**national partnership
for women & families**

Choosing Health Equity:
Understanding Decision Points in Policy and Practice

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Systemic racism is a fundamental, multilevel driver of pervasive health inequities in the United States. Racism threatens our nation's health so deeply that the American Medical Association, the American Public Health Association, and a growing list of U.S. cities, counties, and states have declared racism a public health crisis.

Effectively advancing health equity will require dedicated efforts to generate and apply an evidence base that reflects the multilayered impacts of racial and gender discrimination, and other intersecting structures of disadvantage. Only then will we eliminate health inequities and close the gaps between communities of color and white communities.

Health care stakeholders cannot fix what they do not see. This tool is designed to surface the numerous decision points that exist in the cycle of generating and applying evidence to create the policies, programs, and practices that will improve health for everyone. At every step of this process, researchers, decisionmakers, and advocates make multiple decisions – whether they are conscious of them or not. Each of these decision points has significant implications on whether they will advance health equity, or rather perpetuate racial, ethnic, and gender inequities.

This tool is designed to support people in recognizing these decision points and in ***choosing health equity*** – whatever and whenever their role may be in this cycle. By posing concrete questions to consider, and providing recommendations and resources for stakeholders to apply, we hope to encourage and support them in building a **Health Equity Virtuous Cycle** that continuously reinforces strategies to identify the drivers of inequities and develop solutions to dismantle them.
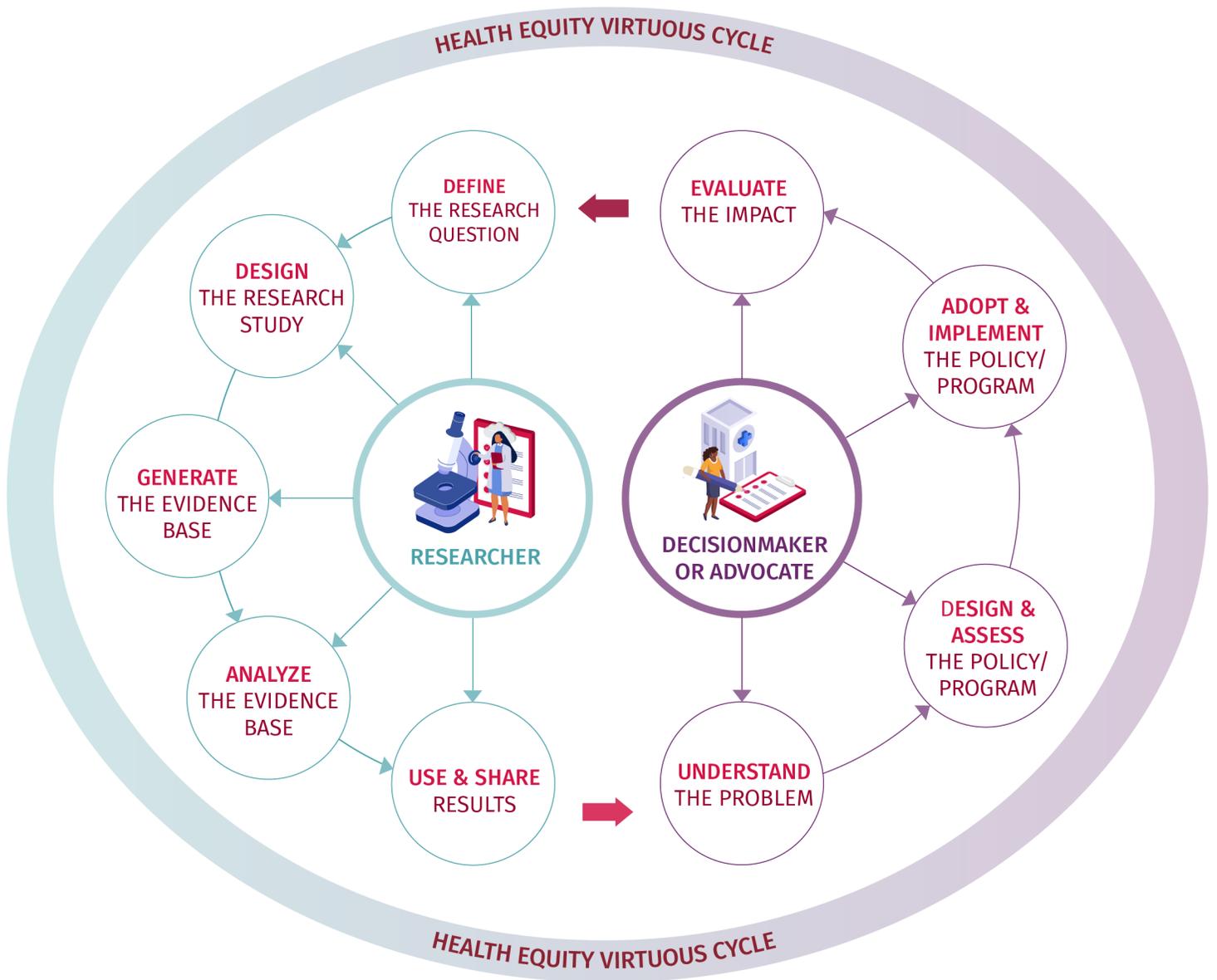
The research, policy, and advocacy communities cannot continue to engage in business as usual and expect different results. This Choosing Health Equity tool aims to disrupt standard processes in order to achieve a healthier, equitable, and just society.

HEALTH EQUITY

CHOOSING HEALTH EQUITY:
DECISION POINTS IN RESEARCH AND POLICY

HEALTH EQUITY VIRTUOUS CYCLE

DEFINE THE RESEARCH QUESTION

DESIGN THE RESEARCH STUDY

GENERATE THE EVIDENCE BASE

ANALYZE THE EVIDENCE BASE

RESEARCHER

USE & SHARE RESULTS

EVALUATE THE IMPACT

ADOPT & IMPLEMENT THE POLICY/ PROGRAM

DECISIONMAKER OR ADVOCATE

DESIGN & ASSESS THE POLICY/ PROGRAM

UNDERSTAND THE PROBLEM

HEALTH EQUITY VIRTUOUS CYCLE

1. **UNDERSTAND THE PROBLEM**

   a. Does the policy or program prioritize an issue that individuals and communities care about?

   b. Does the policy or program address racial, ethnic, and gender health inequities as identified by those groups?

2. **DESIGN AND ASSESS THE POLICY OR PROGRAM**

   a. Are the goals of the policy or program clearly defined?

   b. Are the individuals and communities most affected included in the design of the policy solution or program?

   c. Does the policy or program address the barriers facing structurally disadvantaged communities, including interpersonal and structural racism, and other intersecting systems of inequity?

   d. Does the policy or program address differences in community-level factors that might affect its effectiveness for particular groups?

3. **ADOPT AND IMPLEMENT THE POLICY OR PROGRAM**

   a. Is implementation of the policy or program tailored to those communities most in need of solutions, including dedicated funding to support tailored design and dissemination?

   b. Are the most affected individuals and communities partners in the implementation of the policy solution or program, including being paid for their time and expertise?

4. **EVALUATE THE IMPACT**

   a. Does the evaluation of the policy or program as implemented include measures to assess its impact on advancing equity or exacerbating inequities, including any unintended consequences?

   b. Are subject communities involved in evaluating the policy or program?

   c. Is there a plan to refine the policy or program to address gaps or unintended consequences, based upon evaluation results?

   d. Is there a plan to communicate evaluation results with affected communities and their advocates?

HEALTH EQUITY

1. UNDERSTAND THE PROBLEM

1a) DOES THE POLICY OR PROGRAM PRIORITIZE AN ISSUE THAT INDIVIDUALS/COMMUNITIES CARE ABOUT?

Tell Me More: In a world of limited resources, it is essential that policy and program efforts focus on tackling the concerns that individuals and communities identify as the most important. Otherwise, policy and program development may be unduly influenced by the assumptions, biases, and priorities of decisionmakers or advocates, instead of those who are in most need of solutions. People and communities are the experts on what their needs are and the barriers they face. Effective and sustainable interventions respond to and are shaped by those most affected by the problem. Decisionmakers can elicit the kind of input needed to design effective policies and programs in many ways, including by conducting community needs assessments, and building authentic, long-term community partnerships based on mutual respect and trust. This will create channels for timely information sharing on the changing needs and experiences of the people and communities decisionmakers aim to serve.

- [Setting Health Priorities in a Community: A Case Example](#), Fábio Alexandre Melo do Rego Sousa et al., 2017
- [Addressing Social Determinants of Health and Development](#), Community Tool Box, n.d.

1b) DOES THE POLICY OR PROGRAM ADDRESS RACIAL, ETHNIC, AND GENDER HEALTH INEQUITIES AS IDENTIFIED BY THOSE GROUPS?

Tell Me More: Research consistently finds that people from racial and ethnic minority groups experience poorer health compared to their white counterparts – even when controlling for income, insurance, health status, and other factors. This is because a person and a community's health are heavily influenced by the distribution of health risks and health resources, which have been determined by generations of racist and sexist policies and structures, irrespective of the intentions of individual decisionmakers. Policies that do not explicitly center health equity by solving for structural and interpersonal racism are likely to perpetuate inequities and render them invisible. Health care decisionmakers and advocates must prioritize policies and practices that are designed to identify and reduce inequities – starting with those that are prioritized by the people and communities most affected.

- [The Path to Equity in Healthcare Leads to High Performance, Value, and Organizational Excellence](#), Joseph Betancourt, 2020
- [Prioritize Upstream Policy Change, Human Impact Partners](#), 2017

HEALTH EQUITY

2a) ARE THE GOALS OF THE POLICY OR PROGRAM CLEARLY DEFINED?

Tell Me More: Clearly defining desired policy and program outcomes helps to establish a robust and realistic link between the proposed policy and the expected outcome. This can be accomplished by considering short-, medium-, and long-term outcomes, and by considering the policy's feasibility, health impact, and economic/budgetary impact.

- Policy Analysis and Engagement Toolkit, WWF, 2018
- Policy Analysis: Key Questions, Centers for Disease Control and Prevention, n.d.
- Policy Process, Strategy Development, Centers for Disease Control and Prevention, n.d.

2b) ARE THE INDIVIDUALS/COMMUNITIES MOST AFFECTED INCLUDED IN THE DESIGN OF THE POLICY SOLUTION OR PROGRAM?

Tell Me More: Because people and communities are the experts on what their needs are and the barriers they face, we must include them in developing policies and programs in order to increase the chances that these interventions will succeed. Affected individuals and communities are uniquely positioned to identify opportunities and obstacles, so partnering with them helps to appropriately refine the intervention and identify and mitigate unintended consequences. These partnerships are critical to effective and sustainable policy solutions. Health care decisionmakers can engage with communities in a number of ways, ranging from discrete interactions (e.g., opinion poll, focus group) to the much preferred long-term, well-resourced, continuous relationships (community partnerships, task force, advisory committee).

- Patient and Family Engagement: A Framework for Understanding the Elements and Developing Interventions and Policies, Kristin Carman et al., 2013
- Involving the Public in Healthcare Policy, RAND Corporation, 2010
- Human Rights and health, World Health Organization, 2017

HEALTH EQUITY

2c) DOES THE POLICY OR PROGRAM ADDRESS THE BARRIERS FACING STRUCTURALLY DISADVANTAGED COMMUNITIES, INCLUDING INTERPERSONAL AND STRUCTURAL RACISM, AND OTHER INTERSECTING SYSTEMS OF INEQUITY?

Tell Me More: Individuals and communities experiencing structural racism and other inequities often face barriers to accessing specific resources, programs, and policy solutions, even as their risks for poor health are greater. Unless policies and programs concretely address those barriers, they could actually widen inequities. Barriers include, but are not limited to, lack of transportation, inability to take time off work or childcare responsibilities, limited English proficiency, lack of access to technology, and other underlying resource inequities. Additionally, institutional racism and misogyny drive well-founded mistrust in the medical establishment and fear of discrimination and mistreatment. When designing policies and programs, decisionmakers and advocates should proactively identify and remedy this maldistribution of health risk and resources. For example, they should respond to the lack of universal broadband internet access and variations in technology literacy when implementing national public health efforts (e.g., requiring online registrations and email confirmations for COVID-19 vaccine appointments) and proactively include low-tech options. Remedying generations of underinvestment in the health of Black, Indigenous, and People of Color (BIPOC) communities could involve preferential hiring and contracting requirements that support community-based organizations and BIPOC leaders. Finally, decisionmakers and advocates must always account for how people's multiple identities interact with intersecting systems of oppression. Policy solutions and programs must grapple with this complexity and not inadvertently further marginalize those who exist in these intersections. For example, a Black woman may experience disadvantage because she is Black and because she is a woman, and also experience particularly compounded inequities as a Black woman. Approaches that focus on one specific oppression can push other identities to the margin. Attempts to improve health and advance health equity must recognize the root causes of such multidimensional and intersectional spheres of oppression – and work to eliminate them.

- Access to Health Services, Healthy People 2020, 2020
- Evolving the Preconception Health Framework, Christine Dehlendorf et al., 2021
- Confronting Structural Racism in Research and Policy Analysis, Urban Institute, 2019
- An Intersectionality-Based Policy Analysis Framework, Olena Hankivsky, 2012

2d) DOES THE POLICY OR PROGRAM ADDRESS DIFFERENCES IN COMMUNITY-LEVEL FACTORS THAT MIGHT AFFECT ITS EFFECTIVENESS FOR PARTICULAR GROUPS?

Tell Me More: Socioeconomically determined factors are often overlooked in policy and program design, despite their powerful effect on health and healthcare outcomes. Policy and program design must address a community's physical, economic, and social infrastructure and the broader ecosystem of available resources and services. Programs and policy solutions are implemented within these ecosystems that vary broadly, and often assume that specific options and resources are available when they might not be. Black poverty is quantitatively and qualitatively different from white poverty, in that it is much more concentrated in Black neighborhoods compared to white neighborhoods. This differential geographic concentration of poverty means that, compared to a low-income Black child, a low-income white child is more likely to have more and higher-quality neighborhood resources such as schools, libraries, parks, and grocery stores. Decisionmakers and advocates need to take these differing ecosystems into account. For example, policies that require screening and referral for social needs (e.g., housing instability, food insecurity) will fail to address unmet social needs if the services or supports needed are not available in the community (e.g., homeless shelters with available capacity, local food banks).

- The Impact of Structural Racism on Black Americans, Amelia Cotigan et al., 2020
- Socioeconomic Environment, Collaborative on Health and the Environment, 2016
- Implementation Considerations for Social Determinants of Health Screening and Referral Interventions, Arvin Garg et al., 2020
- The Re-Emergence of Concentrated Poverty, Elizabeth Kneebone et al., 2011

HEALTH EQUITY

3. ADOPT AND IMPLEMENT THE POLICY OR PROGRAM

3a) **IS IMPLEMENTATION OF THE POLICY OR PROGRAM TAILORED TO THOSE COMMUNITIES MOST IN NEED OF SOLUTIONS, INCLUDING DEDICATED FUNDING TO SUPPORT TAILORED DESIGN AND DISSEMINATION?**

Tell Me More: Interventions that are responsive to the distinct needs, strengths, and histories of the subject groups are more effective than one-size-fits-all approaches. To create a tailored implementation effort, decisionmakers and advocates can review and adjust the policy or program strategies and specific messages, messengers, and materials in order to meet the specific needs and address the barriers that different communities face. This could include providing childcare to facilitate participation, or building on the existing resources in the community through collaborative partnerships to provide culturally centered translators. Dedicated funding is essential to support the design and implementation of these strategies. Moreover, information about the policy or program should be communicated in language that is simple and accessible and preferably by people and organizations that already hold the trust of the community.

- A Portfolio Analysis of Culturally Tailored Trials to Address Health and Healthcare Disparities, Marisa Torres-Ruiz et al., 2018
- Culturally Tailoring Interventions, Sandy Magana, n.d.
- Making research more accessible to inform better policy decisions, Erika Malich, 2017
- Promoting Health Equity, Centers for Disease Control and Prevention, 2008

3b) **ARE THE MOST AFFECTED INDIVIDUALS AND COMMUNITIES PARTNERS IN THE IMPLEMENTATION OF THE POLICY SOLUTION OR PROGRAM, INCLUDING BEING PAID FOR THEIR TIME AND EXPERTISE?**

Tell Me More: The people and communities most in need of the policy solutions and programs should be engaged as valued partners in implementation efforts. Encouraging or requiring patient/community representation on boards and other leadership bodies, and partnering with trusted local figures (e.g., spiritual, business, educational leaders) are effective partnership strategies. In order to give voice to the people and communities most affected, their representatives must be paid for their time and expertise, and provided with technical assistance and ongoing support to ensure they can effectively represent the community – while still meeting their own vital needs. Community representatives and groups likewise need a budget to match their mission.

- Community Participation in Health Services Development, Implementation, and Evaluation: A Systematic Review of Empowerment, Health, Community, and Process Outcomes, Victoria Haldane, 2019
- Patient and Family Engagement: A Framework for Understanding the Elements and Developing Interventions and Policies, Kristin Carman et al., 2013
- Beyond Incentives for Involvement to Compensation for Consultants, Kristin Z. Black et al., 2013

HEALTH EQUITY

4a) DOES THE EVALUATION OF THE POLICY OR PROGRAM AS IMPLEMENTED INCLUDE MEASURES TO ASSESS ITS IMPACT ON ADVANCING EQUITY OR EXACERBATING INEQUITIES, INCLUDING ANY UNINTENDED CONSEQUENCES?

Tell Me More: When policies and programs are not evaluated to assess the impacts on particular communities, especially those subject to structural racism and other inequities, decisionmakers cannot know whether the policy improves or exacerbates health inequities. Given the prevalence of one-size-fits-all policies and programs, communities made vulnerable by inequities are frequently overlooked, which can result in interventions failing to benefit them, or even entrenching existing inequities. An effective evaluation should include an assessment of the expected outcomes of the policy (positive and negative), as well as any unintended consequences for these populations.

- Equity Assessment Framework for Public Health Laws and Policies, The Network for Public Health Law, 2020
- Racial Equity Toolkit: An Opportunity to Operationalize Equity, The Local & Regional Government Alliance on Race and Equity, 2016

4b) ARE SUBJECT COMMUNITIES INVOLVED IN EVALUATING THE POLICY OR PROGRAM?

Tell Me More: Because people and communities are the experts in their own lives, they have the most important information and expertise on how any given program or policy is working for them – or not. They offer an invaluable vantage point that is critical to identifying both the most effective features, as well as unintended negative consequences. Decisionmakers and advocates should plan for and fund a robust and inclusive evaluation that centers on community members, preferably built on a foundation of true collaboration and respect.

- Participatory Evaluation, Community Toolbox, n.d.
- Community Involvement in Program Planning, U.S. Department of Housing and Urban Development, n.d.

4c) IS THERE A PLAN OR PATHWAY TO REFINE AND ADJUST THE POLICY OR PROGRAM TO ADDRESS GAPS OR UNINTENDED CONSEQUENCES, BASED UPON EVALUATION RESULTS?

Tell Me More: A***dvocates and decisionmakers should assume that evaluations will reveal opportunities for improvement and build in pathways for action on these results – along with funding to make any changes.*** Even effective approaches can be refined, and conditions may change and require projects to adapt. In addition, evaluations may reveal unintended negative consequences for particular communities, which must be corrected. To the extent that the goals of the project are not achieved, stakeholders should determine the source of the problem. Alternatively, they can pursue limited-duration projects (e.g., a pilot study) and plan for an analysis of the impact on health equity before extending the project.

- Plan for Program Evaluation from the Start, Alison Brooks Martin, 2015
- Developing an Effective Evaluation Plan, Centers for Disease Control and Prevention, 2011
- Participatory Evaluation, Community Toolbox, n.d.
- Using Root Cause Analysis for Evaluating Program Improvement, Rebekah Coşkun, 2012

4d) IS THERE A PLAN TO COMMUNICATE EVALUATION RESULTS WITH AFFECTED COMMUNITIES AND THEIR ADVOCATES?

Tell Me More: ***Advocates and decisionmakers should take steps to ensure that information about a policy or program's impact is clearly and transparently communicated with the subject community.*** Collaboration with the people and communities who hold unique expertise in solving their own challenges should continue through the evaluation phase to help design and develop refinements to the intervention, whether it is to make it even more effective, or to remedy unintended negative effects. They can also serve as powerful advocacy allies in promoting and implementing needed refinements.

- Methods of Dissemination, Rural Health Information Hub, 2017
- Influencing Policy Development, Community Toolbox, n.d.

**Check out the Choosing Health Equity Choice Points Interactive Toolkit at
nationalpartnership.org/ChoosingHealthEquity**

HEALTH EQUITY

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For more information, nationalpartnership.org/ChoosingHealthEquity

About the National Partnership

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to achieving equity for all women. We work to create the conditions that will improve the lives of women and their families by focusing on achieving workplace and economic equity, and advancing health justice by ensuring access to high-quality, affordable, and equitable care, especially for reproductive and maternal health. We are committed to combatting white supremacy and promoting racial equity. We understand that this requires us to abandon race-neutral approaches and center the intersectional experiences of women of color to achieve our mission.

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