which racial categorizations are enforced (the shape of racism) has also changed over time. For example, the racial designation of Asian American and Pacific Islander changed four times in the 19th century. That is, they were defined at times as White and at other times as not White. Asian Americans and Pacific Islanders, as designated groups, have been used by Whites at different times in history to compete with African American labor.^{19,20}



Racism

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and undermines the realization of the full potential of our whole society through the waste of human resources.²¹ Racism can be expressed on three levels: institutionalized; personally-mediated; and internalized.²²



Home agency

The agency or organization that employs staff who serve—often as agency-level assignees or volunteers—on external, multidisciplinary teams, coalitions, or task forces. Examples of home agencies include police departments, victims service agencies, child welfare agencies, hospitals, or health departments.



Multidisciplinary team

A working team with representatives from multiple home agencies in the community, convening to work toward common goals, including community safety, wellbeing, and injury prevention. The strength of the multidisciplinary team lies in the breadth of its diverse membership, professional expertise, and influence. Examples of multidisciplinary teams include Child Death Review teams, Safe Kids Coalitions, or other injury prevention task forces.



Champion

A champion is a person who is skilled and supportive in an area, coordinating, leading and accounting for systemic organizational efforts.

Instructions for Using the Guide

The Guide is a flexible resource, and there are multiple ways to use it. Teams will likely need multiple meetings to complete the discussions laid out in the Guide. Teams may decide to have team members review the questions ahead of time and come together to discuss responses. Some may use smaller breakout groups or other strategies. Examples of successful strategies teams have used are included in the Facilitator's Manual.

In the following pages you will find a series of questions that serve as an **organizational assessment** to determine what is needed by organizations of multidisciplinary child health and safety professionals when integrating a health equity lens into their work to serve the community. There are no right or wrong answers when answering these questions. Your insights and experience are what will be most helpful to your multidisciplinary team.

When answering the questions, respond in short phrases. Feel free to skip questions you are not well-positioned to answer.

Internal Assessment:

Internal assessment is a necessary component of this work. The Guide focuses on the organizational, community, and public policy domains of the SEM as it relates to DEI practice, but the Guide will be most helpful when team members have spent time working in the individual and interpersonal domains. This Guide assumes that participants have at least introductory knowledge of the concepts and terms named in the Key Concepts and Terms starting on [page 10](#).

To build necessary capacity, teams and team members may choose to identify additional resources, including:

[Health Equity Planner to Implement and Spread Child Safety Strategies in Communities](https://www.childrensafetynetwork.org/sites/default/files/Health-Equity-Planner-2021.pdf) (URL: <https://www.childrensafetynetwork.org/sites/default/files/Health-Equity-Planner-2021.pdf>).

[Racial Equity Learning Series](https://www.aimcci.org/nhsa-aim-cci-racial-equity-learning-series-rels/) (URL: <https://www.aimcci.org/nhsa-aim-cci-racial-equity-learning-series-rels/>).

Additional resources are included in the Facilitator's Manual.



The questions in the Guide will focus on both your **home agency** and the **multidisciplinary team** on which you are participating.

For the purposes of the assessment:



Home Agency

The home agency is the agency or organization that employs staff who serve—often as agency-level assignees or volunteers—on external, multidisciplinary teams, coalitions, or taskforces. Questions focused on the home agency will be orange. Examples of home agencies include police departments, victims' services agencies, child welfare agencies, hospitals, or health departments.



Multidisciplinary Team

The multidisciplinary team is a working team with representatives from multiple home agencies in the community, convening to work toward common goals, including community safety, wellbeing, and injury prevention. Questions focused on the multidisciplinary team will be blue. Examples include Child Death Review teams, Safe Kids Coalitions, and other child injury prevention work groups.

Questions related to the community and public policy—not directly related to a home agency or multidisciplinary team—**will be black**.

Organizational Questions



This portion of the assessment aims to understand your home agency in terms of operationalizing organizational policies and practices to achieve Diversity, Equity and Inclusion (DEI).

1

To your knowledge, has your home agency completed or participated in a training or internal organizational assessment as it relates to its current policies and practices to achieve diversity, equity and inclusion in your home agency? If so, when?

2

To your knowledge, has your home agency completed a needs assessment or similar assessment to determine the extent to which strategies and activities to achieve health equity are embedded in your agency's work? If so, when?

3

If you recall, what was the previous assessment tool(s) you or your home agency completed?

4

Are you aware of champions for DEI in your home agency? If so, what are their roles?

5

Is there a diversity of social identities and perspectives at different levels of your home agency? (Examples of social identities may include race, ethnicity, heritage, sexual orientation, physical ability/disability, or gender identity.)

6

Are you aware of dedicated time, resources, and effort to understanding and employing practices and policies that promote DEI in your home agency? If so, please provide an example.

7

When it comes to DEI efforts in your home agency, what is going well? (Examples of work in this area include but are not limited to strategies to ensure equity in wages and benefits, diversity in professional service contracts and procurement, diversity in leadership, discussion and adoption of more equitable language and labels.)

8

What resources may help improve your home agency's efforts to integrate DEI as a philosophy with intentional practices and policies? (Examples may include technical assistance/expertise, leadership, human capital, etc.)

9

What areas might need improvement? Please be specific. (Examples may include strategies to ensure equity in wages and benefits, diversity in professional service contracts and procurement, diversity in leadership, discussion and adoption of more equitable language and labels.)



TAKEAWAY: What actionable issues related to DEI have you/your team identified in the Organizational discussion that you may want to focus efforts on in the future?



Community-Focused Questions



This portion of the assessment aims to understand and identify the needs in developing health equity interventions at the community level. It asks you to consider the perspective of the community and efforts and experiences of your home agency and multidisciplinary team.

Community

- 1 What health outcomes do you think the communities you work with are looking to achieve when it comes to health equity?
- 2 How do you think the communities your agency serves conceptualize health equity?
- 3 To increase a focus on health equity, what do you think would be most useful to communities (Examples may include additional resources, health equity champions, or policy change.)
- 4 What types of barriers to advancing health equity do you see at the community level? (Examples may include funds, staff capacity, or policies.)

Home Agency and the Community

- 1 On which level(s) of the Social-Ecological Model does your home agency work? See the image on [page 8](#) to help you decide.
- 2 What organizational capacity currently exists to implement a health equity lens into your home agency's work with the community? (Examples may include leadership and management skills, team building, or strategic and operational planning.)
- 3 Are staff trainings or resources are provided to develop an understanding about how inequities created and sustained within communities?
- 4 What gaps exist in your home agency's organizational capacity? (Examples may include limited knowledge, staff, resources, or political will.)
- 5 What types of communication mechanisms and opportunities exist within your home agency as it relates to issues of inequities? (Examples may include surveys, facilitated dialogues, listening sessions, or standing meetings.) How frequently does this communication occur, and how are the results processed?
- 6 In what ways do the groups or teams charged with addressing inequities in your home agency reflect the communities with whom they work? (Examples may include race/ethnicity, (dis)ability, sexual orientation, or educational background.)
- 7 What types of communication mechanisms and opportunities exist between your home agency and the communities you serve? (Examples may include surveys, community agreements, facilitated dialogues, or listening sessions.) How frequently do these occur?
- 8 What is currently being done at your home agency to develop trust with the communities you work with?
- 9 How can the voices of communities be prioritized in these efforts?

Multidisciplinary Team and the Community

- 1 What types of communication mechanisms and opportunities exist within your multidisciplinary team as it relates to issues of inequity? (Examples may include partner agreements, data sharing, facilitated dialogues, listening sessions, or needs assessments.) How frequently do these occur?
- 2 Does the multidisciplinary team reflect the communities with whom you work? If so, how? (Examples may include race, ethnicity, (dis)ability, sexual orientation, or educational background.)
- 3 What types of communication mechanisms and opportunities exist between your multidisciplinary team and the communities you serve? (Examples may include surveys, community agreements, facilitated dialogues, or listening sessions.) How frequently do these occur?
- 4 What is currently being done by the multidisciplinary team to develop trust with the communities you work with?
- 5 How can the voices of communities be prioritized in these efforts?



TAKEAWAY: What actionable issues related to DEI have you/your team identified in the Community-Focused discussion that you may want to focus efforts on in the future?

Public Policy Questions

This portion of the assessment aims to understand and identify ways that public policy influences health equity. This could include local ordinances, state, or federal level policies, laws, or regulations. Team members may not be familiar with relevant policies or how they are impacting communities, but there is value in discussing these issues as they can have profound impact on health equity. Your team may decide to invite someone well-versed in policy issues to participate in this discussion.

1

What do you think the various systems that impact communities (e.g., housing, transportation, education) reveal about public policies that create and/or perpetuate inequities?

2

What current public policies help support your home agency or multidisciplinary team's work on health equity?

3

What is going well as it relates to advancing an equitable policy or implementing a policy equitably?

4

Even well-intended laws can have differential impact. What has been the community's experience with policies intended to advance wellbeing and equity?

5

What are the current policies that create barriers to implementing health equity work? (For example, policies that may lead to over-policing of communities of color or policies that create food or service deserts.) What systems contribute to these barriers?

6

What resources are needed in order to make health equity-focused policy improvements? (Examples may include data, partners, or political will.)

7

How can health equity work be built into public policy to support your work?



TAKEAWAY: What actionable issues related to DEI have you/your team identified in the Public Policy-Focused discussion that you may want to focus efforts on in the future?



Next Steps

This portion of the Guide allows teams to reflect on the questions and takeaways from the Organizational, Community-Focused, and Public Policy discussions to strategize ways to address issues that were identified. Multidisciplinary team members can fill out this worksheet individually to share their ideas or together as a group.

What actionable issues were identified in the Takeaways:

- At the Organizational level ([pg. 17](#))?

- At the Community level ([pg. 20](#))?

- At the Public Policy level ([pg. 22](#))?

Select key issues that are priorities to your multidisciplinary team to develop an action plan, focusing on the action to address the key issue, a realistic timeframe, necessary resources, and who will be responsible to move the action forward. Additional resources to support action planning are included in the Facilitator’s Manual.

Key issue identified	Key issue identified	Key issue identified
Next Steps	Next Steps	Next Steps
<p>Action:</p> <p>Timeframe:</p> <p>Resources needed:</p> <p>Person(s) responsible:</p>	<p>Action:</p> <p>Timeframe:</p> <p>Resources needed:</p> <p>Person(s) responsible:</p>	<p>Action:</p> <p>Timeframe:</p> <p>Resources needed:</p> <p>Person(s) responsible:</p>



Conclusion

Thank you for your ongoing participation in a multidisciplinary team focused on child health and safety. Your efforts, expertise, and commitment to this work are assets to the community. Your participation and use of the Guide with your multidisciplinary team exhibits a commitment to building just, equitable communities and to implementing equity-focused approaches to support community health and wellbeing.

For technical assistance or additional support in using this Guide or Facilitator’s Manual, you may contact:

- Children’s Safety Network: csninfo@edc.org
- National Center for Fatality Review and Prevention: info@ncfrp.org
- Safe Kids Worldwide: info@safekids.org

Endnotes

- ¹ Child Safety Forward. Alliance for Strong Children and Families. Child Safety Forward (alliance1.org)
- ² Centers for Disease Control and Prevention. (2021, March 18). CDC - 10 essential public health services - CSTLTS. Centers for Disease Control and Prevention. <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>.
- ³ From the style guide: "This guide was developed in a spirit of humility, recognizing... communication practices and standards are constantly evolving, such that there is rarely a single 'right' choice or that an accepted choice may evolve over time. As such, this guide will be treated as a 'living document' that will be regularly reviewed and updated to reflect evolving practices." The National Center will update the Guide appropriately as changes are made to the Style Guide.
- ⁴ Asada, Y. (2019, September 9). Measuring health inequity: A public health ethics inquiry. Oxford Handbooks Online. Retrieved September 10, 2021, from <https://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780190245191.001.0001/oxfordhb-9780190245191-e-23>.
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- ⁶ This Guide does not focus on the individual and interpersonal levels of the SEM, as other resources are available to support those who may need to consider the individual and interpersonal domains. Additional resources are listed in the Resources section of the Facilitator's Manual.
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- ¹⁰ U.C. Berkeley Center for Equity, Inclusion, and Diversity. Glossary of Terms
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