Principles for Advancing Health Equity

Supported by the Health Action Partnership
Jefferson County, Alabama

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PARTNERSHIP
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Jefferson County Collaborative for Health Equity

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Introduction

"But humanity's greatest advances are not in its discoveries – but in how those discoveries are applied to reduce inequity... reducing inequity is the highest human achievement."

— Bill Gates, 2007

Health equity results in all people having the opportunity to live healthy, productive, and worthwhile lives. Differences in health status dictated by race, gender, physical abilities, or zip codes causes health inequalities and jeopardize the well-being and prosperity of ALL. For example, in Jefferson County, many neighborhoods bordering Interstate 20/59 are largely minority, have increased poverty and infant mortality, decreased life expectancy, and limited access to healthy foods. (*Place Matters For Health in Jefferson County, Alabama*, 2013).

Advancing health equity for all requires adequate, standardized, and inclusive training to empower community, organizational partners, and political entities with the knowledge and tools to advocate for healthier communities.

Using the six guiding principles crafted by the Advancing Health Equity Priority Group of the Jefferson County Health Action Partnership, this guide is designed to assist in the inclusion of health equity principles in a collaborative working environment to promote a healthy community for all.

It is our hope that individuals, organizations, and partners will use this guide to better understand the impact of health disparities in our local community, comprehend the need to reduce these through collaborations, and discover ways to commit to advancing health equity every day.

THE GUIDING PRINCIPLES

1. Involve people negatively impacted by health disparities in development, implementation, and evaluation
2. Ensure objectives target people and communities negatively impacted by health disparities
3. Ensure health equity messages are appropriate and widely disseminated
4. Value both community and technical expertise
5. Support and build community capacity to act
6. Leverage opportunities to advance health equity

Criteria

Criteria for the Creation of the Advancing Health Equity Guiding Principles and Suggested Uses

GUIDELINES CRITERIA

A working group of the Advancing Health Equity (AHE) priority group was convened to draft the Guiding Principles, which were informed by the Center on Disability at the Public Health Institute's *Guidelines for disability inclusion in physical activity, nutrition, and obesity programs and policies: Implementation Manual* and the Centers for Disease Control and Prevention's *A practitioner's guide for advancing health equity: Community strategies for preventing chronic disease.*

The working group selected Guiding Principles that could feasibly be implemented across different priority areas.

USES OF THE GUIDELINES

The manual is designed to create a greater understanding of the root causes of health inequities which negatively affect everyone. Developing more knowledge of what constitutes health equity and learning how to work on these issues will result in a better, safer, stronger community. The purpose of this manual is to encourage Health Action Partnership priority groups, governmental agencies, organizations, and community members to purposefully implement the Guiding Principles in all decisions and actions. If implemented successfully, Jefferson County will move closer to the goal of creating an environment that promotes health for all.

This manual provides information, technical assistance, and resources so that everyone can be part of the health equity solution. The Guiding Principles address the structural and institutional barriers that sustain inequity and identify capacity for effectively addressing health equity.

1 Guiding Principle

Involve people negatively impacted by health disparities in development, implementation, and evaluation.

Program development, implementation, and evaluation should include input from the people who have a greater presence of disease, poorer health outcomes, and/or less access to health care (e.g., racial/ethnic minorities, older adults, lower socioeconomic status, physical or mental disability, geographic location).

WHY DO THIS?

Good individual and family health begins with good community health and equal access to health-promoting opportunities. Having a "place-based" approach in diagnosing the problem and in identifying strategies is vital – this means that we must look at each community separately to identify the factors that influence health outcomes in that place. The need to explore how community conditions impact health is important for several reasons. Chief among them is to ensure that meaningful solutions are not just focused on the individual or on simply increasing access to healthcare, but on crafting holistic solutions with overall wellness at the center, taking into account the need for environmental changes. Effective place-based solutions increase attention on prevention efforts, identify multi-sector partners and community members, and change policies and systems. Ultimately, the goal is to explore ways the environment affects health and initiate strategies that positively impact choices, behaviors and outcomes. (PolicyLink: *Health Equity: Moving Beyond Health Disparities,* 2014)

HOW TO DO THIS

Establish connections with residents, institutions, and organizations based in target communities as well as with organizations that serve individuals facing challenges related to health disparities. Efforts should be made to support and build capacity around existing efforts ensuring that there are shared measurements to accurately gauge success.

EXAMPLE

Priority populations, such as communities of color, youth, immigrants, and males, are often excluded from the conversations and decisions about the factors that most impact their health. In identifying and implementing strategies to address health inequities and assess their effectiveness, actively engaging the communities most affected is essential. This engagement may include conducting Community-Based Participatory Research, participating on advisory boards, task forces, and working groups, mobilizing the community to take action, and promoting civic engagement. Seeking partnerships with community leaders to amplify their voices and valuing their feedback is critical to successful place-based solutions. (PolicyLink: *Health Equity: Moving Beyond Health Disparities,* 2014)

2 Guiding Principle

Ensure objectives target people and communities negatively impacted by health disparities.

Program objectives are most effective when they explicitly state that their target population includes people who are negatively impacted by health disparities.

WHY DO THIS?

In order to establish strong program guidance to funders, grantees, staff, and the public, the overarching objectives of a program should clearly include a statement that the program's "target population includes people who are negatively impacted by health disparities (e.g., racial/ethnic minorities, older adults, lower socioeconomic status, physical or mental disability, geographic location)". This statement directs staff to develop the program's activities to include people facing health disparities. In addition, it sends a clear message that the organization has taken steps to be inclusive of all people.

HOW TO DO THIS

With the objectives set, use data on health inequities to support the objectives and work to raise the awareness of key stakeholders. Establish which inequities exist in the selected community and tailor the message so that the focus remains on solutions and actions that will improve health equity for those in that community.

EXAMPLE

Visual and experiential data (e.g., mapping, digital storytelling) can provide vivid examples of the real experiences of communities affected by health equities. Cost data can also be used to reveal the significant financial implications of existing inequities (e.g., unnecessary health care costs, costs associated with premature death among populations experiencing inequities).

3 Guiding Principle

Ensure health equity messages are appropriate and widely disseminated.

Consider the needs, assets, and priority issues of community members and stakeholders prior to developing messaging to promote shared understanding of health equity goals.

WHY DO THIS?

It is important that everyone from staff and community members to partners and stakeholders have a shared understanding of the meaning of health equity and its related goals. A shared understanding needs to be developed with a proper understanding of the community context and culture. Without this, messages around health equity can go unnoticed or lead to unfavorable actions. It is important to consider the needs, assets, and priority issues of both community members and key stakeholders. Also, think through community knowledge about, and receptivity to, the concept of health equity when developing messaging. Understanding these issues help provide insight into common values, competing demands, fiscal priorities, and related efforts, all of which affect effective communications.

HOW TO DO THIS

Provide training to give staff members a clear understanding of health equity so they are equipped to be the voices of the equity efforts. Create opportunities for dialogue among community members and stakeholders to share concerns and develop skills . Identify ways to connect with broader networks to ensure diverse perspectives are contributing to solutions for health equity. Use a variety of communication methods to both broadly disseminate and appropriately tailor messages.

Gather information by listening and involving community members before developing outreach messages. In some instances, it is beneficial to develop an internal checklist or toolkit to identify terminology to use or avoid, as well as to assemble a wide spectrum of ways to get information out into the community.

EXAMPLE

The use of templates and worksheets to foster dialogue among key stakeholders and community groups when holding meetings and health equity discussions can reaffirm the messaging and keep it consistent. Restating the goals of health equity at meetings also reinforces the message. Training in methods of communication such as photovoice and digital storytelling provide varied avenues to communicate messages based on the community context and ensures messages have a broader appeal. It is helpful to identify and utilize community members as assets when determining appropriate communication channels (grassroots, neighborhood association meetings, flyers, texting, billboards, media outlets, etc.).

4 Guiding Principle

Value both community and technical expertise.

Be sure to respect and incorporate the expertise and perspective of community members as well as the technical expertise provided by health experts.

WHY DO THIS?

Many communities benefit from engaging individuals and organizations with technical expertise in certain health issues. Such expertise can provide lessons learned from initiatives in other settings, as well as guidance to avoid unnecessary barriers in implementation. However, it is critical that the expertise and perspective of community members—those ultimately impacted by any initiative—also be respected and valued along with the technical expertise.

HOW TO DO THIS

Recognizing and respecting the knowledge of both community members and professional health experts increases active program ownership by all parties and also encourages successful adoption of programs. Conducting surveys or needs assessments provides a clear picture of service gaps and community issues that need to be addressed. It is critical to understand community relationships in order to foster an environment of shared education, ownership, and improvement. This knowledge creates an opportunity to build advocates and train facilitators who are place-based, committed and long-term.

EXAMPLE

A healthy community is defined as one in which a diverse group of stakeholders collaborates to use their expertise and local knowledge to create a community that is socially and physically conducive to health. Community members are empowered to assure all local policies consider health. The community has the capacity to identify, address, and evaluate their own health concerns on an ongoing basis, using data to guide and benchmark efforts. As a result, a healthy community is safe, economically secure, and environmentally sound, with all residents having an equal access to high quality educational and employment opportunities, transportation, housing options, prevention and healthcare services, healthy food availability, and physical activity opportunities. (Health Resources in Action: *Defining Healthy Communities,* 2016)

Inherent in this definition is the premise that a healthy community is not a fixed entity, but results from continual efforts to create and improve physical and social environments. Assessing community capacity helps evaluate existing community strengths that can be mobilized to address social, economic, and environmental conditions affecting health inequities. In general, this assessment should include individuals, places and organizations in various sectors of the community.

It is also important to identify the nature of the relationships across these sectors, and among various subgroups within the community. Community members are able to support each other in carrying out the day-to-day functions of living and achieving their full potential. (Institute of Medicine: *Healthy, Resilient and Sustainable Communities After Disasters,* 2015; and Centers for Disease Control: *Promoting Health Equity: A Guide to Help Communities Address Social Determinants of Health,* 2008)

5 Guiding Principle

Support and build community capacity to act.

Build on the capacity of community members by increasing their awareness of health inequities.

WHY DO THIS?

"Community capacity" refers to the people, resources, infrastructures, relationships, and operations that enable a community to create change. Using and increasing community capacity, also often referred to as the "assets" of a community, is an essential step in improving the health of the community and its members. Community members are vital assets for broader community improvements and are most likely to have a long-term interest in the community's well-being.

HOW TO DO THIS

Communities, organizations, and individuals engage in capacity building to realize desired outcomes that will allow them to achieve sustainable results. Methods for building capacity can vary and should be tailored to the specific community or audience. These efforts can serve a community beyond any one project and can also position community members and organizations to apply for additional funding to help sustain efforts.

Identify the capacity-building activity needed (e.g., grant writing, knowledge of the political process, resource management and allocation, coalition building, leadership development, etc.), and assess the current knowledge, skill and ability level of community members. Offer training or skill building activities, and support the community in its capacity building needs. In order to foster continuous improvement, create opportunity for feedback, assessment, and evaluation of the capacity building process.

EXAMPLE

Training equity facilitators who will work with community groups is one way to ensure all voices are heard. These facilitators should be culturally competent, with the ability to create environments where people feel included and relevant. Building and establishing a reliable network of technical expertise available to community groups is a key component in the implementation of long-term strategies.

Guiding Principle

Leverage opportunities to advance health equity.

Health equity work is more effective when connected with efforts led by organizations, groups, and/or individuals with complementary goals.

WHY DO THIS?

There is very little room for duplication of effort and it makes sense to capitalize on limited resources, including money, people and partnerships. Leveraging opportunities with diverse stakeholders is key to effective community efforts and ensures that all communities, especially those that are historically underserved and under-resourced, have the opportunity to be healthy, safe, and offer the resources and infrastructure needed for all to thrive. By aligning efforts and working to change the environments, policies, and institutions that most touch our lives — from our neighborhoods and workplaces to our child-care centers and schools — community cooperation is a necessary component for the reduction and long-term elimination of inequities. (Adapted from Convergence Partnership http://www.convergencepartnership.org/cp-focus-areas/prevention-health-systems)

HOW TO DO THIS

Become knowledgeable of local health equity-related work as well as efforts around the country. If health equity-oriented efforts are underway, connect with those efforts to heighten the visibility of the work and to reinforce the message. Additionally, identify partners or coalitions with complementary goals (e.g., community- and faith-based organizations) and work together to provide a common message.

EXAMPLE

Advancing health equity should be a key criteria of collective impact models working to improve health outcomes. Collective impact is a community development framework by which multiple agencies collaborate to create a common vision, align strategies and activities, and use a common set of indicators to measure progress. Successful collective impact initiatives mutually reinforce activities/interventions and provide continuous communication among agencies. When possible, it is very effective to involve backbone support organizations that can dedicate staff to coordinate and support the initiative logistics and activities. Initiatives using a collective impact framework may require funding to support their work over a multi-year process.

Resources

1

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Available at: https://www.rotary.org/myrotary/en/document/577
b. TAMARACH. Community Engagement for Backbone Organizations.
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Key Terminology

Health Equity Key Terminology: Definitions and Explanations

HEALTH DISPARITIES

Specific differences in the presence of disease, health outcomes, and/or access to health care between population groups.

Explanation

Disparities adversely affect groups of people who have systematically experienced greater obstacles to optimal health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination and/or exclusion.

HEALTH EQUITY

Everyone has a fair opportunity to live a long and healthy life.

Explanation

Health Equity requires creating fair opportunities for health and eliminating gaps in health outcomes and access to health care between different social groups.

HEALTH INEQUITIES

Differences in health that are unnecessary and avoidable, and could be considered unfair and unjust.

Explanation

Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups.

SOCIAL DETERMINANTS OF HEALTH

Conditions in which people are born, live, learn, work, play, worship, and age that affect health and quality of life.

Explanation

These conditions are shaped by the amount of money, power, and resources that people have, all of which are influenced by policy choices. The most commonly referred to social determinants of health include: education, employment, access to healthcare services, environmental quality, and transportation.

DISPARITY

The condition of being unequal; a noticeable difference.

Explanation

The term disparities is often interpreted to mean racial or ethnic disparities, however, many dimensions of disparity exist in the United States, including sex, sexual identity, sexual orientation, age, disability, socioeconomic status, and geographic location.

HEALTH OUTCOME

A change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.

Explanation

Such a definition emphasizes the outcome of planned interventions (as opposed, for example, to incidental exposure to risk), and that outcomes may be for individuals, groups or whole populations. Interventions may include government policies and consequent programs, laws and regulations, or health services and programs, including health promotion programs. It may also include the intended or unintended health outcomes of government policies in sectors other than health.

SOCIAL INJUSTICE

The unfair denial or violation of economic, sociocultural, political, civil, or human rights of specific populations or groups in the society based on the perception of their inferiority by those with more power or influence.

Explanation

Populations or groups that suffer injustice may be defined by racial or ethnic status, socioeconomic position, age, sex, sexual identity, sexual orientation, or other perceived population or group characteristics. Social injustice may include policies or actions that adversely affect the societal conditions in which people can be healthy.

POWER

The ability to control others, events, or resources; to make happen what one wants to happen in spite of obstacles, resistance, or opposition.

Explanation

Power can be held, coveted, seized, taken away, lost, or stolen, and used in what are essentially adversarial relationships involving conflict between those with power and those without.

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