


1.1 Welcome!



Welcome to this series on Health Equity.

1.2 About this course

About this course



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Hello, my name is Paula Tran Inzeo, and I'm the director of the MATCH Group within the UW-Madison Population Health Institute, where I collaborate with Victoria Faust, who is an action researcher and evaluator. We developed this introduction to health equity, which is geared for people already working in public health as well as students seeking a master of public health degree.

MATCH stands for mobilizing action towards community health, and our research and work focus on health equity, collective community action, empowerment and well-being, health in all policies, power-building, and organizational, policy and system change.

1.3 Health Equity Roadmap



Here's a roadmap for the topics we will explore together in this health equity series.


We'll start out with an introduction to health equity in this first module. We will discuss how health is more than just sickness or its absence, and inequities are more than just a difference in outcomes.

In the second module, we'll explore the relationship of health and power. We will consider what it means to suggest that, "the root cause of health inequity is powerlessness".

In the third module, we'll start to consider how we can operationalize health equity into our own practice, and specifically look at how we can expand the definition of health and strategically use data. We will continue our discussion of how we can operationalize health equity into our own practice through assessing and influencing the policy context, and strengthening community capacity to act on inequities.

1.4 Goals for this module

We'll start with the big picture:
After completing this module, you will be able to:



- one
- two
- three

one | 1. Define health in a broader context

We'll start with the big picture of health and health equity, and review some principles, definitions and concepts.

1. By the end of this module, you will be able to define health in a broader context.
2. You will explore different conditions that shape health, also known as the social determinants of health.
3. You will be able to define health equity and be able to explain how equality and equity look very different when we consider strategies in a public health context.

1.5 Consider...



What in your community impacts your health?

Think about the social, economic and environmental conditions in your own life that help you to be healthy.

What in your community impacts your health? Take a moment here to think about the social, economic, and environmental conditions in your own life that help you to be healthy.

1.6 What is Health?



A common definition of health that is often used was put forth by The World Health Organization in 1948. "Health is a state of complete physical, social, and mental well-being, not merely the absence of disease or infirmity."

1.7 Social Determinants of Health



To promote this comprehensive idea of health, we need to understand what shapes health. When asked what makes us healthy, surveys of Americans have suggested that the general public believes access to health care and individual behaviors are predominantly responsible.

We know, however, that clinical care and health behaviors, while important, are only part of what drives health.

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Social, economic and physical conditions, or the social determinants of health shown on this model, also have a profound impact on the health of individuals, population groups, and entire communities. They can span across generations and are shaped by structural determinants that we will discuss further, such as the distribution of power and resources.

1.8 Key Terms

Key Terms

Please review the following terms to make sure we're on the same page as we explore these important concepts.

Health Disparity

Health Inequity

Health Equity

It can be useful to distinguish between health disparities and health inequities, and to more fully define health equity. Let's make sure we're on the same page, as we explore these important concepts. Click on each tab to hear more.

Key Terms

Health Disparity

Health Inequity

Health Equity

Disproportionate Impacts: Breast Cancer

Rates in Women

Rates in Men

A population-based difference in health outcomes
(e.g., women have more breast cancer than men)

By itself, disparity does not address the chain of events that produces it.
(MN Dept. of Health, 2013)

Health Disparity:

In population health, it is common to hear differences in health outcomes discussed as disparities. Health disparities are population or group level differences in health. For example, women tend to experience greater





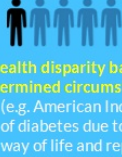
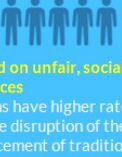
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incidence of breast cancer than men. This definition alone, however, does not tell a story of where these differences come from and can make it difficult to understand how best to address them.

Key Terms

Health Disparity
Health Inequity
Health Equity

Disproportionate Impacts: Diabetes Rates

Native Americans	European Americans
	
	
	

A health disparity based on unfair, socially-determined circumstances
(e.g. American Indians have higher rates of diabetes due to the disruption of their way of life and replacement of traditional foods with unhealthy commodity foods)

Because health inequities are socially-determined, change is possible.
(MN Dept. of Health, 2015)

Health Inequity:

Health inequities, on the other hand, can be understood as differences in health outcomes of a population or group that are systemic, patterned, and unnecessary, avoidable, unfair or unjust. Therefore, because they are socially determined circumstances, they are also actionable.

This distinction in language helps point out and draws attention to the link between social injustices and disproportionately poorer outcomes for particular communities. This pushes action not only on gaps in outcomes but also on gaps in social circumstances that drive outcomes. Addressing health inequities requires closing the gaps in these social, economic, and environmental determinants of health.

Key Terms

Health Disparity
Health Inequity
Health Equity

“Health equity means that everyone has a fair and just opportunity to be healthier. 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.”

Robert Wood Johnson Foundation (RWJF)

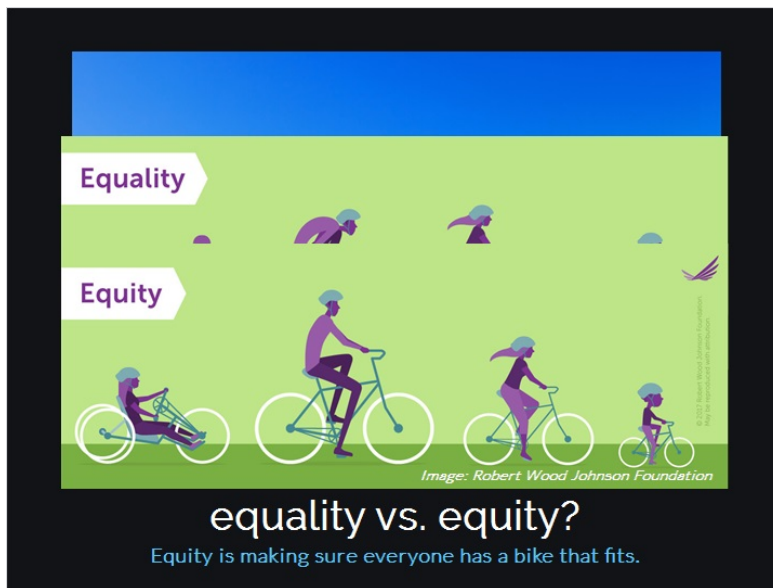
Health Equity:

So what is Health Equity? The Robert Wood Johnson Foundation provides this definition:

“Health equity means that everyone has a fair and just opportunity to be healthier. 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.

In short, health equity can be understood not just as the absence of inequity but rather a fair, just distribution of the resources and opportunities needed to achieve well-being.

1.9 Equality vs. Equity?



When we are talking about everyone having a fair opportunity to be healthy, it can help at this point to distinguish between equity and equality. Equality is making sure everyone gets the same resource or access to a resource in order to address a problem. It can work if everyone starts from the same place. But if people are starting from different places, for example if people have experienced generations of trauma or chronic stress as a result of the conditions in their community, then giving people the same thing today doesn't necessarily assure fair access to -- or ability -- to take advantage of opportunities.

Equity, on the other hand, seeks to address a problem or inequity by customizing the level and types of resources provided based on needs and context. Thus, equitable strategies might need to be *unequal* in order to ensure sufficiently similar opportunities for individuals and communities to achieve their full health potential.

Compare these two images of people and bikes. Equality is about making sure everyone has the same bike, whereas equity is about making sure everyone has a bike that fits. Furthermore, equity includes having a person determine what kind of bike they need.

1.10 Community Equality vs. Equity



This concept also translates to communities.

Let's look at how receiving equality in terms of community resources might work in two communities. Notice that the community on the left doesn't have a school or hospital, and some buildings have broken windows.

The community on the right receives the same amount of community resources, but already has more to begin with - for example a school, a hospital, and trees that provide shade and beauty.

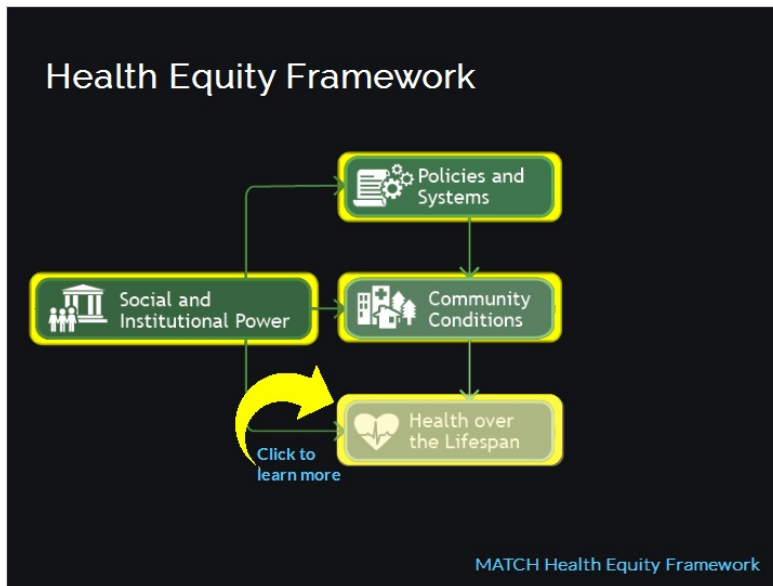
Now look at these same two communities again, when there is equity in terms of community resources instead of equality. More community resources go to the community on the left, to assure that community can adequately address their current contexts and provide better living conditions and healthy outcomes for all. Now that community also appears to be thriving.

Equity requires assuring access in a community to the conditions and resources that we know strongly influences health-including good jobs with fair pay, high-quality education, safe housing, good physical and social environments, and high-quality health care-for those who lack access and have worse health. The focus of action for equity is with those groups who have been excluded, marginalized, and divested from. You will notice this does not impact the other community's thriving conditions, in fact this should ultimately improve everyone's well-being.

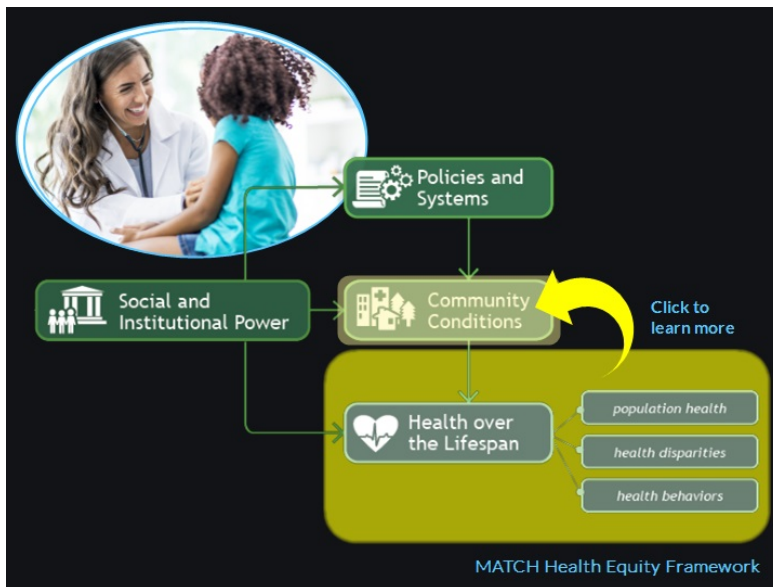
Image credit: Matt Kinshella, 2016, accessed from <http://culturalorganizing.org/the-problem-with-that-equity-vs-equality-graphic/>

OR <https://mmt.org/news/equity-illustrated-3rd-place-equity-about-resources>

1.11 Health Equity Framework



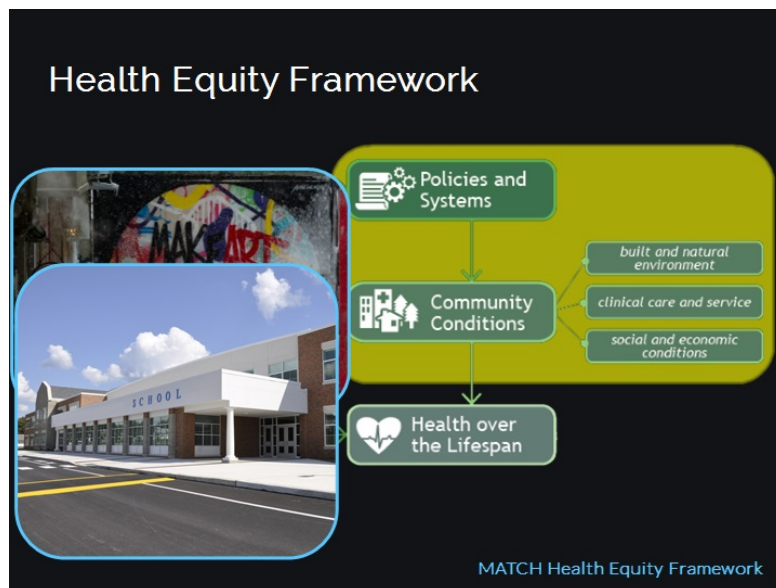
A Health Equity framework, like the one presented here, can be a helpful tool to connect all of these concepts. It shows conceptual links between health outcomes; community conditions; policies, programs, and systems that shape those conditions; and, ultimately, power, which we will discuss further in the next module.



Health Over the Lifespan:

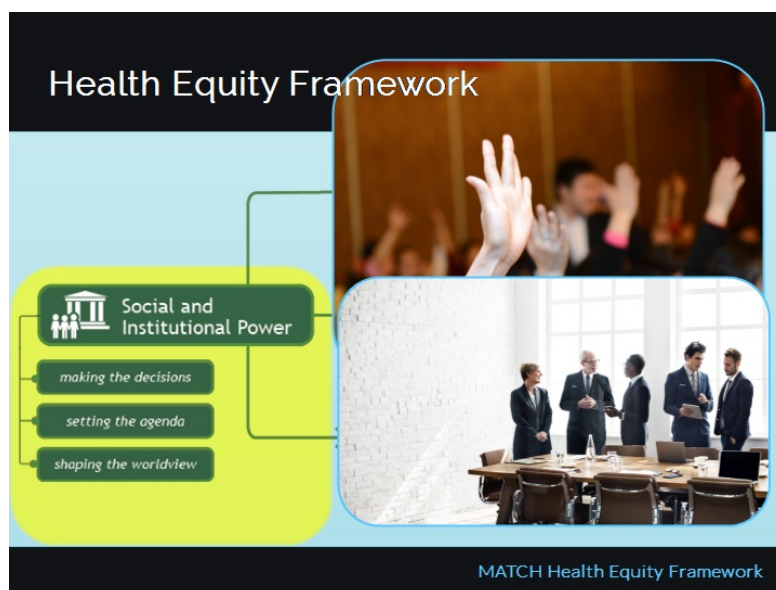
If we zoom in on health over the lifespan, we see population health outcomes, health outcomes such as incidence of disease, injury, and death, and the disparities at a population or group level in these outcomes. Health interventions focused on this area represent a traditional medical or treatment model of population health, in which we attempt to address health through providing medication and access to medical services, education programs, and changing health related behaviors.

However, we know that these factors only comprise a portion of what influences health.



Community Conditions & Policies and Systems:

The next two boxes up - community conditions and policies, programs and systems-shift into the more upstream drivers of health. Here we find the built and natural environment, social and economic conditions, the care environment, and the policies surrounding these conditions and environments.



Social and Institutional Power:

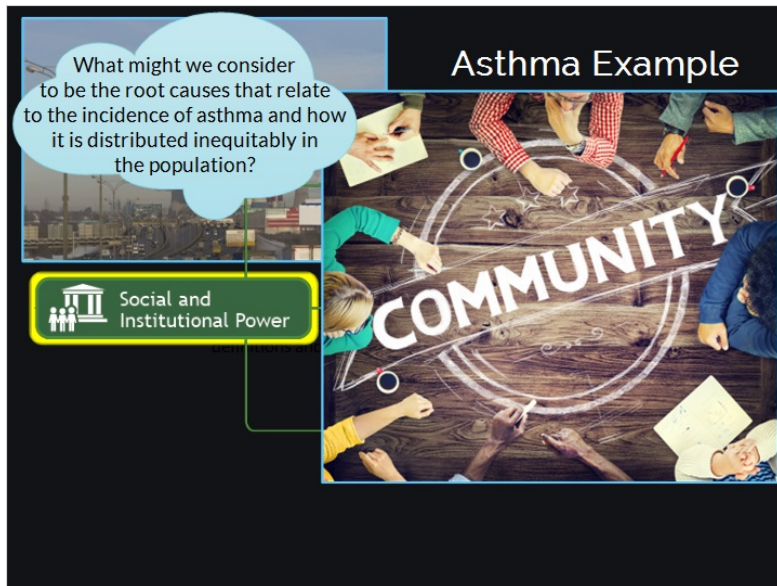
If we move now to the left, we can see that policies, programs, and systems and community conditions are shaped by structural determinants, presented here as social and institutional power.

We can define power as the capacity to act, individually and collectively. Power at the social and institutional level can be understood as the capacity to distribute and access resources, the capacity to shape agendas, and the capacity to define the narrative or world view. These social and structural determinants of health-and their effects on the health of communities-can span across generations.

This health equity framework doesn't throw out the medical model of population health, but rather helps us

expand our understanding of what shapes health, and the potential suite of public health strategies that address root causes of health and inequitable differences in health outcomes for different groups of people that will persist, if we don't look at the upstream drivers of those differences.

1.12 Framework: Asthma Example



Asthma Example:

For example, let's imagine the incidence of childhood asthma going up among youth in a particular community. What might be a public health response from the perspective of the medical model? We might point to a lack of access to inhalers in a community and believe that we need to distribute more inhalers.

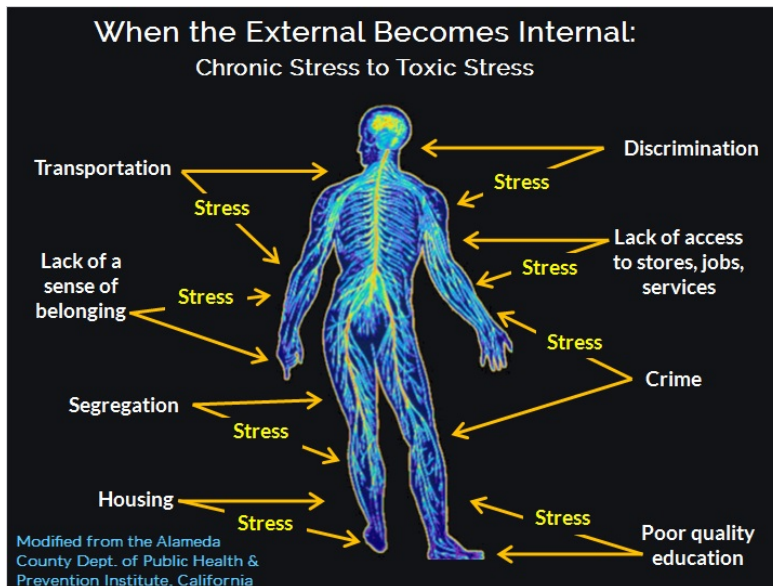
If we move our gaze up to examine the community conditions that might cause such an increase, what types of things might we see? We might consider how indoor air quality and housing stock affect the incidence of asthma among youth. We may also look at drivers of outdoor air quality and see that the particular neighborhoods with high incidence of asthma among children are also closest to air polluting industries.

We can then look to the policies, programs and systems that might influence these community conditions. Perhaps particular zoning codes unintentionally influence the incidence of industries locating in such neighborhoods.

From the vantage point of social and institutional power, we may find the populations in these neighborhoods have not had the opportunity to be at decision-making tables to voice opposition or influence zoning codes because of marginalization or exclusion.

So what can we consider to be the root causes that might relate to the incidence of asthma and how it is distributed inequitably in the population?

1.13 Chronic Stress to Toxic Stress



The health equity framework presented here can also help us understand the mechanisms through which health inequities manifest by differences in power, policies, programs and systems, as well as community conditions that all influence the health of individuals. One example mechanism is through chronic stress and in particular, how long-term exposure to adversity becomes toxic stress.

The stress responses of individuals involves both genetics and the environments in which they live. Acute stress responses are normal and can be lifesaving - you may have heard of the term ‘fight or flight’, but long term or severe exposure to stress negatively impacts many of our body systems and can be linked to multiple chronic illnesses.

1.14 Adverse Childhood Experiences



The effects of toxic stress also depend on stage of brain development. Toxic stress exposure during prenatal and early life has the broadest impact. Research and action in this arena are often referred to as Adverse Childhood Experiences, or ACEs. ACEs can include household challenges, for example, mental illness, substance abuse or incarceration.

The important take-away from the literature on adverse childhood experiences is that they predict poor health and, while they impact individuals across income and culture, they are inequitably distributed among particular communities.

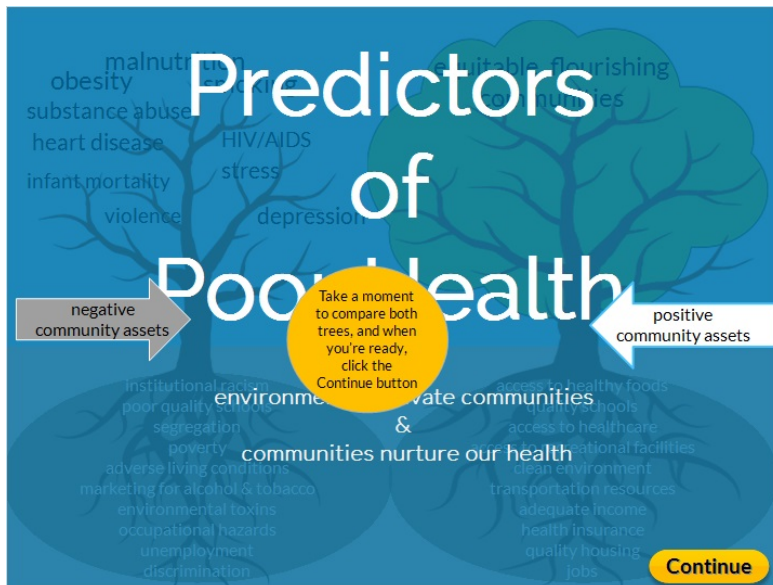
1.15 Adverse Community Conditions



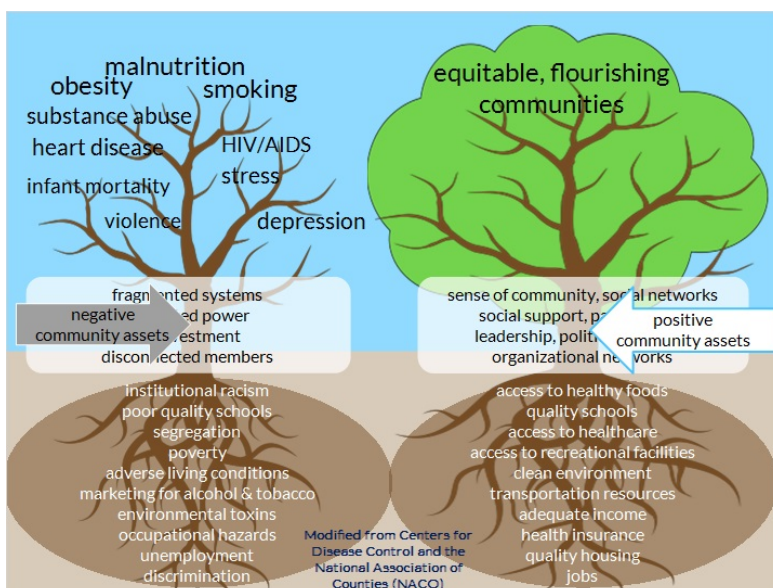
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This stress and trauma can also manifest at a community level, and is sometimes referred to as Adverse Community Environments. This occurs when experiences of discrimination, lack of access to quality education, jobs, and housing, and systematic disinvestment affect particular population groups or communities. We see more adverse childhood experiences in families situated in adverse community environments that are under-resourced, located in over-stressed environments, and denied access to social and institutional power. When these systematic patterns and practices are not addressed or are reproduced, the impacts can be passed down through generations and are sometimes referred to as historical trauma.

1.16 Predictors of Poor Health



As understanding of the role of adverse childhood experiences and adverse community environments deepens, the possible strategies to address health inequities expand. The tree image, shown here, helps us identify strategies that move the work of public health upstream.



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Interventions that address the cumulative effect of structural inequities that also focus on those community assets, in the tree trunks, such as investment, power, political influence and sense of community, play a moderating factor in the relationship between adverse community environments and health outcomes, and can interrupt generational trauma.

Such strategies target social determinants of health, including upstream policy work that focuses explicitly on reducing underlying social and structural inequities, such as minimum wage and criminal justice policy, while also addressing social and institutional power.

This shift on those tree trunk factors, not only increases positive health outcomes, but can reduce the prevalence of adverse childhood experiences, and interrupt poor root causes.


[Tree image is modified from Centers for Disease Control and the National Association of Counties (NACO).

- <https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf>
- <http://www.naco.org/sites/default/files/documents/Determinants.pdf>.]

1.17 Resources

Resources

Check the course website
for more resources
or visit the
Population Health Institute's
page for [MATCH](#) -
Mobilizing Action
Toward Community
Health.



Please continue with the second module to learn more about how power impacts health, and also check out the additional resources.