What exactly is a health equity lens?

AND HOW DO I USE IT IN MY WORK?

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Health Equity and the Legacy of Public Health

Public Health's historic role in addressing health inequity through social justice.

	Abolition of child labor	Social Security Act	
PUBLIC HEALTH as a modern institution arose as a response to industrialization. Historic advances in health status resulted from its actions	Shortening the work day	Clean Air	
	Reductions in scale of poverty		
	Minimum wage	Mine	
	Improved sanitation	Safety Act	
	Food safety	OSHA	
	Adequate housing	Medicare	

Building a Shared Vocabulary

SOCIAL JUSTICE

- The absence of unfair, unjust advantage or privilege based on race, class, gender, or other forms of difference.
 - Seeks out what is unfair in order to reverse or avoid it
 - Aspires to apply justice in serving communities
 - Recognizes the impact of social resources on the care and behavior of community members e.g. the choices people make are determined by the choices available to them
 - Identifies and facilitates opportunities for communities to readily/easily attain well-being

Building a Shared Vocabulary

HEALTH INEQUITY

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."

-Margaret Whitehead

HEALTH EQUITY

- A fair, just distribution of the social resources and social opportunities needed to achieve well-being.
- The moral drive that pushes us to address health disparities. -Paula Braveman

American Public Health Association

Better Health through Equity: Case Studies in Reframing Public Health Work (March 2015)

https://www.apha.org/~/ media/files/pdf/topics/eq uity/equity_stories.ashx



APHA

Successful implementation of a health equity framework requires a focus:

- Within your organization
- Within your community
- Within your practice

What is a Health Equity Framework?

What does it mean to use a Health Equity Lens?

Learning Labs: The Charge

Create an advanced learning experience for staff from MDHHS that results in a plan of action for changing some specific practices and sets the stage for ongoing application of health equity considerations.

Learning Lab: Objectives

Participants will be able to:

- ✓ Articulate the reasons why it is important to adopt a health equity framework for practice within your section.
- Articulate what it would mean to apply a health equity framework to their day to day work.
- ✓ Assess the degree to which their work unit currently applies health equity principles, and identify changes that would allow them to apply those principles more fully.
- Create realistic scenarios illustrating opportunities to apply a health equity framework within your section.
- Commit, individually and collectively, to actions that will strengthen the application of a health equity framework to the operations of your section, and identify indicators for evaluating success in doing so.

Learning Lab Sessions: Action Plan Development

1 Where Have We Been, Where Are We Going? (2 hrs)

Review health equity concepts, form teams.

2 Where We Are? (4 hrs)

Review organizational self-assessment, consider specific practices where meaningful, sustainable change could occur.

3 What We Can Do? (3 hrs)

Analyze scenarios as opportunities for creating or supporting health equity.

4 What We Will Do? (3 hrs)

Build preliminary work plan to implement a specific change in practice.

5 Commitment to Action (4 hrs)

Present completed work plan, with timeline, persons responsible, and indicators.

Learning Lab: The Process

- 1 Health Equity Assessment & Analysis of Areas of Opportunity for Change in Practice
- 2 Creation of Scenarios for Analysis Identified impacts on health and opportunities to promote health equity
- 3 Work teams create draft Action Plans, and critique each other's action plans
- 4 Final presentation of Action Plans
- 5 3 month, 6 month, 12 month TA & follow-up sessions

Dialogue- based Health Equity Assessment Tool

Practice: Workforce Development and Education

1	2	3	4
An understanding of health equity and social justice is not considered in recruitment and hiring.	An understanding of health equity and social justice may be considered in recruitment and hiring.	An understanding of health equity and social justice is an important criteria in recruitment and hiring, but is not an explicit policy.	An understanding of health equity and social justice is an explicit criteria in recruitment and hiring.

In answering, determine which answer best describes your organization as a whole

Dialogue- based Health Equity Assessment Tool Practice: Leadership

1	2	3	4
Leaders intentionally avoid considering health equity and the social determinants of health in decision-making.	Leaders do not consider health equity and the social determinants of health in determining policy positions, allocation of work force, and budget decisions.	There is evidence of leaders using health equity and the social determinants of health as criteria in determining policy positions, allocation of work force, and budget decisions.	Leaders explicitly use health equity and the social determinants of health as criteria in determining policy positions, allocation of work force, and budget decisions.

In answering, determine which answer best describes your organization as a whole

Dialogue- based Health Equity Assessment Tool Practice: Working & Collaborating With Communities

1	2	3	4
The organization does not routinely consider ways to involve marginalized groups in setting priorities or conducting research.	At times, the organization considers ways to involve marginalized group members in setting priorities or doing research.	The organization often succeeds in involving marginalized groups members in setting priorities or conducting research.	The organizations acts on an explicit commitment to involving the community's most marginalized members whenever it sets priorities or conducts research.

In answering, determine which answer best describes your organization as a whole

Case Study Analysis

In a hospital you were visiting, you witnessed a situation where security was called in because a group of five men were gathered together in the lobby speaking loudly in Arabic. Security officers separated the members of this group, questioned them, and after ninety minutes determined that they were not a threat to security. They were in fact members of a family visiting someone on the same floor you were visiting.

What are the possible impacts of the scenario on the health of the community?

How could this situation be an opportunity to promote health equity?

Case Study Analysis

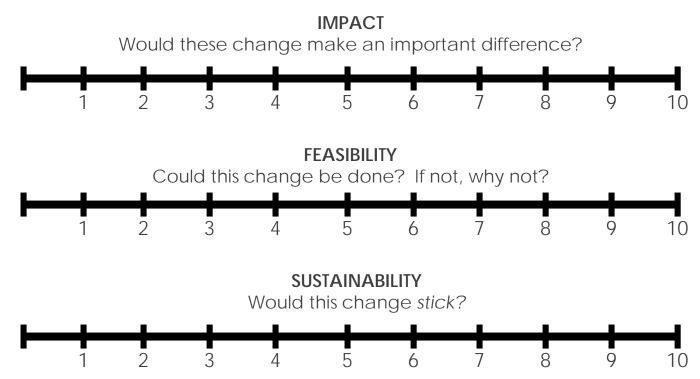
You are part of a team developing a Request for Proposals (RFP) to reduce racial disparities in infant mortality in your state. The draft language for the RFP requires local communities applying for the funds to demonstrate that they are making an authentic effort to acknowledge and confront racism as a root cause of African American infant mortality. A high-ranking member of the team recommends removing this language because it will unfairly bias the RFP to communities where there is a larger African American population, and this would not be fair to rural communities.

What are the possible impacts of the scenario on the health of the state?

How could this situation be an opportunity to promote health equity?

Area of Focus

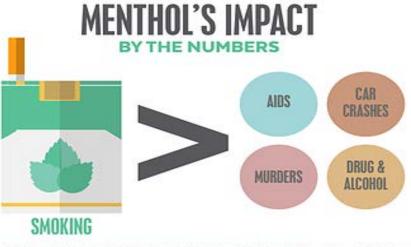
Rank the plan your team is creating right now on a scale of 1 to 10 for each characteristic, with 1 meaning low and 10 meaning high.



Equity Action Plans

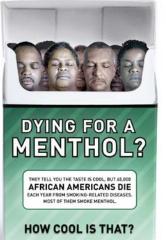
Plan to Address Targeting of Menthol to African American Communities

- Goal: Incorporate menthol into the strategic plan as a goal area disparity
 - Objective 1: Document current policies on menthol buffer zones in the
 - **Objective 2: Educate Tobacco Program staff**
 - Objective 3: Encourage Tobacco Free Michigan to create subcommittee on menthol
 - **Objective 4: Educate Tobacco Program contractors**
 - Objective 5: Restrict the sale of Menthol products {Sheyonna Watson & Carrie Kirkpatrick, MDHHS}



ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION, smoking-related illnesses kill more Black Americans than AIDS, car crashes, murders and drug and alcohol abuse combined. African American Tobacco Control Leadership Council

American Association for Cancer Research aacrjournals.org; Tobacco Free CA



undo the death toll call 1-800-NO-BUTTS

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