

FHCQ Advancing Equity Workgroup

Equity Plan Resources

September 16, 2022

Goals:

- Encourage organizations to incorporate equity into mission, vision, and values, and to make actionable equity plans.
- Provide sample equity initiatives that have driven change at other organizations.
- Offer strategies for evaluating equity plans for authenticity

Resources for Health Equity Key Terms:

- [AMA](#): A Guide to Health Equity Language, Narratives, and Concepts
- [APA](#): Equity, Diversity, and Inclusion – Inclusive Language Guidelines
- [IHI](#): Words Matter – Making Sense of Health Equity Terminology
- [Robert Wood Johnson Foundation](#): What is Health Equity
- [CDC](#): Health Equity Guiding Principles for Communication
- [Healthy King County Coalition](#): Equity and Inclusion Terms Toolkit
- [Oregon Health Equity Committee](#): About the Health Equity Committee (and Health Equity Definitions)
- [National Collaborating Centre for Determinants of Health \(Nova Scotia\)](#): Glossary of Essential Health Equity Terms

Term	Potential Definitions	Our Workgroup Definition
Equity	<p><u>AMA</u>: Refers to fairness and justice and is distinguished from equality. While equality means providing the same to all, equity requires recognizing that we do not all start from the same place because power is unevenly distributed. The process is ongoing, requiring us to identify and overcome uneven distribution of power as well as intentional and unintentional barriers arising from bias or structural root causes.</p> <p><u>APA</u>: Providing resources according to the need to help diverse populations achieve their highest state of health and other functioning. Equity is an ongoing process of assessing needs, correcting historical inequities, and creating conditions for optimal outcomes by members of all social identity groups.</p>	

	<p><u>Healthy King County Coalition</u>: Providing all people with fair opportunities to attain their full potential to the extent possible.</p>	
Health Care Inequities	<p><u>AMA</u>: A measurable, systemic, avoidable and unjust difference in health care access, utilization, quality and outcomes between groups, stemming from differences in levels of social advantage and disadvantage.</p> <p><u>IHI</u>: “Racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention,” as defined by the Institute of Medicine. The IHI white paper, <i>Achieving Health Equity: A Guide for Health Care Organizations</i>, focuses on disparities in health outcomes rather than the provision of health care; however, the equitable provision of health care is essential to reducing disparities in health outcomes.</p>	
Health Disparities	<p><u>AMA</u>: Refer to a higher burden of illness, injury, disability or mortality experienced by one group relative to another. In some uses, including in <i>Healthy People 2020</i>, the term is explicitly linked to economic, social or environmental disadvantage but in many cases the term is used to refer to simple mathematical differences (and as such, has fallen out of use in contemporary health equity discourse).</p> <p>Health “inequities,” in contrast, are explicitly defined as health differences that are avoidable, unnecessary, unfair and unjust. As used in public health and medicine, the term health disparities often ignores the historical context, political processes and unjust nature of some health outcomes, thereby preventing a structural analysis of root causes.</p> <p><u>IHI</u>: Health disparity is defined as the difference in health outcomes between groups within a population.</p>	
Health Equity	<p><u>AMA</u>: Defined by the WHO as “the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. ‘Health equity’ or ‘equity in health’ implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.”</p> <p>Other valuable definitions include that of Paula Braveman: “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</p>	

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. ... Health equity means social justice in health (i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically/socially disadvantaged)." Another is from Camara Jones: "Health equity is assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally recognizing and rectifying historical injustice, and providing resources according to need."

APA: Ensuring that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

IHI: To define health equity, the IHI white paper turns to the work of Professor Margaret Whitehead, head of the WHO Collaborating Centre for Policy Research on the Social Determinants of Health. Most countries use the term "inequalities" to refer to socioeconomic differences in health — that is, health differences "which are unnecessary and avoidable but, in addition, are also considered unfair and unjust." Whitehead goes on to state that, when there is equity in health, "ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, no one should be disadvantaged from achieving this potential, if it can be avoided." This is the definition IHI uses to guide our work on improving health equity.

Robert Wood Johnson Foundation: "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Healthy King County Coalition: Achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances.

Oregon Health Authority: Health equity will occur when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age,

	<p>gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.</p> <p>Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:</p> <ul style="list-style-type: none"> • The equitable distribution or redistribution of resources and power; and • Recognizing, reconciling and rectifying historical and contemporary injustices. <p><u>NCCDH</u>: Health equity means all people (individuals, groups and communities) have a fair chance to reach their full health potential and are not disadvantaged by social, economic and environmental conditions.</p>	
Health Inequity	<p><u>AMA</u>: Differences in health outcomes that are systematic, avoidable, unnecessary, unfair and unjust.</p> <p><u>IHI</u>: “Health inequity,” on the other hand, denotes differences in health outcomes that are systematic, avoidable, and unjust.</p> <p><u>Healthy King County Coalition</u>: Types of unfair health differences closely linked with social, economic or environmental disadvantages that adversely affect groups of people.</p> <p><u>NCCDH</u>: Health inequity is a sub-set of health inequality and refers to differences in health associated with social disadvantages that are modifiable, and considered unfair.</p>	
Diversity/Diverse	<p><u>AMA</u>: Refers to the identities we carry. There are many kinds of diversity, based on race, gender, sexual orientation, class, age, country of origin, education, religion, geography, physical or cognitive abilities, or other characteristics. Valuing diversity means recognizing differences between people, acknowledging that these differences are a valued asset, and striving for diverse representation as a critical step towards equity.</p> <p><u>APA</u>: Involving the representation or composition of various social identity groups in a work group, organization, or community. The focus is on social identities that correspond to societal differences in power and privilege, and thus to the marginalization of some groups based on specific attributes—for example, race, ethnicity, culture, gender, gender identity and expression, sexual orientation, socioeconomic status, religion, spirituality, disability, age, national origin, immigration status, and</p>	

	language. There is a recognition that people have multiple identities and that social identities are intersectional and have different salience and impact in different contexts.	
Ethnicity	<u>AMA</u> : Social construct and category based on shared geography, language, ancestry, traditions or history. The boundaries of authenticity (that is, who or what “counts” in recognizing members of an ethnic group) are often changeable and dependent on generational, social, political and historical situations.	
Gender Identity	<u>AMA</u> : How people conceptualize themselves as gendered beings, including one’s innate and personal experience of gender. This may or may not align with one’s gender expression or biological sex.	
Inclusion	<p><u>AMA</u>: Refers to how our defining identities are accepted in the circles that we navigate. Belonging evolves from inclusion; it refers to the extent to which individuals feel they can be authentic selves and can fully participate in all aspects of their lives. Inclusion is a state of being valued, respected and supported. At the same time, inclusion is the process of creating a working culture and environment that recognizes, appreciates, and effectively utilizes the talents, skills and perspectives of every employee; uses employee skills to achieve the agency’s objectives and mission; connects each employee to the organization; and encourages collaboration, flexibility and fairness.</p> <p>In total, inclusion is a set of behaviors (culture) that encourages employees to feel valued for their unique qualities and experience a sense of belonging.</p> <p><u>APA</u>: An environment that offers affirmation, celebration, and appreciation of different approaches, styles, perspectives, and experiences, thus allowing all individuals to bring in their whole selves (and all their identities) and to demonstrate their strengths and capacity.</p> <p><u>Healthy King County Coalition</u>: Active, intentional, and ongoing engagement with diversity, including intentional policies and practices that promote the full participation and sense of belonging of every employee, patient, family and participant.</p>	
Race	<u>AMA</u> : System of categorizing people that arises to differentiate groups of people in hierarchies to advantage some and disadvantage others. Stated another way, race is a social construct or “a symbolic category [actively created and recreated, rather than pre-given], based on phenotype or ancestry and constructed to specific racial and historical contexts, that is misrecognized as a natural category.” While often assumed to be a biological classification, based on physical and genetic variation, racial categories do not have a scientific basis.	

Camara Jones explains: “the variable race is only a rough proxy for socioeconomic status, culture, and genes, but it precisely captures the social classification of people in a race-conscious society such as the United States. The race noted on a health form is the same race noted by a salesclerk, a police officer, or a judge, and this racial classification has a profound impact on daily life experience in this country. That is, the variable ‘race’ is not a biological construct that reflects innate differences, but a social construct that precisely captures the impacts of racism.”

Race is a concept forged by oppressive systems of race relations, justified by ideology, in which one group benefits from dominating other groups, and defines itself and others through this domination and the possession of selective and arbitrary physical characteristics (for example, skin color). Race, more perniciously, is a political construction created to concentrate power with white people and legitimize dominance over non-white people.

Additional Questions or Topics:

- Guidelines for Inclusive Language/Communication?
 - The [AMA](#) or the [CDC](#)