Health Equity FAQs

What exactly is health equity? What is health inequity?

Health equity exists when all people have a fair and just opportunity to be healthy, especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation, and disability.

Health inequities, then, are "differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill."[1]

Why do we care about this?

At the Vermont Department of Health our mission is to protect and promote the best health for all Vermonters. This means not only supporting the health of communities that are the "low hanging fruit" or who have optimal opportunities for health, but everyone living in our state. Our calling in public health is to focus on avoidable inequalities, especially for those who have experienced socioeconomic disadvantage and social injustice. This challenges us to address upstream contributors to health outcomes: social determinants of health, opportunity, power, and the underlying systems and structures that create "haves" and "have nots".

Health equity is also a priority area in the Department's Strategic Plan and an important component of accreditation. Focusing on it, therefore, does not only help Vermonters, it is critical to the work of the Department.

How are health inequities different from health disparities?

Health disparities are preventable differences in health between groups. An example of a health disparity is that low-income cancer survivors in Vermont are less likely to report good to excellent health than higher-income cancer survivors.[2]

Health equity moves beyond these preventable differences to focus on fair and just opportunities for health. Conversely, health inequities are created when these conditions don't exist. When people don't have fair and just opportunities for health – when they experience systemic discrimination in their physical, social, and natural environments – this can affect health outcomes. An example of a health inequity is that black women are more likely to die from breast cancer than white women, regardless of their income, education level, or access to care.[3]

Addressing health equity requires looking at the **conditions** that create health so that everyone has the opportunity for good health. To achieve health equity, we begin by identifying and addressing the upstream causes of health, not just looking at the health outcomes and the behaviors associated with them.

Is this just a new name for something we're already doing?

Health equity is a framework that builds on what we're already doing. To successfully address inequity we must examine the structures and systems underlying the disparities. While we have lots of experience focusing on populations or communities that experience higher rates of disparities, focusing on inequities means addressing upstream contributors, including the distribution of power and reframing the questions we already ask.

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[1] Margaret Whitehead, The Concepts and Principles of Equity in Health. *Health Promotion International* 6(3): 217-28. 1992.

[2] Vermont Department of Health, State Health Assessment 2018. Chronic Disease. Available at http://www.healthvermont.gov/sites/default/files/documents/pdf/6%20Chronic%20Disease_0.pdf

[3] Gertraud Maskarinec, et al, Ethnic Differences in Breast Cancer Survival: Status and Determinants. *Women's Health,* Women's Health. 2011. 7(6), 677-687.

For instance:

Conventional Question	Health Equity Question
How can we promote healthy behavior?	How can we target dangerous conditions and reorganize land use and transportation policies to ensure healthy spaces and places?
How can we reduce disparities in the distribution of disease, illness, and health?	How can we eliminate inequities in the distribution of resources and power that shape health outcomes?
What programs and services are needed to address health disparities?	What types of institutional and social changes are necessary to address health inequities?
How can people protect themselves against health disparities?	What kinds of community organizing and alliance-building are necessary to protect communities?[4]

This seems like another 'ask'… why are you asking me to do more work?

Using a health equity lens is a tool to help us do our work better and to achieve better health outcomes for all Vermonters. By reframing our questions to target conditions of health in addition to behaviors, by strengthening our relationships with communities and empowering them to be part of the decision-making process, and by analyzing data for equity we are better prepared to address public health issues.

How does this relate to my work, even if I don't work in a specific programmatic area? What are you asking me to do?

Part of understanding health equity is understanding how our systems and structures have been designed to reinforce certain norms. For instance:

- What data do we choose to analyze and how do we look at it?
- What is our process for recruiting staff and encouraging diverse perspectives and beliefs?
- Do our granting procedures provide organizations with a *fair* opportunity or an *equal* opportunity? How can they be most equitable?
- How do we engage with communities on issues related to the environment or emergencies and are members of populations most at risk at the table where decisions are made?
- How do we engage with other internal teams to ensure diverse perspectives are part of the conversation?

Through analysis of our structures we can develop processes and procedures to better support equity across the Department.

I want to use a health equity lens in my work. Is there a checklist I could use?

We're glad you want to move forward this way! We suggest using this tool developed by the Minnesota Department of Health and adapted by the Colorado Department of Health & Environment to help you think through health equity issues.

There are many good starting places when thinking about health equity. The Health Equity Guide provides some additional ideas about where to start.

I need to put a health disparities statement or a health equity impact statement into my grant application. Is there one I can use?

Vermont's State Health Assessment is a great starting point for developing a health equity statement for your program. At this time we do not have a department-wide health equity statement because we think it is important for each program to consider how it might incorporate health equity into its work, rather than taking a one size fits all approach. The Health Equity Coordinator is available to provide

[4] Barbara Ferrer, Taking Action—The Boston Public Health Commission's Efforts to Undo Racism, PowerPoint presentation. http://www.nationalacademies.org/hmd/~/media/832F9E91EE92469B9421551877AE14A5.ashx

technical assistance to programs interested in incorporating health equity into their programs and grants.

What are some good resources to learn more about health equity?

The health equity resource section is a great place to start! The Health Equity Glossary [link] is a good way to learn more about the terms we use and contains lots of excellent resources for learning more. We also recommend starting by viewing the webinar that Dr. Reneé Canady gave to the Department of Health and exploring the Health Equity Guide website.