

Insights

Heath Equity: What You Can Do



Not everyone has equal opportunity to the resources needed for health and well-being.

Infant mortality rates for Native Americans and Alaskan Natives are [60 percent higher](#) than rates for white babies. Hispanic children are more likely to be obese and African-American mothers experience the [highest rates of preterm births](#). Children living in rural areas are [more likely to have complex diseases](#) and live further from hospitals; while children in urban areas experience the [highest rates of morbidity](#) from asthma.

Health in the U.S. is not equitable. Not everyone has access to healthcare, especially healthcare that is culturally relevant and free from bias. Not everyone lives in safe neighborhoods, can afford safe housing and healthy food, and benefits from quality education—all social determinants that have a significant effect on health outcomes. Because not everyone has equal opportunity to access the resources needed for health and well-being, disparities are pervasive from the earliest years of life.

“The decisions we make depend on the choices available to us,” says NICHQ Chief Health Officer, Elizabeth Coté, MD, MPA. “And not everyone has a healthy set of choices available to them. People try to do the best they can with the choices before them. As a caring society, we can *make healthier choices more available to more people*. To do that, we must understand how systems and structural barriers limit people’s choices, creating much of these troubling

disparities.”

Addressing health disparities and the structures that underlie them will take the concerted efforts of many individuals and organizations. But where does an individual start? How does one person make a dent in a systemic and structural problem?

“Health equity is big, overwhelming and deeply personal,” Coté acknowledges. “Tackling it takes time and trust; it requires deep, internal inquiry from every one of us, so we can take discreet steps as individuals and then as organizations to pursue change. To achieve health equity, we must begin with ourselves—start right where we are.”

First, recognize your own implicit bias

Implicit bias is the unconscious stereotypes that influence our actions and decisions. Everyone experiences implicit bias because everyone develops subconscious stereotypes based on what they see and experience. Identifying your implicit bias, and your conditioning to react to it, can help you double-check that bias is not influencing your actions and choices.

Identify your bias by taking the different Implicit Association Tests ([IATs](#)), recommends Coté. IATs measure the attitudes or stereotypes we subconsciously associate with different concepts like age or race. There are 14 different IATs, each focused on different potential biases, including age, skin tone, disabilities, religions, gender, race, and sexuality. Taken together, the tests can help you gain an understanding of your implicit biases. For those striving to improve systems, acknowledging our own implicit bias, and then taking steps to address it, will make each of us more successful in pursuing health equity.

Nationally and internationally recognized expert in healthcare disparities, cross-cultural health and cross-cultural communication, Joseph R. Betancourt, MD, MPH, shares more advice on addressing implicit bias in [this article](#).

Second, develop your own health equity definition

Spend time developing your own definition, Coté recommends. Having a personal definition, one that connects with your life and your experiences, will support your equity efforts in two ways.

First, “because health equity is such a big goal, it can feel messy and unmanageable,” says Coté. “Having a personal definition grounded in our experiences makes it relatable and very real.”

“To me, health equity means there are no artificial, society-made obstacles to a person being as healthy as possible. The work of building health equity is that of identifying, understanding and modifying the obstacles that do exist—those that prevent optimal health, growth and development.” - NICHQ Chief Health Officer, Elizabeth Coté, MD, MPA.

Similarly, she explains, as big as health equity is, it is also deeply personal—it implicates each of us individually—and that can make conversations about it uncomfortable. Here again, a personal definition helps. It gives individuals somewhere to start, a foundation for entering and launching the conversations needed for change.

While personal definitions will vary, Coté recommends always checking your definition against the criteria set forth in the Robert Wood Johnson Foundation's [report on health equity](#). The report is not meant to define one way to describe health equity; rather it helps “to identify crucial elements to guide effective action.” By checking your definition against these criteria, you can help ensure you’re starting from a similar foundation as other stakeholders, which can spark collective action.

Criteria from the Robert Wood Johnson Foundation:ⁱ

1. Does it reflect a commitment to fair and just practices across all sectors of society?
2. Is it sufficiently unambiguous and concrete that it can guide policy priorities?
3. Is it actionable?
4. Is it conceptually and technically sound, and consistent with current scientific knowledge?
5. Is it possible to operationalize for the purpose of measurement, which is essential for accountability?
6. Is it respectful of the groups of particular concern, not only defining the challenges they face but also affirming their strengths?
7. Does it resonate with widely held values in order to garner and sustain broad support?
8. Is it clear, simple, intuitive, and compelling without sacrificing the other criteria, in order to create and sustain political will?

Third, work with your organization to develop an organizational health equity definition

Developing a shared definition with your organization doesn’t mean your personal definitions aren’t still valuable! Keep those handy to motivate your own efforts and use your shared definition to motivate your organization’s efforts.

Developing your personal definition is the first step toward developing a shared definition with others, explains Coté, because a personal definition gives you a platform for discussion. Individuals can share their personal definitions and find commonalities, as well as outliers, that all come together to help your organization define health equity in a way that resonates with its work and employees.

Research shows that defining health equity as an organization is critical, continues Coté. A [study on philanthropic equity work](#) by Putnam Consulting Group found that organizations pursuing equity are more successful when they have a shared definition.

“When we know we have a common goal, we can be more honest and open in these sticky conversations because we know we are pulling in the same direction,” says Coté. “This helps us trust one another and talk through the differences in opinions and viewpoints that will arise.”

i. Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.