

Health Equity Youth Academy
Dialogue Interview Process

General Guidelines

1. Each dialogue interview should be scheduled to include 3 - 6 applicants and two interviewers.
2. The space should be configured as chairs in a circle without tables. Interviewers should intersperse themselves among the applicants in the circle.
3. Each dialogue interview will be about 45 minutes in length. Immediately after, the interviewers will spend 15 – 30 minutes summarizing their impressions of the applicants using the Applicant Assessment Sheet.
4. The interview should be framed as a “conversation,” with both interviewers and applicants feeling free to comment on points made by others or ask questions of anyone in the group as they feel inclined to do so.
5. To avoid the feeling of formality or judgment, interviewers should try to keep note-taking to a minimum. Interviewers who choose to take notes may want to explain that it’s just a way to help remember the conversation later, or keep track of a point you don’t want to forget.
6. At the midway point, if you notice that certain people have not been sharing as much as others, make a point of asking them directly for their thoughts.
7. A suggested “script” for the dialogue interview questions can be found on the following page

Suggested “Script”

“Thank you for your interest in being part of the ‘Health Equity Youth Academy.’ Instead of doing a formal interview, we want to just have a conversation together about health and health equity. That means that instead of us asking questions and you answering them, we’d like all of us to share our thoughts, listen to each other, and see what we think about the ideas behind this project. So no one should feel on the spot here, and everybody should feel free to share their thoughts with the whole group. Does that sound okay?”

As each participant to introduce themselves by sharing their name, and a little bit about why they applied to be part of the project.

- Take responses; ideally, do this in random order rather than around the circle in sequence.

The purpose of this project is to get a group of young people to help us think about the *health* of our community in a new way. When you think about “health” right now what do you think of? What ideas or images come to your mind?

- Take responses. (

“Those are all great ideas, and you’re right, they are all part of health. When we talk about ‘health equity,’ we’re thinking about something more than physical health or healthy behaviors. One thing we’ve learned is that health is affected by a lot of things that are beyond people’s control. It’s not just about eating right and exercising—although those things are important to each of us individually.

“One of the most disturbing things about health in our community is that there are differences in the health outcomes for different groups of people. For example, people of color *as a group*—African Americans, Latinos, and Native Americans—have more illness than white people, both here in Ingham County and all over the country. And we know that this is not because of eating habits or lack of exercise. It’s also not about genetics. There is nothing about being a person of color that should make you have poorer health. There is a lot of evidence now that the basic reason for this difference is that people *as a group* experience more stress than white people. *Individual* persons of color may have great health or poor health, but when you look at the *group as a whole*, they have poorer health and also experience more stress. Does anyone have any idea why that might be true?”

- Let dialogue happen; encourage participants to ask each other questions to help get clarify what others are saying. Note the chart on the next page, which shows the chain of causality from oppression and privilege to poor health outcomes. While you won’t want to use this in the session, it may be helpful to you in thinking about “upstream” vs. “downstream” ways of thinking about health.]

- After 5 – 10 minutes, try to “lift up” any comments that begin to look further “upstream”: social factors like housing, income, education, etc., or the idea that some people have more power than others to do and get what they need for health.]

“Do you think that everyone in our society has the same opportunity to succeed in life? [You may want to use a variation on this question, based on what has been said in the group.]

- Allow further dialogue (10-15 minutes), again encouraging people to question each other about what they think about how opportunities differ for different groups of people and how this might affect the health of different groups.

“Based on everything you’ve seen and heard here today, what do you think we should be doing to improve the health of our community? Where should we be putting our energy? What should we be thinking about?”

- This dialogue can take the remainder of the time allotted.

Thank all participants for their contributions and their interest in the project. Express regret that we won’t be able to accept everyone who applied onto the team, and that we hope we will be able to do this again next year. Let them know when decisions are likely to be made about this year’s participants.

Chart: THE ROOT CAUSES OF HEALTH INEQUITY

