INCORPORATING HEALTH EQUITY INTO LOCAL CPHMC PROJECTS

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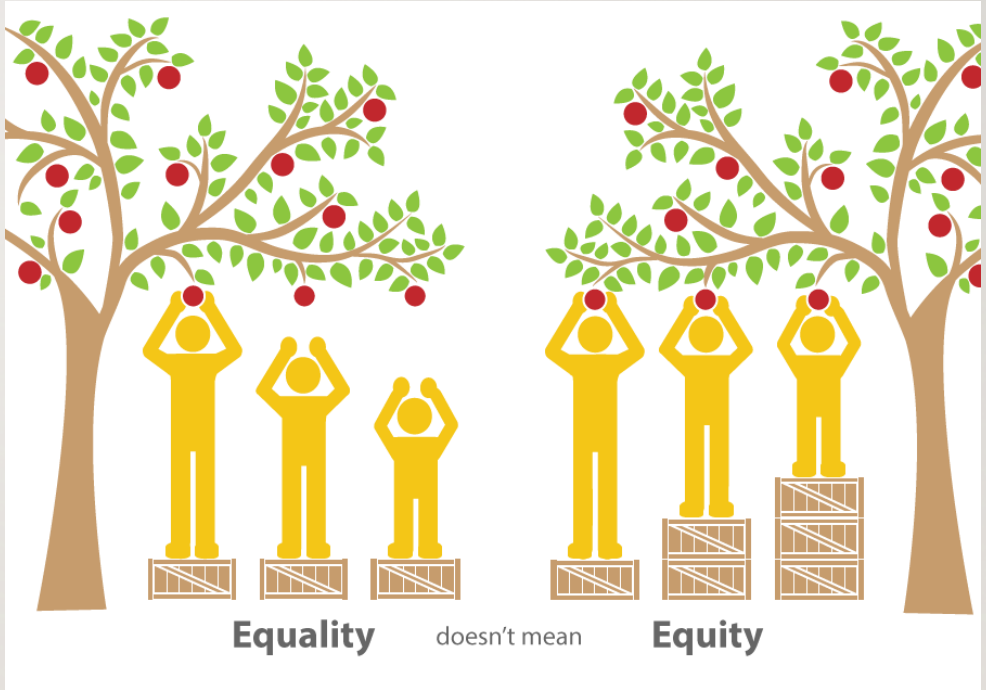
OVERVIEW

- Reflection Questions
- Definitions
- Required Health Equity Components
- Questions

REFLECTION QUESTIONS

- What is health equity?
- How does health equity impact community health projects? What are some specific examples from your community?
- Is there a specific roadmap or approaches that are helpful for achieving health equity?
- How are you planning to incorporate health equity into your local CPHMC project?



HEALTH EQUITY DEFINITIONS

- **APHA:** By health equity, we mean everyone has the opportunity to attain their highest level of health.
- **CDC:** Health equity is achieved when every person has the opportunity to "attain his or her full potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."
- **WHO:** Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.
- **Healthy People 2020:** 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 health care disparities."

WHAT ARE HEALTH DISPARITIES AND HEALTH EQUITY? WE NEED TO BE CLEAR

6 ◇ Nursing in 3D: Diversity, Disparities, and Social Determinants

If you look up the word "disparity" in a dictionary, you will most likely find it defined simply as difference, variation, or, perhaps, inequality, without further specification. But when the term "health disparity" was coined in the United States around 1990, it was not meant to refer to all possible health differences among all possible groups of people. Rather, it was intended to denote a specific kind of difference, namely, worse health among socially disadvantaged people and, in particular, members of disadvantaged racial/ethnic groups and economically disadvantaged people within any racial/ethnic group. However, this specificity has generally not been made explicit. Until the release of Healthy People 2020 in 2010, federal agencies had officially defined health disparities in very general terms, as differences in health among different population groups, without further specification.[1,2] This article argues for the need to be explicit about the meaning of health disparities and the related term "health equity," and proposes definitions based on concepts from the fields of ethics and human rights.

WHY EXPLICIT DEFINITIONS ARE NEEDED

Not all health differences are health disparities. Examples of health differences that are not health disparities include worse health among the elderly compared with young adults, a higher rate of arm injuries among professional tennis players than in the general population, or, hypothetically, a higher rate of a particular disease among millionaires than non-millionaires. While these differences are unlikely to occupy prominent places in a public health agenda, there are many health differences that are important for a society to address but are not health disparities. For example, if the health of an entire population seemed to be getting worse over time, or if there were a serious disease outbreak in an affluent community not seen in less affluent communities, these health differences would merit

DEFINING HEALTH DISPARITY AND HEALTH EQUITY

Recognizing the need for clarity, Healthy People 2020 defined a health disparity as:

> ". . . a particular type of health difference that is closely linked with economic, social, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."[3]

In this definition, economic disadvantage refers to lack of material resources and opportunities—for example, low income or lack of wealth, and the consequent inability to purchase goods, services, and influence. Social disadvantage is a broader concept. While it includes economic disadvantage, it also refers more generally to someone's relative position in a social pecking order—an order in which individuals or groups can be stratified by their economic resources, as well as by race, ethnicity, religion, gender, sexual orientation, and disability. These characteristics can influence how people are treated in a society. In the Healthy People definition, environmental disadvantage refers to residing in a neighborhood where there is concentrated poverty and/or the social disadvantages that often accompany it.

Health equity is the principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

What is the basis for these definitions? More specifi-

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HEALTH DISPARITIES AND DETERMINANTS: COHORT 2 APPLICATIONS

- "For many of the intended population, being *low income*, working multiple jobs, and living in *rural areas* are factors that contribute to reduced health outcomes such as increased risk for obesity and other chronic diseases." - Colorado
- The county also serves *Amish, Mennonite, and Hmong* agricultural populations. These growers face obstacles when trying to integrate their foods into the local food system. By developing relationships with these farmers, barriers will be assessed and solutions explored to increase supply and demand for their local fruits and vegetables. - Wisconsin
- Locally, *Hispanic and Asian women* have higher likelihoods of late or no prenatal care compared to non-Hispanic white women. Some of this disparity may result from language and cultural barriers; lack of access to preventive care; and, lack of health insurance. The disparity is avoidable, but the need exists for effective strategies to be put in place as/by a community. - Connecticut

BUILD UNDERSTANDING ACROSS DIFFERENCES

OPERATIONALIZING HEALTH EQUITY

Targeting the Organizational, Community, and Public Policy Levels through Policy, Systems, and Environmental (PSE) Change

CPHMC Project sub-recipients must incorporate health equity action items into their local projects!

HEALTH EQUITY COMPONENTS FOR COALITIONS

- **Required:** Coalitions must engage the priority population in planning, development, and implementation of the community action plan (CAP).
- **Required:** Coalitions must engage and recruit a minimum of three members from the target community.
- **Required:** Ensure coalition members understand and have the capacity to address health disparities affecting the priority population.
- **Optional:** Partner with organizations that have credibility and ties to residents to foster meaningful engagement.

HEALTH EQUITY COMPONENTS FOR CAP

- **Required:** Ensure that those most affected by the issue are actively involved in defining the problem and shaping the solution.
- **Suggested:** Ensure that project strategies improve the conditions for those communities most in need.
- **Optional:** Train providers and social service agencies on disparities and approaches to address cultural and economic barriers to ensure they provide appropriate services to all.
- **Optional:** Identify strategies that will also address the attendant problems of affordability, safety/concerns about violence, and transportation in addition to poor nutrition and chronic disease (e.g., new bus stop, walkway, and EBT machine at a local farmers' market)

HEALTH EQUITY COMPONENTS FOR COORDINATING THE PROJECT

- **Required:** Ensure that air time is shared during meetings and everyone is able to offer their perspective.
- **Suggested:** Ensure that all meeting times and locations are convenient for everyone to account for transportation concerns and work schedules.
- **Optional:** Consider ways to ensure effective implementation and enforcement of project strategies across population groups or communities.

ADDITIONAL RESOURCES

- APHA Topics & Issues: Health Equity https://www.apha.org/topics-and-issues/health-equity
- CDC Division of Community Health: A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease http://www.cdc.gov/nccdphp/dch/health-equity-guide/
- PolicyLink Center for Health Equity and Place https://www.policylink.org/focus-areas/health-equity-and-place
- Prevention Institute Health Equity and Prevention Primer http://www.preventioninstitute.org/tools/focus-area-tools/health-equity-toolkit.html

QUESTIONS