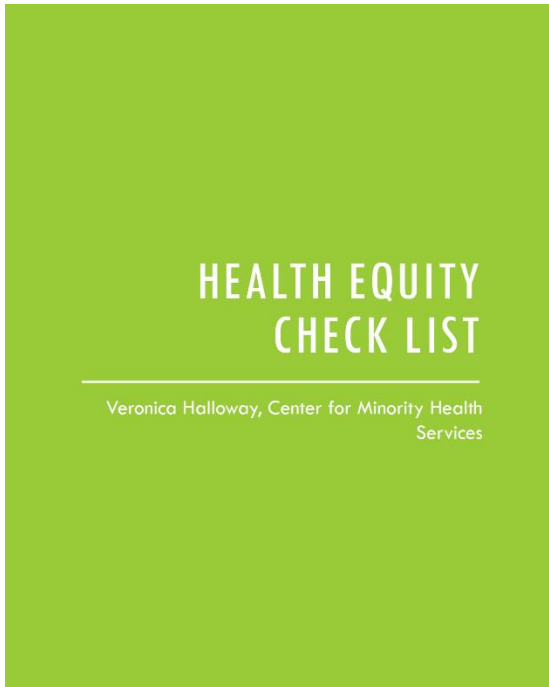


## Appendix D3: Health Equity Checklist Training Presentation



### WHAT IS HEALTH EQUITY?

"A basic principle of public health is that all people have a **right to health**. Differences in the incidence and prevalence of health conditions and health status between groups are commonly referred to as **health disparities**.... Most health disparities affect **groups marginalized** because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these. People in such groups not only experience worse health but also tend to have less access to the **social determinants or conditions** (e.g., healthy food, good housing, good education, safe neighborhoods, disability access and supports, freedom from racism and other forms of discrimination) that support health.... Health disparities are referred to as **health inequities** when they are the result of the systematic and unjust distribution of these critical conditions. **Health equity**, then, as understood in public health literature and practice, is when everyone has the opportunity to "attain their full health potential" and no one is "disadvantaged from achieving this potential because of their social position or other socially determined circumstance."

Brennan Ramirez LK, Baker EA, Metzler M. Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008.

# ADVANCING ORGANIZATIONAL EQUITY TOOLKIT

PUBLIC HEALTH DEPARTMENTS AND THEIR PARTNERS NEED TO CONSIDER HOW CONDITIONS IN THE PLACES WHERE PEOPLE LIVE, LEARN, WORK, AND PLAY AFFECT A WIDE RANGE OF HEALTH RISKS AND OUTCOMES. THESE SOCIAL DETERMINANTS OF HEALTH (SDOH), AND ACTIONS TO ADDRESS THE RESULTING HEALTH INEQUITIES, CAN BE INCORPORATED THROUGHOUT ALL ASPECTS OF PUBLIC HEALTH WORK. THROUGH BROADER AWARENESS OF HOW THE KEY PUBLIC HEALTH PRACTICES CAN BETTER INCORPORATE CONSIDERATION OF SDOH, PUBLIC HEALTH PRACTITIONERS CAN TRANSFORM AND STRENGTHEN THEIR CAPACITY AND IMPACT TO ADVANCE HEALTH EQUITY.



L 3



Articulate how a proposed intervention strategy will improve overall health and advance health equity by reducing disparities and/or health inequities in disparately impacted communities.



Proactively identify any barriers or undue burdens the proposed **intervention strategy** may impose upon **disparately impacted communities** that would limit the effectiveness of the intervention strategy.



Ensure that members of disparately impacted communities are engaged and consulted in the planning and implementation of the intervention strategy.



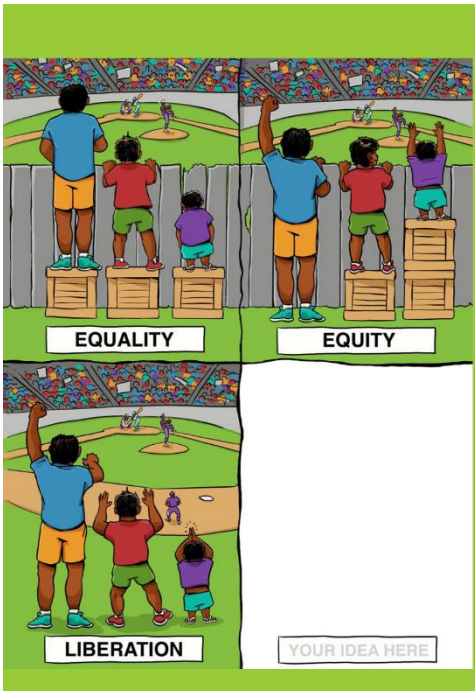
Assess the intervention strategy's impact on disparately impacted community members over time.

## HEALTH EQUITY CHECKLIST GOALS

L 4

## USING THE HEALTH EQUITY CHECKLIST IN THE DPH GRANT PROCESS

Applying this checklist to all DPH grants will assist and guide our partners to review their existing practices and provide a structure for them to modify their practices in a way that promotes health equity.



## AIM OF CHECKLIST

To Make Health Equity Considerations  
an overarching guiding principle of any  
institution.

Chronic health disparities exist in  
communities that lack:

access to opportunities	political and economic power	institutional practices and public policies that are fair and just	cultural representations/input in community activities/initiatives
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## HOW SHOULD YOU USE THE HEC IN YOUR GRANTS?

The checklist walks entities through considerations for assessing health equity by posing 8 questions and action steps to engage disparately impacted populations and to assess the short and long-term impacts of health inequities within these communities.

L 7

## CONSIDERATIONS FOR ASSESSING HEALTH EQUITY

Grantees should use the health equity checklist questions to assess both the short and long-term impacts to health equity, health inequalities and health inequities of a particular intervention strategy.

Short-term initiatives might prioritize currently prevalent comorbidities for a disparately impacted community, whereas long-term initiatives might prioritize issues such as food insecurity, inadequate housing or limited access to health care that widen health disparities.

## QUESTION #1

**What persons/communities are most likely to benefit from this intervention strategy?** Which disparately impacted communities are most affected by this intervention strategy?

For example, consider the use of the following resources to identify and inform where the most health needs are in your community.

- Your Community Health Needs Assessment
- [Community Health Rankings](#)
- [The CMS AHC Screening Tool for the Social Determinants of Health](#)

L 9

## QUESTION #2

**How does this intervention strategy benefit disparately impacted persons/communities?**

- What specific health conditions (e.g., diabetes, asthma, hypertension, etc.) and inequities will be addressed with this intervention strategy?
- What social determinants are targeted for intervention?
- How will the members of each disparately impacted community be affected?

L 10

### QUESTION #3

**Will the proposed intervention strategy expand socio-economic opportunities for disparately impacted persons/community members and their overall health?**

- If yes, how?
- If no, how can the proposed intervention strategy be revised to address that?

I. 11

### QUESTION #4

**Will the proposed intervention strategy promote inclusive collaboration and/or civic engagement of all disparately impacted communities?**

- Is there community support for the intervention strategy?
- If yes, who are your collaborating partners?
- If no, which communities are in opposition, why does that opposition exist (i.e. what interests conflict with the intervention strategy), and how do you plan to address it?
- Have you or do you plan to engage the disparately impacted community in a dialogue?
- If there are unintended consequences or barriers to racial equity as a-result-of the proposed intervention strategy, what strategies are in place to mitigate any negative impacts? Are revised strategies needed to address those consequences?

I. 12

QUESTION #5

**Will your intervention strategy ensure support of workforce equity and/or contracting equity?**

- If yes, how?
- What goals are contemplated for workforce equity and/or contracting equity?

If no, what modifications are needed to ensure the intervention strategy supports workforce equity and/or contracting equity?

I. 13

QUESTION #6

**How will this intervention strategy achieve greater health equity for disparately impacted persons/communities?**

- Can you demonstrate how this intervention strategy improves health equity?
- If not, why not, and what modifications are needed to ensure the plan meets the health equity goals?

I. 14

QUESTION #7

**Are methods/metrics in place to ensure health equity goals are met?**

- If yes, what key performance indicators will be used to gauge the plan's performance over time?

I. 15

QUESTION #8

**Articulate how a proposed intervention strategy will improve overall health and advance cultural equity in disparately impacted persons, families, and/or communities.**

I. 16



# ADDITIONAL RESOURCES

The Center for Minority Health Services has compiled resources that can be shared with partner organizations and grantees to assist them in understanding and implementing the Health Equity Checklist.

(add link to CMHS intranet site)

# QUESTIONS

