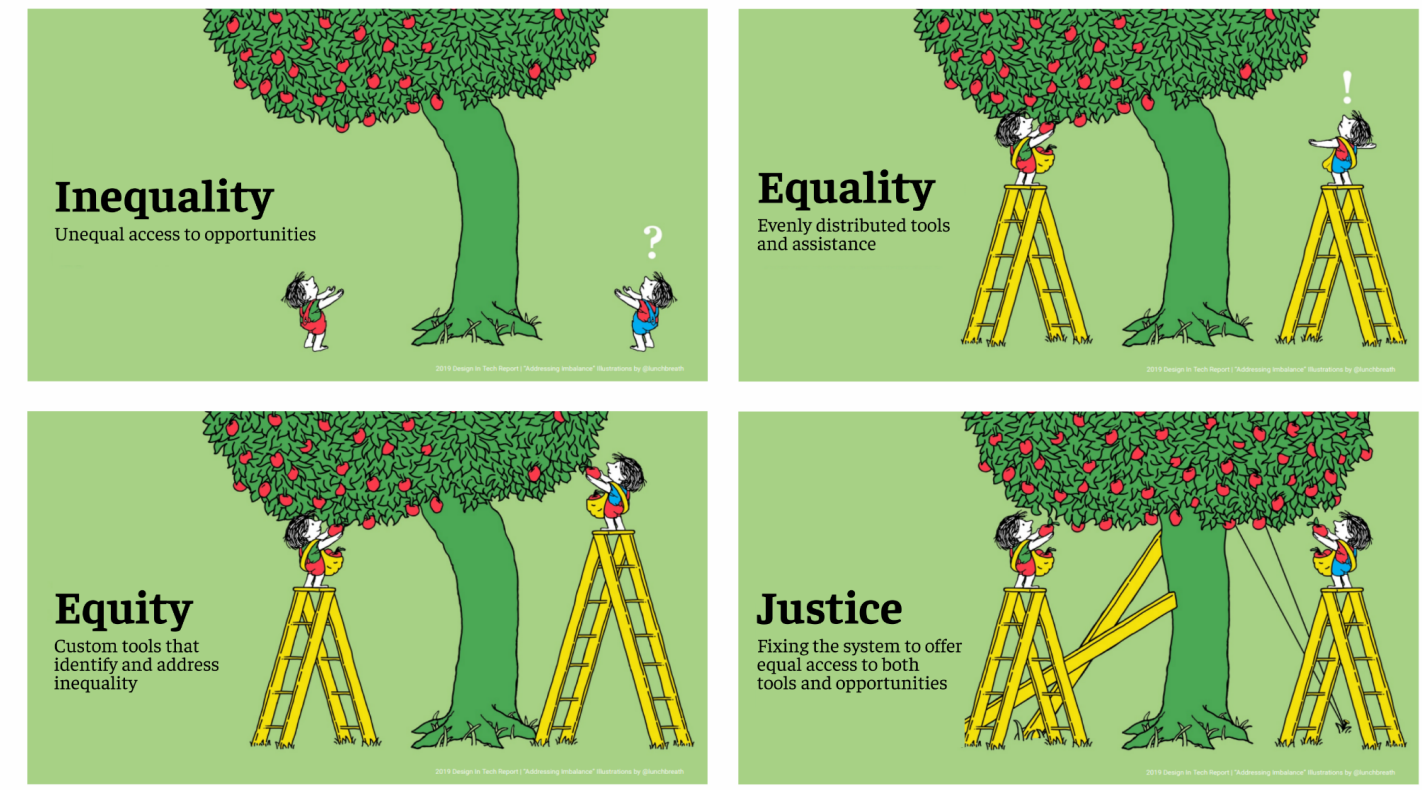
HEALTH EQUITY LENS

The **Health Equity Lens** is a tool to support employees as they incorporate health equity into their work. It explains why and how we look at the potential positive and negative impacts of policies, plans, programs, services, and messaging.

What is health equity?

- When every individual has a fair and just opportunity to live their healthiest life. It doesn't matter who they are, where they live, or how much money they have.
- Key terms related to health equity and used throughout this tool are defined on page 6.
- In 2022, this image was chosen by Davis4Health, Davis County's community health improvement collaborative, to convey what equity means.



2019 Design in Tech Report "Addressing Imbalance" by Tony Ruth

What are the core values of health equity?

- **Compassion**: We believe in our shared humanity and treat ourselves and others with kindness.
- **Hope**: We approach our work with patience, perseverance, and optimism.
- **Humility**: We commit to continuous learning with and from each other.
- **Integrity**: We hold ourselves accountable to the community we serve and represent.
- **Respect**: We recognize the human rights, perspectives, and experiences of others.

Incorporating Health Equity in Our Work

Why is the DCHD Health Equity Lens important?

- It is essential to fulfilling our mission of promoting and protecting the health and well-being of the Davis County community.
- Health and well-being are significantly influenced by environmental and societal factors outside of individuals' control. As the county's public health agency and area agency on aging, we have the ability to impact some of these factors across the lifespan. By using a health equity approach in our prevention efforts, we can decrease health inequities and disparities while improving the health of all populations.
- By adopting the Health Equity Lens, we can:
  - Choose language that reduces stigma, avoids placing blame, and reduces harm
  - Identify health inequities and disparities
  - Be informed about environmental and societal factors that affect people's opportunities, behaviors, and outcomes
  - Plan and implement programs and activities to take these factors into account

	Key Principles →	Practical Applications
AWARENESS	Understand our own biases so that we can prevent them from manifesting in our work	• Participate in exercises that help you become aware of your biases and mitigate how you act upon these tendencies. **Examples**: Vanderbilt's PAUSE method, UCSF's Unconscious Bias Training
	Understand how history and modern-day policies and circumstances have shaped health inequities and disparities	• Learn about how marginalized groups have been historically treated. Connect how societal policies (at the local, state, and federal levels) and practices affect health. **Examples**: Segregation by Design and how this applies to the Wasatch Front, Why we should stop using the word "Caucasian" • Learn about the modern-day policies and circumstances that continue to deepen health inequities and disparities. **Example**: "Good landlord" programs incentivize private landlords to deny rental housing to individuals convicted of a felony. This makes it difficult for these individuals to find affordable housing in their communities.
	Be aware of national and state public health frameworks to reduce health inequities and disparities	• Use these frameworks to improve your understanding of health equity and to keep up with state and national efforts. **Resources**: BARHII and Utah DHHS Office of Health's health equity frameworks, CDC's Health Equity Guiding Principles

	Be familiar with the population you are serving	• Learn about the community values, beliefs, attitudes, demographics, etc. of Davis County. In order to serve Davis County community members, it is helpful to have background knowledge about the population as a whole and the subgroups that exist.
		  ○ Refer to the DCHD reports and assessments page.
		  ○ Familiarize yourself with the Davis4Health Community Health Assessment.

	Key Principles →	Practical Applications
COMMUNICATION & INTERACTION	Ensure that all people feel considered in messaging	• When including images of people, ensure they reflect the community that is the audience. • Translate into priority languages. • Use terms that the audience connects with. **Resource**: Communicating to Utah's Culturally and Linguistically Diverse Communities
	Treat people with dignity and avoid treating people with contempt	• Treat everyone as a fellow human. • Engage with those you perceive to be different from you. • Listen to understand those who have differing views. • Search for shared values and interests. • Be open to admitting mistakes and changing your mind. • Don't think of yourself as superior to others. **Resources**: The Dignity Index (related: The 10 Elements of Dignity and Honoring Dignity), Eliminating Microaggressions
	Be intentional with the language used to describe individuals	• Use person-first language. This means describing people as *having* a condition/circumstance. **Example**: "People with Diabetes" *instead of* "Diabetics" **Resource**: CDC's Preferred Terms • Refer to people's identities using language that they prefer. Ask if you are unsure. **Example:** People of African descent who immigrate from the Caribbean to the United States tend to prefer being called "Black" *instead of* "African American". **Resources**: Pronoun Guidance, Inclusive Language Guide
	Carefully attribute responsibility for an outcome	• Identify system-level factors for an outcome. **Example**: System level: "Researchers estimate that if we connect expecting families to treatment for nicotine dependency, we could prevent 800 infant deaths a year." *instead of* Individual level: "Every year, roughly 3,600 babies in the US die suddenly for unknown reasons. Researchers estimate that if expectant moms would just quit smoking, we could prevent 800 of those deaths." **Resource**: Julie Sweetland on framing in her article and at the 2023 Davis4Health Equity Symposium (45:35-51:32) • Use neutral language to avoid blaming people. **Example**: "People who are not accessing healthcare" *instead of* "People who are refusing healthcare". **Resources**: Frameworks Institute & Berkeley Media Studies Media Group

	Key Principles →	Practical Applications
PROGRAM DESIGN	Be aware that there are limitations to using traditional group labels	• Recognize that sub-groups have distinct circumstances and needs that should be separately assessed and addressed. **Example**: Native Hawaiian and Pacific Islanders are often grouped with "Asians" despite having significantly different lived experiences and health outcomes. More detail: PBS's A People's History of Asian America • Collect data that is detailed in terms of race, socioeconomic status, etc. to measure who is benefitting from resources, services, or programs, or who is being affected by an outcome. Refer to state guidelines to collect demographics so data is comparable. **Resources**: World Health Organization, Utah DHHS Guidelines for Data Collection on Race and Ethnicity
	Consider how personal circumstances affect access and appeal of programs and activities	• Take into account: ○ Age ○ Citizenship ○ Immigration status ○ Language skills ○ Education & literacy ○ Transportation ○ Time of day ○ Insurance status ○ Housing ○ Digital access ○ Location ○ Marital status ○ Sex, gender, & sexual orientation ○ Race & ethnicity ○ Religious, political, & cultural values & beliefs ○ Cognitive way of thinking ○ Hearing, vision, & mobility abilities ○ Relationships with institutions ○ Stigmatized identities ○ Caretaking responsibilities ○ Food environment ○ Employment & income ○ Justice-involvement **Examples**: Are participants able to bring their children to your nutrition information session? Is your web page compatible with text-to-speech software? **Resource**: Community Tool Box Toolkit • Understand intersectionality: people occupy multiple social positions and have many identities. These positions and identities do not cancel each other out, but they overlap and interact in complex ways. It's important to note this to avoid stereotyping. **Example**: Spanish-only speaking older adults may not experience the same level of social benefits from visiting the Senior Center as English-speaking older adults.

	Involve community members in every step of the process of decisions that affect them	• Ideally, include people with lived experiences on advisory boards, committees, and workgroups. If this is not feasible, include or consult people who are familiar with these experiences. **Example:** Head Start (an organization that supports children's growth from ages 0-5) includes parents of participating children in their Policy Council. • Include people from a variety of positions in the community. • Collect data with the community to ensure that programming is desired and appropriate. • When community members are involved in planning and feedback, share with them how their input was considered in policies, services, and programs. **Example**: Disability advocates adopted the slogan "Nothing About Us Without Us" in response to lawmakers making accessibility policies without fully including them in conversations. More detail: "Nothing About Us Without Us" in Disability Self-Advocacy
	Recognize the agency of the people you serve	• Treat community members as the experts of their own challenges, needs, and strengths. **Example:** Medical professionals have adopted Person-Centered (p.4-5) approaches to collaborate with patients and provide care that makes sense for their circumstances. • Positively support people to develop knowledge, skills, and courage to make more informed decisions about their health. **Resource:** The Power of Asset Framing, Psychology of Change Framework White Paper (p.12-23)

If you would like additional information on health equity or support on how to incorporate it in your role, please contact a member of the Equity Committee. Consider consulting department experts to support your efforts to incorporate the principles of the Health Equity Lens:

- **Community Health Workers (CHW)** are frontline public health workers who serve community members in culturally appropriate ways. They help with language and translation needs, provide health education, attend outreach events, and help connect people with resources. By engaging CHWs you will be able to more effectively reach underserved and underrepresented groups in Davis County.
  - Community Health Worker main line: 801-525-4950
  - CHW Internal Request Form
- **Epidemiologists** are technical experts who collect and analyze data so community partners and leaders can make informed decisions. They help turn numbers into action and make data approachable. Public health practice emphasizes assessment to identify the challenges and strengths that impact a population's health. Epidemiologists lead the design, collection, and analysis of data for assessment processes. They also serve as consultants to programs on data collection, protection, analysis, interpretation, and visualization.
  - Contact: Cody Mayer, comayer@co.davis.ut.us
- **Community Outreach Planners** are Community Health Strategists who lead collaborations across multiple sectors. Community Outreach Planners work with community leaders and stakeholders from many organizations including human services, healthcare, education, emergency responders, cities, nonprofits, faith, etc. Structured coalitions, workgroups, committees, councils, and networks identify and address the health needs of the community, create strategic plans, and monitor progress. They explore ways to focus community resources on improving specific health outcomes, especially among those with the greatest need.
  - Email: healthstrategy@co.davis.ut.us

Key Terms

Bias is an opinion or feeling in favor of or against a person or group that occurs automatically. It affects judgments, decisions, and behaviors.

Belonging is the feeling of security, support, acceptance, inclusion, and identity within a group. It is when an individual feels they can be their true self.

Community can include any group of people who identify with each other in any way, including but not limited to, where they live, their values, practices, beliefs, or common goals.

Health is a resource that allows people to realize their aspirations and satisfy their needs. It also helps them adapt to their environment in order to live a long and productive life. Health enables social, economic, and personal development important to well-being (CDC, 2018).

Health Disparities are the avoidable, unfair, and unjust differences in health outcomes.

Health Equity is achieved when every individual has a fair and just opportunity to live their healthiest life. It doesn't matter who they are, where they live, or how much money they have.

Health Inequities are an uneven distribution of resources. They include barriers that limit people's access to services and opportunities. Health inequities in society lead to disparities in health outcomes.

Identity is a person's sense of self. It encompasses various qualities, beliefs, traits, appearances, and expressions that either exist from birth or develop and change over time.

Inclusion is the practice of valuing people's unique ideas and lived experiences and ensuring everyone feels involved, respected, connected, and has their voice heard.

Marginalized Groups are those excluded from mainstream social, economic, educational, and/or cultural life. Marginalization occurs due to unequal power relationships between social groups.

Race is a concept that refers to a group of people who share an outward physical trait, such as skin color or facial features. They may also share similar social or cultural identities and ancestral backgrounds.

Stigma refers to a negative or unfavorable perception, belief, or attitude associated with a particular characteristic, condition, or group of people. It can lead to discrimination, bias, and social isolation, causing individuals or groups to be unfairly judged, marginalized, or treated differently. Stigma can have harmful effects on mental and emotional well-being, and it often arises from societal norms, stereotypes, or misconceptions (*Link & Phelan*, 2001).

Underserved Groups include people who face economic, cultural, or language barriers and limited access to services and resources because of existing systems and/or lack of infrastructure.

Underrepresented Groups refer to communities in a population whose representation is disproportionately low relative to their numbers in the general population. These groups have historically been marginalized, left behind by public systems, and are not usually reflected in positions of power.

Well-being is a broader and more complete term that contains many interconnected dimensions of health. Well-being goes beyond morbidity (health conditions and disease), mortality (death), and economic status. It shows how people view the way their life is going from their own perspective. Aspects of well-being include: physical, mental, emotional, social, spiritual, occupational, intellectual, financial, and environmental.