

Understanding Health Equity

September 14, 2023

OSDH Office of Minority Health and Health Equity



Understanding Health Equity

- ❑ **Define Health Equity**
- ❑ **Understand Social Determinants of Health**
- ❑ **Reflect on Intersectionality**
- ❑ **Inspire Action**



Video Presentation for Open Discussion



Video Presentation for Open Discussion





Key Definition

Health equity: “The attainment of the highest level of health for all people.”

“Race, ethnicity, geography, income, ability, sexual orientation, gender and gender identity, immigration status, and other identities, either alone or in combination, should never stand in the way of equitable health.”



Health Equity is a *process & outcome*

Health Disparity- A variation or difference in health status among certain groups of people.

- **Process-** reducing disparities in health and its determinants
- **Outcome-** the ultimate goal; the elimination of social disparities in health and its determinants.



Social Determinants of Health

The conditions in which people are “born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

World Health Organization



Health Equity & Social Determinants of Health

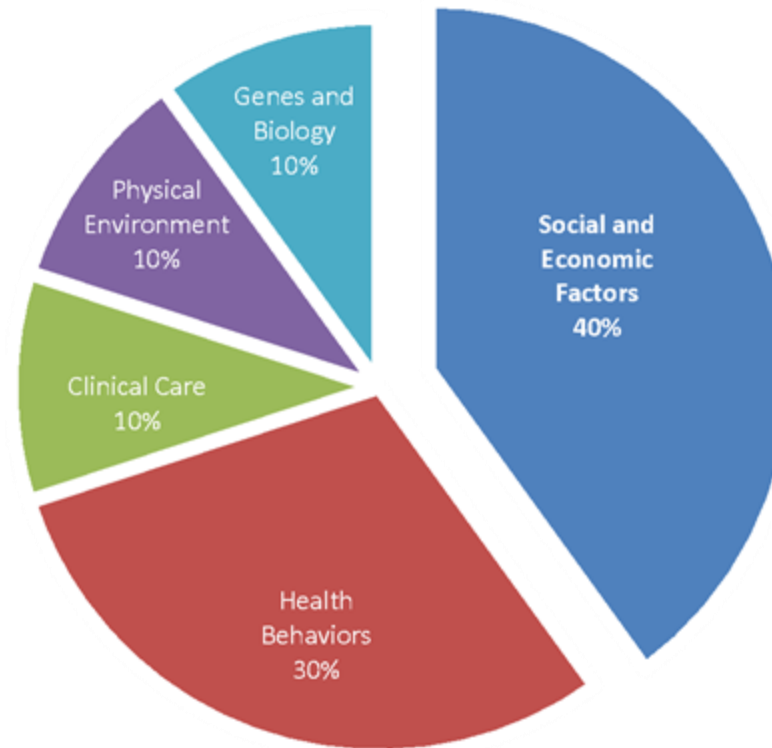
Social Determinants of Health-CDC



What Creates Health?

Necessary conditions for health (WHO)

- Peace
- Shelter
- Education
- Food
- Income
- Stable ecosystem
- Sustainable resources
- Mobility
- Social justice and equity



Taking action to address the social determinants of health will ensure Oklahomans get the support they need in the places where they live, work, learn, and play.

Economic Stability

Education Access
and Quality

Health Care
Access and
Quality

Neighborhood and
Built Environment

Social and
Community
Context



Health \neq Individual Behavior
Health \neq Healthcare



Why is Health Equity Important?

- Health is central to human happiness and well-being
- Health is affected by where people live, learn, work, and pay
- Health also makes an important contribution to economic progress

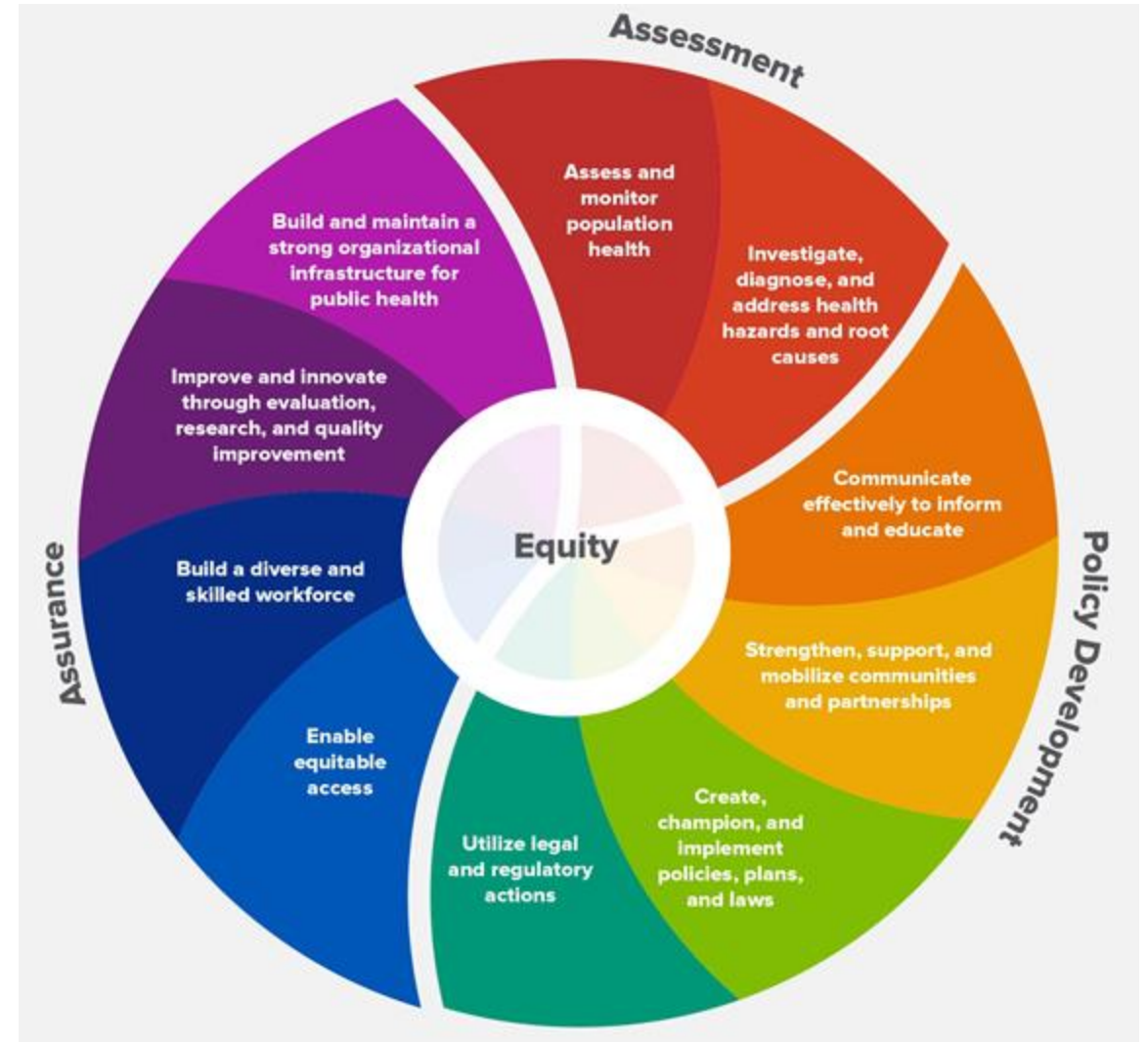


Health Equity, a Health Equity Lens, and the Intersectionality Framework

Public Health & The 10 Essential Services

“Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.”

Institute of Medicine (1988)



Consequences of Inequity: Inequity “Hot Spot” Map

Why?



Disrupt and correct dominant narratives that assert that these statistics are a “matter of fact” or unchangeable.



Pause & Reflect: What does this image say about the differences/similarities between equality & equity?



Equality vs Equity: Community Resources



Image by
Matt Kinshella



Equality vs Equity: Community Equity Model



Image by
Matt Kinshella



Achieving Community Health Equity

Health Equity will be achieved when all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'"

Achieving health equity requires:

- Valuing all individuals and populations equally
- Recognizing and rectifying historical injustices
- Providing resources according to need



Applying a Health Equity Lens

*Who is/is not at the decision-making table?
What values underlie the decision-making process?
What revisions are needed/what could be done differently?*

*What are the assumptions taking place?
What does the data tell us?
What data are missing?*

*Who is affected/impacted?
Have those affected helped to shape the/this <program/policy>?
Who is included/excluded?
Who benefits and who is harmed?*



What is a Health Equity Lens?

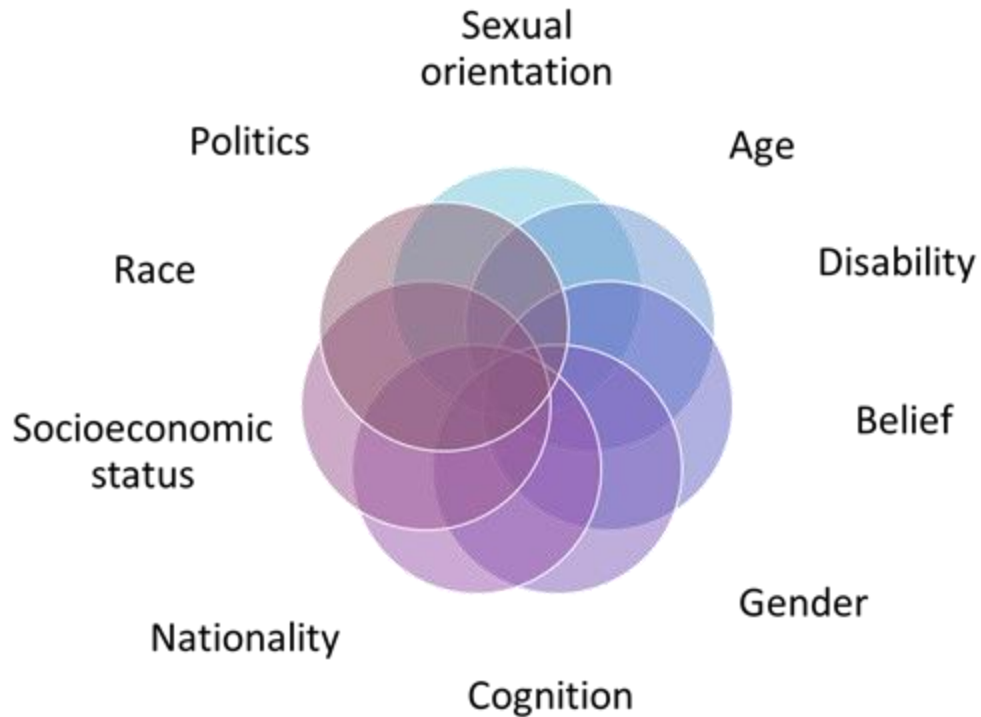
- A Health Equity Lens is a tool for planning, decision, making, and resource allocation.
- **Every decision** local health departments make have an impact on people – both inside the organization and in the community.
- ‘Good ideas’ can play out in ways that inadvertently disadvantage or harm certain groups while simultaneously advantaging other.
- Considering these questions before making decisions can ensure that we are implementing equitable policies, programs, and processes.
- Considering these questions can shift the way that we make decisions and think about our work and the communities we serve. (Multnomah County Equity and Empowerment Lens)



Key Populations and Settings

Racial/Ethnic Groups	Other Marginalized Groups	Special Age Populations	Medically Underserved
<ul style="list-style-type: none"> • Indigenous and Native Americans • Asian/Asian Americans, Native Hawaiians, and Pacific Islanders • Black/African American • Hispanic/Latino 	<ul style="list-style-type: none"> • Immigrants, refugees, and asylees • LGBTQIA+ people • People with low income • People experiencing homelessness • Veterans or military personnel and their families • Women and girls 	<ul style="list-style-type: none"> • Children (younger than 12) • Youth (12–17) • Young adults (18–25) • Older adults (65 and older) 	<ul style="list-style-type: none"> • People with disabilities • People with chronic medical conditions • People with behavioral health conditions, including substance use disorder and mental health conditions • People with long-term mental illness or long-term psychiatric disability • People who require long-term services and supports • People who are uninsured or underinsured
Workers	Geographic Areas	Congregate Settings	Other Relevant Settings
<ul style="list-style-type: none"> • Agricultural industry workers (includes migrant workers and meat packing/food processing industry) • Essential workers • Frontline workers 	<ul style="list-style-type: none"> • Rural • Remote • Tribal • Territorial 	<ul style="list-style-type: none"> • Carceral settings (i.e., jails, prisons, detention centers) • Homeless shelters (includes heating and cooling centers) • Long-term care facilities (e.g., nursing homes, skilled nursing facilities) • Shared housing (e.g., group homes, assisted living, dormitories) 	<ul style="list-style-type: none"> • Businesses • Childcare facilities (e.g., Head Start, Early Head Start, in-home daycare) • Health care facilities and ambulatory care • Schools (early childhood, K-12, and postsecondary educational institutions) • Transportation (e.g., public transportation, private transportation, gig transportation, accessible/ paratransit, emergency medical service, air travel, trains)

Intersectionality



Intersectionality as a concept... is the acknowledgement that within groups of people with a common identity, whether it be gender, sexuality, religion, race, or one of the many other defining aspects of identity, there exist intragroup differences”.



Have the Conversation- Change the Narrative

Health Equity Demands Individual Action

Health Equity Demands Action & Results

- **Purpose:** It's not by accident, health equity requires intentionality
- **People:** Influence, support, leadership and engagement gets results
- **Practice:** Methodology and Capacity
- **Platform:** Public, private, community



Changing the Narrative: Health Equity by Design



Changing the Narrative: Health Equity by Design

- Applying an equity lens allows us to acknowledge our blind spots and biases.
- Regardless of how long you have lived in a community, there is still an opportunity to learn about the disparities and inequities that exist.

Consider taking a windshield tour of your community!

Reframe areas that have experienced disinvestment as equity opportunity zones!

- Applying a health equity lens allows you to confront the gaps and allocate resources to build and sustain opportunities to include the perspective of those that aren't at the table



CDC Health Equity Guiding Principles for Unbiased, Inclusive Communication

- 1. Avoid use of adjectives such as vulnerable, marginalized, and high-risk.**
 - Hard-to-reach communities → Communities that are underserved by/with limited access to [specific service/resource]
- 2. Avoid dehumanizing language. Use person-first language instead.**
 - COVID-19 cases → persons or people with COVID-19
- 3. Remember that there are many types of subpopulations.**
 - Minorities → People from) racial and ethnic groups



CDC Health Equity Guiding Principles for Unbiased, Inclusive Communication

4. **Avoid saying target, tackle, combat, or other terms with violent connotation when referring to people, groups, or communities.**
 - Target population → Communities/populations of focus
5. **Avoid unintentional blaming.**
 - People who refuse [vaccination/specific behavior] → People who have yet to receive/do [vaccination/specific behavior]



CDC Health Equity Guiding Principles for Unbiased, Inclusive Communication

Instead of this...

- Vulnerable groups
- Marginalized groups
- Hard-to-reach communities
- Underserved communities
- Underprivileged communities
- Disadvantaged groups
- High-risk groups
- At-risk groups
- High-burden groups

Try this...

- Groups that have been economically/socially marginalized
- Groups that have been marginalized
- Communities that are underserved by/with limited access to [specific service/resource]
- Under-resourced communities
- Groups experiencing disadvantage because of [reason]
- Groups placed at increased risk/put at increased risk of [outcome]
- Groups with higher risk of [outcome]



Equity never happens by default.
Advancing equity requires full
participation by each one of us.



Questions



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