

Foundational Resources on Health Equity



Health equity means everyone can live the healthiest life possible. Health inequities are unnatural, unjust, and avoidable. To advance health equity, we believe it is critical to interrogate how funding, research, and community intersect to align and harmonize our efforts to create an equitable and just world. These resources compiled by the P4HE Collaborative Team are provided to support building a shared language on health equity topics, uplift the importance of cross-sector collaboration, and root the collaborative in action-oriented and community-based research framework, which can help to subvert inequitable practices. These are a starting point to a larger online library of resources that is forthcoming. The resources shared do not indicate endorsement by Tulane School of Public Health and Tropical Medicine, Tulane University, the Robert Wood Johnson Foundation or ICF.

Conceptualizations of Health Equity

- [Riley, A. R. \(2020\). Advancing the study of health inequality: Fundamental causes as systems of exposure. *SSM-Population Health*, 10, 100555.](#)
- [Braveman, P., Arkin, E., Orleans, T., Proctor, D., Acker, J., & Plough, A. \(2018\). What is health equity? *Behavioral Science & Policy*, 4\(1\), 1-14.](#)
- [Braveman, P. \(2010\). Social conditions, health equity, and human rights. *Health and Human Rights*, 12, 31.](#)
- [Braveman P, Arkin E, Orleans T, Proctor D, & Plough A. \(2017\). What Is health equity? And what difference does a definition make? Princeton, NJ: Robert Wood Johnson Foundation.](#)

Cross-Sector Collaboration and Systems Approaches

- [Becker, J., & Smith, D. B. \(2018\) The need for cross sector collaboration. *Stanford Social Innovation Review*, 16\(1\): C2-C3.](#)
- [Gibson, P., & Aboelata, M. J. \(2021\). A decade of advocacy. *The Strategic Alliance for Healthy Food and Activity Environments*. Prevention Institute.](#)
- [Leischow, S. J., Best, A., Trochim, W. M., Clark, P.I., Gallagher, R.S., Marcus, S.E., Matthews, E. \(2008\). Systems thinking to improve public health. *American Journal of Preventive Medicine*, 35: 2:S196-S203.](#)

Action-Oriented and Community-Based Research

- [Albright, A., & Woodhouse, S. \(2021\). How should cities spend billions in aid? Ask people who live there. *Bloomberg CityLab*.](#)
- [Bilodeau, R., Gilmore, J., Jones, L., Palmisano, G., Banks, T., Tinney, B., & Lucas, G. I. \(2009\). Putting the "community" into community-based participatory research. *American Journal of Preventive Medicine*, 37\(6\): S192-2194.](#)
- [Leung, M. W., Yen, I. H., & Minkler, M. \(2004\). Community based participatory research: A promising approach for increasing epidemiology's relevance in the 21st century. *International Journal of Epidemiology*, 33\(3\), 499-506.](#)
- [Gonzalez, R. \(2018\). Spectrum of Community Engagement to Ownership. *Facilitating Power*. Movement Strategy Center.](#)

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Conceptualizations of Health Equity

Riley, A. R. (2020). Advancing the study of health inequality: Fundamental causes as systems of exposure. *SSM-Population Health*, 10, 100555.

We tend to study health inequalities as differentials in disease and death that exist within a population. But the most important cause of health inequality is social stratification, and social stratification only varies between populations. Here, I highlight a way forward in the study of health inequality that resolves this mismatch of analytical levels: we must study the fundamental causes as systems of exposure. Through this critical review of the literature, I argue that the explicit study of variation in social stratification is the next frontier in research on fundamental causes of health inequality. (Author abstract)

Braveman, P., Arkin, E., Orleans, T., Proctor, D., Acker, J., & Plough, A. (2018). What is health equity? *Behavioral Science & Policy*, 4(1), 1-14.

In a report designed to increase consensus around meaning of health equity, the Robert Wood Johnson Foundation (RWJF) provides the following definition: "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." The definitional concepts presented in the report are based on widely recognized ethical and human rights principles and supported by knowledge from health sciences. Consensus around definitions for an issue such as health equity can help bridge divides and foster productive dialogue among diverse stakeholder groups. Conversely, a lack of clarity can lead to detours, and pose a barrier to effective engagement and action. Also included in the report are examples of specific terms related to health equity that often arise in discussions around the concept. (Author abstract)

Braveman, P. (2010). Social conditions, health equity, and human rights. *Health & Human Rights*, 12, 31.

The fields of health equity and human rights have different languages, perspectives, and tools for action, yet they share several foundational concepts. This paper explores connections between human rights and health equity, focusing particularly on the implications of current knowledge of how social conditions may influence health and health inequalities, the metric by which health equity is assessed. The role of social conditions in health is explicitly addressed by both 1) the concept that health equity requires equity in social conditions, as well as in other modifiable determinants, of health; and 2) the right to a standard of living adequate for health. The indivisibility and interdependence of all human rights – civil and political as well as economic and social – together with the right to education, implicitly but unambiguously support the need to address the social (including political) determinants of health, thus contributing to the conceptual basis for health equity. The right to the highest attainable standard of health strengthens the concept and guides the measurement of health equity by implying that the reference group for equity comparisons should be one that has optimal conditions for health. The human rights principles of non-discrimination and equality also strengthen the conceptual foundation for health equity by identifying groups among whom inequalities in health status and health determinants (including social conditions) reflect a lack of health equity; and by construing discrimination to include not only intentional bias, but also actions with unintentionally discriminatory effects. In turn, health equity can make substantial contributions to human rights 1) insofar as research on health inequalities provides increasing understanding and empiric evidence of the importance of social conditions as determinants of health; and, more concretely, 2) by indicating how to operationalize the concept of the right to health for the purposes of measurement and accountability, which have been elusive. Human rights laws and principles and health equity concepts and technical approaches can be powerful tools for mutual strengthening, not only by contributing toward building awareness and consensus around shared values, but also by guiding analysis and strengthening measurement of both human rights and health equity. (Author abstract)

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Braveman P., Arkin E., Orleans T., Proctor D., & Plough A. (2017). What Is health equity? And what difference does a definition make? Princeton, NJ: Robert Wood Johnson Foundation.

Health equity is a cornerstone of the Robert Wood Johnson Foundation's (RWJF) Culture of Health Action Framework, which aims to achieve a society in which everyone has an equal opportunity to live the healthiest life possible. Equity surrounds and underpins all of the Culture of Health Action Areas, as depicted in the diagram on this page. A recent report (www.bit.ly/roadtoequity) commissioned by RWJF concluded, however, that although the term health equity is now used widely, a common understanding of what it means is lacking. The purpose of this brief is to stimulate discussion and promote greater consensus about the meaning of health equity and the implications for action within the Culture of Health Action Framework. The goal is not for everyone to use the same words to define health equity, but to identify crucial elements to guide effective action. (Author abstract)

Cross-Sector Collaboration and Systems Approaches

Becker, J., & Smith, D. B. (2018). The need for cross sector collaboration. *Stanford Social Innovation Review*, 16(1), C2-C3.

The striking challenges of our time—such as health care, the environment, education, and poverty—are complex, whether on a local, national, or international scale. Yet all too often we approach these issues with piecemeal and even siloed solutions and with efforts (however passionate, intense, and even exhausting) that aren't sufficient to address the problems at the scale at which they exist. Addressing today's most pressing challenges requires developing the capacity to lead collaboratively and to effectively work across sectors. (Author note)

Gibson, P., & Aboelata, M. J. (2021). A decade of advocacy. The Strategic Alliance for Healthy Food and Activity Environments. Prevention Institute.

A Decade of Advocacy is a case study of the Strategic Alliance, a network of 15 California-based organizations that came together to promote health food and activity environments. This document provides a roadmap for effective collaboration and highlights the impact a group of organizations can have when working tougher to effect change. The document answers a series of critical questions, including: What does it take to reframe the debate around community health and well-being from a focus on the individual to one that includes environmental influences, corporate practices, and government responsibility? What strategies hold the greatest promise for improve the landscape of opportunities wherein people make decisions about what to eat and whether or not to be active on a daily basis? How can advocacy groups work together to most effectively achieve shared goals? (Author note)

Leischow, S. J., Best, A., Trochim, W. M., Clark, P.I., Gallagher, R.S., Marcus, S.E., & Matthews, E. (2008). Systems thinking to improve public health. *American Journal of Preventive Medicine*, 35(2): S196-S203.

Improving population health requires understanding and changing societal structures and functions, but countervailing forces sometimes undermine those changes, thus reflecting the adaptive complexity inherent in public health systems. The purpose of this paper is to propose systems thinking as a conceptual rubric for the practice of team science in public health, and transdisciplinary, translational research as a catalyst for promoting the functional efficiency of science. The paper lays a foundation for the conceptual understanding of systems thinking and transdisciplinary research and will provide illustrative examples within and beyond public health. A set of recommendations for a systems-centric approach to translational science will be presented. (Author abstract)

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Community-Based Participatory Research

Albright, A., & Woodhouse, S. (2021). How should cities spend billions in aid? Ask people who live there. Bloomberg CityLab.

As a part of the American Rescue Plan Act, cities and towns across the United States are attempting to engage with their communities on how to best spend their COVID-19 relief funds from the federal government. Being that this is an unprecedented position, communities are utilizing online surveys, town halls, and more to hear from locals on areas in which the funds could be best served. While it remains to be seen how different parts of the country decide to spend their money, it is evident the citizen engagement is a popular tool that could lead to welcomed outcomes. (Author abstract)

Bilodeau, R., Gilmore, J., Jones, L., Palmisano, G., Banks, T., Tinney, B., Lucas, G. I. (2009). Putting the “community” into community-based participatory research. *American Journal of Preventive Medicine*, 37(6): S192-2194.

The purpose of this commentary is to share perspectives on community-academic research partnerships and offer ideas for strengthening relationships between university re-searchers and community health partners to increase the value to all stakeholders in the research: community partners, researchers, and the larger community. (Author abstract)

Leung, M.W., Yen, I.H., & Minkler, M. (2004). Community based participatory research: A promising approach for increasing epidemiology's relevance in the 21st century. *International Journal of Epidemiology*, 33(3): 499-506.

Despite the advances of modern epidemiology, the field remains limited in its ability to explain why certain outcomes occur and to generate the kind of findings that can be translated into programmes or policies to improve health. Creating community partnerships such that community representatives participate in the definition of the research problem, interpretation of the data, and application of the findings may help address these concerns. Community based participatory research (CBPR) is a framework epidemiologists can apply to their studies to gain a better understanding of the social context in which disease outcomes occur, while involving community partners in the research process, and ensuring that action is part of the research process itself. The utility of CBPR principles has been particularly well demonstrated by environmental epidemiologists who have employed this approach in data gathering on exposure assessment and advancing environmental justice. This article provides examples of how popular epidemiology applies many of CBPR's key principles. At this critical juncture in its history, epidemiology may benefit from further incorporating CBPR, increasing the field's ability to study and understand complex community health problems, ensure the policy and practice relevance of findings, and assist in using those findings to help promote structural changes that can improve health and prevent disease. (Author abstract)

Gonzalez, R. (2019). Spectrum of Community Engagement to Ownership. Facilitating Power. Movement Strategy Center.

The Spectrum of Community Engagement to Ownership charts a pathway to strengthen and transform our local democracies. Thriving, diverse, equitable communities are possible through deep participation, particularly by communities commonly excluded from democratic voice & power. The stronger our local democracies, the more capacity we can unleash to address our toughest challenges, and the more capable we are of surviving and thriving through economic, ecological, and social crises. It is going to take all of us to adequately address the complex challenges our cities and regions are facing. It is time for a new wave of community-driven civic leadership. Leaders across multiple sectors, such as community-based organizations, local governments, philanthropic partners, and facilitative leaders trusted by communities, can use this spectrum to assess and revolutionize community engagement efforts to advance community-driven solutions. The contents have been piloted with municipal community-centered committees for racial equity and environmental justice at the cities of Portland Washington, Providence Rhode Island, Seattle Washington, and Washington DC; and with the Building Healthy Communities Initiative in Salinas, California, and developed in partnership with Movement Strategy Center. (Author note)