

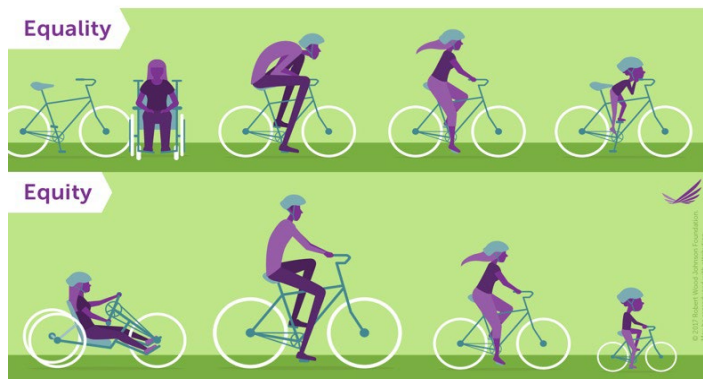
Purpose and Background:

What is health equity?

The opportunity for everyone to attain his or her full health potential. No one is disadvantaged from achieving this potential because of his or her social position (e.g., class, socioeconomic status) or socially-assigned circumstance (e.g., race, gender, ethnicity, religion, sexual orientation, geography).¹

Embedding Equity

Embedding racial justice and equity should be at the core of the [Prevention Forward] strategy. This means that we value all people equally and create and sustain an optimal culture that supports effective action and ensures significant impact. We will accomplish this by consistently using lenses of racial, gender, LGBTQ+, disability, class, and social justice; naming and disrupting dominant or malignant narratives that obscure the fundamental causes of health inequities; elevating the voices and ideas of those most proximal to experiencing injustice; ensuring systems meet patients' individual-level medical and social needs; advocating for the elimination of the social, structural, and political drivers of health inequities and the systems of power and oppression that sustain them; and continually pushing our own perceived boundaries to reimagine a just and liberated future.²



¹ Health Equity Policy Framework. (n.d.). Retrieved from <https://mapublichealth.org/wp-content/uploads/2015/05/mpha-health-equity-policy-framework-approved-11-16-2016.pdf>

² American Medical Association. *Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity*. (2021). <https://www.ama-assn.org/system/files/2021-05/ama-equity-strategic-plan.pdf>

³ Health, V. (2017, June 30). *Visualizing Health Equity: One Size Does Not Fit All Infographic*. RWJF. <https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html>

Health Equity Policy Recommendations

1. Provide access to cultural humility, health equity self-guided and facilitated training, and educational materials by visiting the Prevention Forward (PF) Cultural Humility and Equity Website.
2. Increase awareness of cultural humility and health equity within the Prevention Forward (PF) community and its partners. Through the enrollment in educational opportunities, access to Cultural Humility and Equity website and resource page.
3. Assist affiliated health care organizations with implementing cultural humility and health equity programs.
4. Embed equity throughout the Prevention Forward (PF) program by implementing policy recommendations in this document to enhance practices.
5. Adopt Anti-Racism Policies that:
 1. Name and act on Racism as a Public Health Threat
 2. Rid our healthcare system of implicit bias.
 3. Recognize race as a social, not a biological, construct
 4. Support the elimination of Race as a Proxy for Ancestry, Genetics, & Biology in MedEd, Research, & Clinical Practice.⁴
6. Promote team-based care by including non-physician team members (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in cultural humility and health equity work to advance a more holistic approach to care.
7. Identify, develop, and maintain adequate funding to implement cultural humility and health equity programming.
8. Leadership should work to:
 1. Foster a safe and healthy climate for patients and clients.
 2. Promote an inclusive culture that engages and draws on Prevention Forwards Cultural Humility and Health Equity programming assets.
 3. Encourage conversations about Health Equity and Cultural Humility.
9. Build alliances and share power with marginalized physicians and non-physician team members, including but not limited to LatinX, Black, and Asian.

⁴ *Operationalizing Racial Justice and Advancing Health Equity*. (n.d.).
<https://www.nchcmm.org/images/Graphics/Presentations/NCHCMM21-HealthEquity-Maybank.pdf>

Definitions of commonly used terms:

To work from a common understanding, Prevention Forward adopts the following definitions of key terms:

Adapted from Health Equity Policy Framework and the American Medical Association Health Equity Strategic Plan.^{5 6}

Bias: A form of prejudice in favor of or against one person or group compared with another, usually in a way that's considered to be unfair to one group. Biases may be held by an individual, group, or institutions and can have negative or positive consequences and oftentimes are learned behaviors or habitual thoughts. Biases often emerge in relation to race/ethnicity, gender, socioeconomic status, ability status, LGBTQ+ identity, literacy, amongst other groupings. There are two main types of biases²⁰ discussed in scholarly research and in medicine^{21,22} that inhibit progress towards multiculturalism and equity in our society:

1. **Explicit or Conscious bias:** This refers to the attitudes and beliefs we have about a person or group on a conscious level, that is we are aware and accepting of these beliefs, and they are usually expressed in the form of discrimination, hate speech or other overt expressions.

2. **Implicit or Unconscious bias:** This refers to the unconscious mental process that stimulates negative attitudes about people outside one's own 'in group'. For example, implicit racial bias leads to discrimination against people not of one's own group. Extensive research supports the notion that we all hold unconscious beliefs about various social and identity groups, and these biases stem from one's tendency to organize social worlds by categorizing and are influenced by power dynamics in a society

Cultural Humility: A lifelong process of self-reflection, self-critique, and commitment to understanding and respecting different points of view and engaging with others humbly, authentically, and from a place of learning.

Health Disparities: Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.

Health Equity: The opportunity for everyone to attain his or her full health potential. No one is disadvantaged from achieving this potential because of his or her social position (e.g., class, socioeconomic status) or socially-assigned circumstance (e.g., race, gender, ethnicity, religion, sexual orientation, geography).

⁵ American Medical Association. *Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity*. (2021). <https://www.ama-assn.org/system/files/2021-05/ama-equity-strategic-plan.pdf>

⁶ *Health Equity Policy Framework*. (n.d.). Retrieved from <https://mapublichealth.org/wp-content/uploads/2015/05/mpha-health-equity-policy-framework-approved-11-16-2016.pdf>

Inclusion: The action or state of including or of being included within a group or structure. More than simply diversity and numerical representation, inclusion involves authentic and empowered participation and a true sense of belonging.

Institutional Racism: Discriminatory treatment, unfair policies and practices, and inequitable opportunities and impacts within organizations and institutions.

Intersectionality: The premise that people possess multiple, layered identities, including race, gender, class, sexual orientation, ethnicity, and ability, among others. Intersectionality refers to the ways in which these identities intersect to affect individuals' realities and lived experiences, thereby shaping their perspectives, worldview, and relationships with others. Exposing these multiple identities can help clarify the ways in which a person can simultaneously experience privilege and oppression.

Racial Justice/Equity: The systematic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone. All people are able to achieve their full potential in life, regardless of race, ethnicity or the community in which they live. Racial justice — or racial equity — goes beyond “antiracism.” It’s not just about what we are against, but also what we are for. A “racial justice” framework can move us from a reactive posture to a more powerful, proactive and even preventative approach.

Racism: A form of oppression based on the socially-constructed concept of race that is used to the advantage of the dominant racial group (Whites) and the disadvantage of non-dominant racial groups.

Structural Racism: As defined by Zinzi Bailey et al, structural racism “refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.