ABLe Change Manual

Equity Supplement: Define Phase

The following supplement provides ideas and tools creating a Culture for Equity in Wellbeing in your community and use a systems approach to identify and understand local inequities. These processes will prepare your community to design powerful strategies to address the root causes of local inequities and promote greater equity in health and wellbeing.

Content in this Supplement

Equity in Health and Wellbeing

America has some of the most extreme inequities in outcomes across groups of people (RWJF, 2016). This is because some communities are "off the grid" in terms of their connection to opportunities and resources that promote the wellbeing of their constituents (Alamance Achieves, http://alamanceachieves.org/).

Communities are stronger when everyone has access to the resources and opportunities needed to live a long, healthy life.

Addressing Inequities is one of the core tenets of a systems approach. The ABLe Change process engages communities in understanding the inequities that exist in the community in order to guide innovative strategies that ensure greater opportunities for everyone to be healthy.

What is Equity?

Equity is when everyone has a fair and just opportunity for health and wellbeing. Unfortunately, some groups experience more obstacles to this opportunity than others, and these obstacles often accumulate because of discrimination related to socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these characteristics.

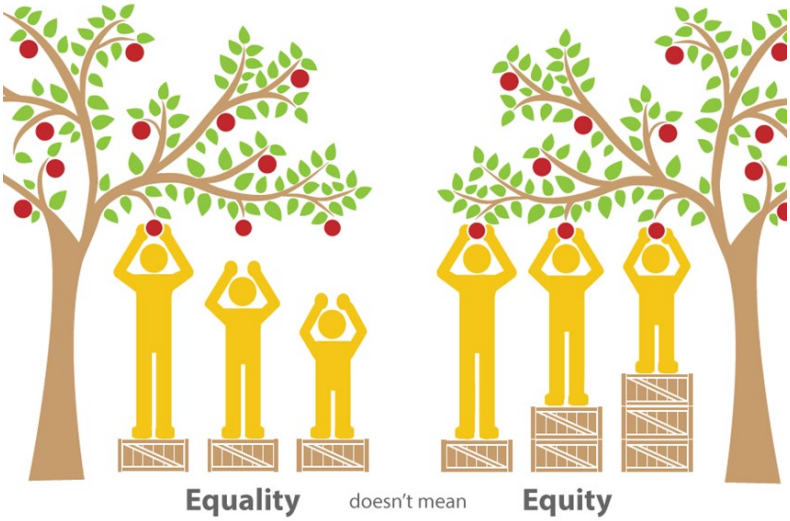
People in such groups tend to have less access to the social determinants or conditions (e.g., healthy physical and neighborhood environments, economic and education opportunities, social connections, and quality healthcare) that support health and wellbeing.

A focus on Equity requires dedicated efforts to remove these obstacles, including addressing poverty, discrimination, powerlessness, and the lack of access to good jobs, quality education, safe housing and neighborhoods, and quality available healthcare. (For more definitions of equity, see the appendix at the end of this supplement.)

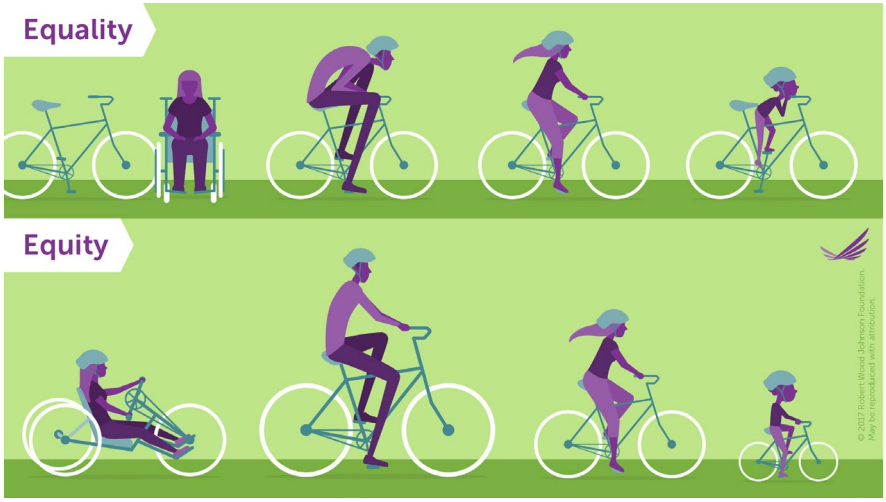
Equity is when everyone has a fair and just opportunity for health and wellbeing.

What is the difference between equality and equity?

While Equity involves everyone having a fair and just opportunity, Equality involves **giving everyone the same things**. Thus, a focus on Equality only promotes fairness when **everyone starts from the same place and needs the same things** (which rarely happens in our society; Annie E. Casey Foundation, 2014). Look at the two images below to see the difference between inequity and inequality.



Source: Saskatoon Health Region Advancing Health Equity
https://www.communityview.ca/infographic_SHR_health_equity.html



Source: Robert Wood Johnson Foundation, 2017

What do these images tell you about the concept of equity?

How is equity defined in your field or in your organization?

What terms are used in your field or organization to describe inequity?

Create a Culture for Equity in Wellbeing

Because most communities in the United States experience a multitude of inequities, and these inequities have defined the status quo for generations of children and families, it is important to recognize that moving towards equity will require an intentional shift in local habits and ways of operating. This includes building an explicit Culture for Equity within and across sectors and settings that promotes the shared beliefs and attitudes needed to pursue the following critical equity elements:

Equity Vision

- A shared set of equity goals and principles guide cross-sector pursuits

Equity Outcomes

- Local organizations have shared accountability around a set of outcomes which track progress on equity goals

Equity Capacities

- Cross-sector organizations have the knowledge, skills, and environment to effectively engage diverse residents and address inequities.

Equity Policies and Practices

- Local policies and practices aligned with equity goals

Equity Linkages and Relationships

- Connections across organizations foster multi-sector solutions and relationships across residents are nurtured

Equity Engagement and Voice

- Residents experiencing inequities participate in defining goals, designing and implementating solutions, and making decisions within the community

The following pages describe three approaches communities can use to creating a Culture for Equity in wellbeing:

1. Develop a Shared Vision for Equity in Health and Wellbeing
2. Build Momentum around a Shared Value for Equity in Health and Wellbeing
3. Integrate Shared Value for Equity in Health and Wellbeing into local decision-making and plans

Develop a Shared Vision for Equity in Health and Wellbeing

Change efforts are more successful when they have a **shared vision** of what they want to bring about in the community. When this vision is adopted and supported by diverse stakeholders representing different sectors and roles (e.g., leaders, direct care staff, residents), the vision is more likely to become realized. Effective visions for equity in health & wellbeing:

- Create a SHARED VALUE for equity within the community
- Clarify WHAT changes are desired in the community to create a Culture for Equity and HOW these changes can come about.
- Lead to the development of SHARED OUTCOMES and a shared measurement system around equity so diverse stakeholders can be mutually accountable for the shared work
- Trigger DIVERSE STRATEGIES that leverage current assets, address structural drivers and social determinants of health, and target change at multiple ecological layers.
- Require the COLLECTIVE WORK of many different individuals and organizations within a community. Note: This collective effort is more likely to emerge when diverse stakeholders are engaged in developing the vision and understand their role in making it a reality.
- Include, and in fact are driven by, the voice and PERSPECTIVE of individuals experiencing inequities.

Source: Saskatoon Health Region Advancing Health Equity

There are many visioning processes to choose from. See the ABLe Field Guide for more details on how your community or organization might engage in a visioning process around equity in health and wellbeing.

Who could you engage in a visioning process around equity in wellbeing?

Build Momentum around a Shared Value for Equity in Health and Wellbeing

A critical part of creating a Culture for Equity is promoting community-wide buy-in around the shared vision, goals, and values related to equity in wellbeing. This involves helping individuals see the value of a focus on equity and understand how community conditions (social determinants of health) influence equity and well-being,

Use Communication Strategies and Social Marketing to Create a Shared Value for Equity in Well-being

Community stakeholders often have many questions that need to be answered before they can commit to a change effort and take action:

- What is this change?
- Why is this important?
- Why does this matter to me?
- What do I need to do?

Individuals are more likely to adopt new mindsets, expectations, and behaviors in support of a shared value for health when they believe this change is (Armenakis, Harris, and Field, 1999):

- Necessary
- Beneficial
- Feasible

How problems are framed can significantly impact whether or not individuals believe that change is needed.

The following pages will describe some tips for how to frame your message using these three elements. As with any communication strategy, it is important to **test your messages with targeted users**.

Frame Equity in Health and Wellbeing as Necessary

When people see equity in wellbeing as necessary, they believe there is a problem with the status quo and change is required. Critical elements to consider when convincing others that change is necessary include the language used around the problem and the messenger used to deliver this message.

Recent research provides insights into how to effectively promote diverse stakeholders' support around equity. Lowe and colleagues (2010) examined how different words resonated with different Americans. They suggest avoiding messages that trigger negative reactions given people's current political paradigms, and using messages that resonate with diverse audiences (RWJF, 2010, p. 7):

Words to Avoid	Words to Use
☒ "Equal, equality or equalizing"	☑ "Raising the bar for everyone"
☒ "Leveling the playing field"	☑ "Giving everyone a chance to live a healthy life"
☒ "Creating balance"	☑ "Unfair"
☒ 'Unjust/injustice"	☑ "Not right"

For more information, see:
New Way to Talk about the Social Determinants of Health
www.rwjf.org/en/library/research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html
Race Matters: How to Talk about Race http://www.aecf.org/resources/race-matters-2/

Frame Equity in Health and Wellbeing as Desirable and Beneficial

People are more likely to adopt a shared value for equity in wellbeing if they believe it is beneficial. They need to see that the proposed change will address local problems and produce benefits for the broader community and themselves. Frame your message to communicate a constellation of benefits people will experience if they take action to create equity in wellbeing. Consider using messages related to:

Personal Benefits	Ultimately improving the health and wellness for me, my family, friends, and community
Social Benefits	Meeting others with similar experiences, developing personal and professional networks
Societal Benefits	Improving our county's productivity, security, and prosperity by creating a healthier workforce

Adapted from: CDC (https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of health#Ref_04), US Surgeon General (https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html)

Frame Equity in Health and Wellbeing as Feasible

People weigh the potential cost of a new change against the potential benefits. People are more likely to adopt a change if they believe: it is not too complex, they will encounter few costs or barriers, and that the change is compatible with their existing daily routines, cultural values, and priorities. In other words, the change will be simple and feasible.

Consider different types of potential costs or barriers people might anticipate as a result of adopting a shared value for equity in wellbeing. These costs or barriers could be related to:

Costs

- Social relationships
- Time
- Money

Barriers

- Limited Skills or confidence
- Transportation
- Childcare

In your message, describe how people can avoid or limit these costs or barriers when adopting a shared value for equity in wellbeing, and any professional development opportunities.

Delivering your message

Successful change efforts know how to effectively "**get their message out**" so diverse stakeholders understand and support change goals and approaches. This includes using local opinion leaders to share key messages and crafting the message in ways that promote support and reduce resistance to change

Effective change efforts use a variety of communication and social marketing strategies to develop a shared understanding and motivate stakeholders to action. Communication strategies can involve traditional media forms (e.g., posters, brochures, PSAs on radio and TV, presentations, web-based information) and social media outlets (e.g., Facebook, Twitter). Social marketing uses commercial marketing strategies to influence people's mindsets, expectations, and ultimately their behaviors related to personal and community-wide health and well-being (Andreasen, 1994).

Use Communication Strategies and Social Marketing to Create a Shared Value for Equity in Well-being in your community?

How could you use communication and social marketing approaches to promote a shared value for equity in wellbeing within your region or community?

Who are your Target Audiences:	How should you Frame the Message for these audiences?	How should you Deliver the Message for these audiences?

Overall, developing a shared value for equity in well-being requires change agents across multiple settings and ecological layers (vertical and horizontal) to use aligned and culturally appropriate messages that will shift health mindsets and health expectations. Such messages, when effective, can mobilize diverse citizens and settings to take action (Chandra et al., 2016).

Integrate Shared Value for Equity in Health and Wellbeing into Local Decision-Making

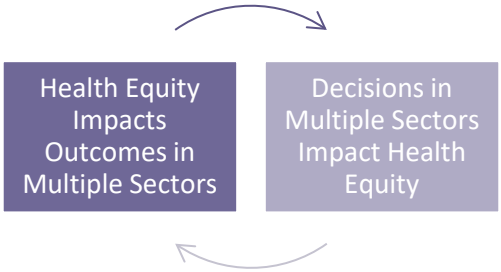
Another strategic approach for building a shared value for equity in wellbeing involves having diverse stakeholders apply an equity lens to their own work. Health Equity in All Policies, Equity Impact Assessments, and Organizational Equity Assessments are three approaches organizations, decision-making groups and communities can use to integrate an equity approach into their policies, budgets, and decisions. These are adapted from other efforts across the country that are working to embed a focus on health into cross-sector work (Health in All Policies; Health Impact Assessments).

Health Equity in All Polices	Equity Impact Assessments	Organizational Equity Assessment
• An approach for incorporating health equity considerations into all decision-making	• Process to assess and improve potential equity impacts of current or planned efforts on equity	• Process to assess and improve organizational policies and practices aimed at promoting equity

These approaches engage stakeholders in identifying how planned or current efforts could influence equity outcomes. They both also create opportunities for embedding a value for equity and wellbeing within cross-sector policies and practices.

Health Equity in All Policies

What is a Health Equity in All Policies Approach?



Health Equity in All Policies helps decision-makers across multiple sectors and levels of government embed a **shared value for health equity into all levels of decision-making, including policy, process, and program design, resource allocation decisions, and community development plans** (Rudolph, Caplan, Ben-Moshe, & Dillon, 2013).

The approach informs decision-makers about how their policy decisions can impact health equity, as well as how improved health equity can support their own goals. For example, worksite policies to support good health and wellbeing can realize benefits to worker attendance and productivity, and can address inequities when used in worksites employing people from disadvantaged groups.

The approach has been used in a variety of contexts at the national, state, and local level. Most efforts gather community input on the health equity considerations of a policy or budget decision and use an ongoing collaborative process to embed health equity considerations into all aspects of agency or governmental decision-making.

By infusing health equity into cross-sector decision-making, Health Equity in All Policies can impact a range of community conditions affecting health and wellbeing (e.g., quality of education, food access, transportation, social cohesion, access to affordable housing, etc.) for all residents.

What does Health Equity in All Policies look like?

The City of Los Angeles adopted a Health Equity in All Policies approach in "The Plan for a Healthy Los Angeles" (http://healthyplan.la/). This plan provides a vision and specific policy and program recommendations for how Los Angeles can integrate a health equity focus into its future growth and development efforts, city programs, plans, budgeting, policies, and resident engagement efforts. Some of the elements in the LA plan include:

Repurpose of underutilized spaces (e.g., vacant lots, easements, vacated railways) **into health-promoting spaces** in low-income neighborhoods

Create Healthy Kid Zones to ensure **land use around school in low-income and underserved communitiess promotes health** through increased access to healthy food, safer streets, and easier access to wellness programs and supports.

Incentivize and support **small businesses to improve access to jobs and healthy goods and services** (grocery stores, federally qualified health clinics, daycare centers) in low-income and underserved communities.

Why is this a powerful strategy approach?

There is a growing recognition that health equity is mainly impacted by sectors outside of healthcare and public health fields. By infusing a health equity focus into cross-sector policy decision and resource allocations, the approach:

- Creates a shared value for health equity in the community
- Brings together cross-sector efforts to collectively address community conditions affecting health equity
- Reduces the unintended consequences emerging from traditionally siloed projects (e.g., duplication of services, lack of coordination).

This can lead to better outcomes, as well as greater financial savings for partners and the community.

Resources for Additional Learning

Health in All Policies: Experiences from Local Health Departments. (2017). National Association of County and City Health Officials. http://www.naccho.org/uploads/downloadable-resources/NACCHO-HiAP-Report_Experiences-from-Local-Health-Departments-Feb-2017.pdf

Health in All Policies: A Guide for State and Local Governments. (2013). American Public Health Association and Public Health Institute. https://www.apha.org/~/media/files/pdf/factsheets/health_inall_policies_guide_169pages.ashx

Towards a HiAP Cycle: Health in All Policies as a Practice-Based Improvement Process. (2016). Vu University, Amsterdam. https://research.vu.nl/ws/portalfiles/portal/1581375

Health Equity in All Policies Case Studies

Plan for a Healthy Los Angeles: A Health and Wellness Element of the General Plan. (2015). Los Angeles Department of City Planning. https://planning.lacity.org/cwd/gnlpln/PlanforHealthyLA.pdf

Better Health through Equity: Case Studies in Reframing Public Health Work. (2015). American Public Health Association. https://www.apha.org/~/media/files/pdf/topics/equity/equity_stories.ashx

Implementing Health Equity in All Policies in Your Community

Is a Health Equity in All Policies approach useful for your community, change initiative, or organization? Why or why not?

If so, where would the Health Equity in All Policies approach be most useful?

What role could the Jackson Network play in helping to support a Health Equity in All Policies approach to promote a shared value for health?

What barriers might get in the way of adopting a Health Equity in All Policies? How can you overcome these barriers?

Equity Impact Assessments

Equity Impact Assessments provide a systematic examination of current or planned policies, practices/programs, budgets and decisions with the specific purpose of understanding their current or potential impact on inequities. Insights gained from these assessments are then used to inform change efforts. These assessments are part of a broader Health Impact Assessment movement and draw upon several types of impact assessments used in communities, including:

- **Health Impact Assessments (HIA)** focus on understanding how plans, policies and practices affect health impacts. (National Research Council, 2011)
- **Health Equity Impact Assessment (HEIA)** assess if and how plans, policies and practices affect health inequities.

Equity Impact Assessments can be used to guide decision-making, raise public awareness about local equity conditions, promote advocacy, and improve partnerships between sectors.

- **Racial Equity Impact Assessment (REIA)** focuses on how different racial and ethnic groups will be affected by a proposed plan, policy, or practice by looking at unintended adverse consequences, reducing structural racism, and discovering new approaches to eliminate long-standing inequities. (Keleher, 2009).

Why are Equity Impact Assessments important?

Many routine policies, social structures, and decision-making processes are rooted in class, race, and gender imbalances. These biased conditions make up the status quo and create advantages for some community members and marginalize or produce disadvantages for others.

Unless we use a process to intentionally consider equity impacts within our planning and decision-making, we risk reproducing these biased conditions. Equity Impact Assessments are a tool for intentionally considering these equity impacts.

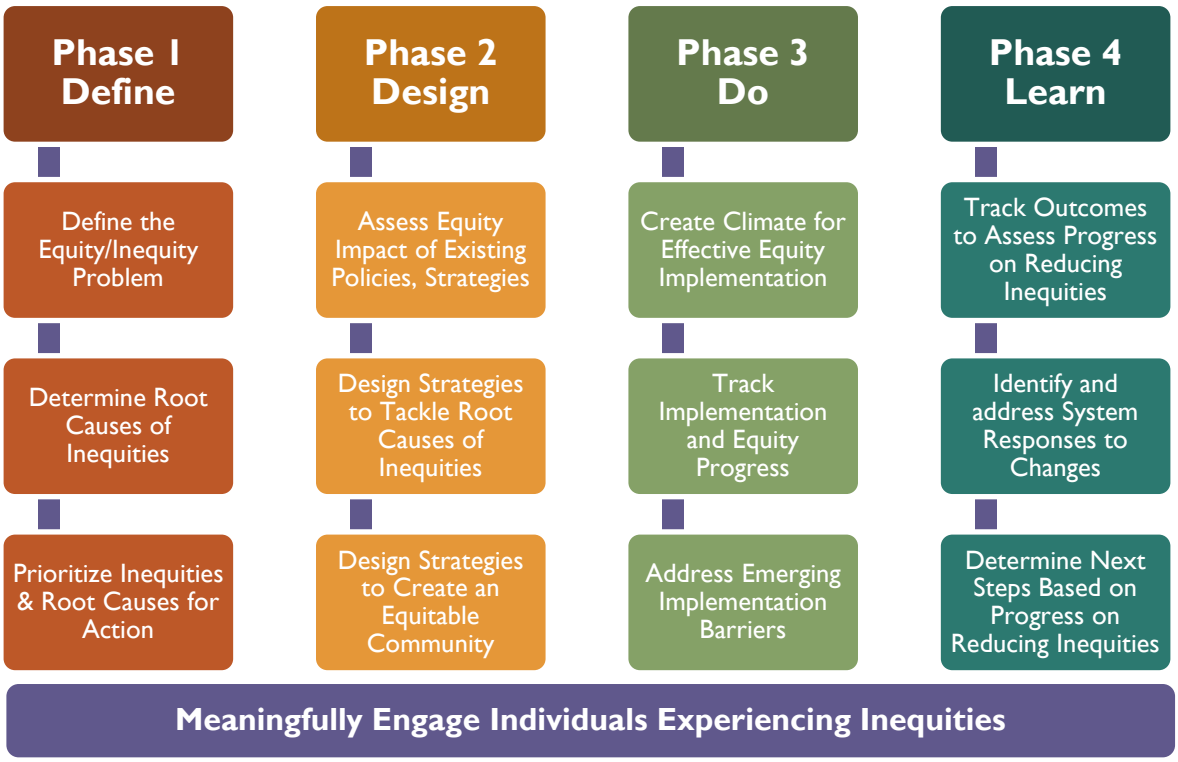
How is an Equity Impact Assessment used within the ABLe Change process?

Because inequities can emerge at any point during a change initiative, effective change efforts focus on understanding and promoting equity and reducing inequity across all stages of the work. In the ABLe Change Framework, the equity impact assessment is embedded into an ongoing system scanning process that can be used in the following four stages of change:

- **DEFINE** targeted problems
- **DESIGN** solutions
- **DO** or implement action effectively
- **LEARN** for continuous improvement.

The following diagram identifies objectives associated with using the Equity Impact Assessment in each phase of the ABLe Change process. Note: there are different Equity Impact Assessment tools for each phase, and depending on your local context your efforts could benefit from using these tools to promote equity across multiple phases (the more the better). Use this diagram to help you determine which section of the Equity Impact Assessment is most relevant for your work and your goals. Please note that these tools are designed for use with any type of inequity (e.g., race, income, etc.).

The ABLe Change Equity Impact Assessment: Equity Objective within each Phase



See the Tools Section for example Equity Impact Assessment questions.

Resources for Additional Learning

Health Impact Assessments

- The Health Impact Project: http://www.pewtrusts.org/en/multimedia/data-visualizations/2015/hia-map
- Promoting Equity through Health Impact Assessment: Evaluating Three Case Studies Using the Equity Metrics. https://hiasociety.org/resources/Documents/EquityMetricsWhitePaper.pdf
- World Health Organization Health Impact Assessment: Promoting health across all sectors of activity http://www.who.int/hia/en/

Health Equity Impact Assessments

- HEIA Resources, Wellesley Institute: Advancing Urban Health http://www.wellesleyinstitute.com/topics/health-equity/heath-equity-impact-assessment/
- Health Equity Assessment Tool: A Users's Guide (New Zealand) https://www.health.govt.nz/system/files/documents/publications/health-equity-assessment-tool-guide.pdf
- Health Equity Impact Assessment (HEIA) Workbook (Ontario, Canada) http://www.health.gov.on.ca/en/pro/programs/heia/docs/workbook.pdf

Racial Equity Impact Assessments

- Racial Equity Toolkit: An Opportunity to Operationalize Equity. Government Alliance on Race and Equity. http://racialequityalliance.org/newsite/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf
- Racial Equity Impact Assessment. Race Forward https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf
- Race Equity and Inclusion Action Guide, Annie E. Casey Foundation http://www.aecf.org/resources/race-equity-andinclusion-action-guide/
- The Center for Social Inclusion http://www.centerforsocialinclusion.org/
- The Government Alliance on Race and Equity http://racialequityalliance.org/
- Resource Guide: Advancing Racial Equity and Transforming Government: http://racialequityalliance.org/newsite/wp-content/uploads/2015/02/GARE-Resource_Guide.pdf
- Racial Impact Statements by the Sentencing Project http://www.sentencingproject.org/publications/racial-impact-statements/
- "Making an Impact: Advancing Racial Equity in Schools" (video), bit.ly/RYY9eU
- Tools for Thought: Using Racial Equity Impact Assessments for Effective Policymaking. Annie E Casey Foundation. http://www.aecf.org/resources/tools-for-thought-a-race-for-results-case-study/

Organizational Equity Assessments

Organizational Equity Assessments help stakeholders assess what is currently in place within their organization to support ongoing commitment and action towards building a Culture for Equity.

Why are these assessments important?

Everyday organizational routines, practices, and operations can reinforce (usually unintentionally) inequitable opportunities, access, and power. Organizational Equity Assessments tools can help to raise awareness about current conditions in order to inform actions in support of a culture for equity.

Example Organizational Equity Assessment Questions

To what extent does your organization…

- Continually communicate a commitment to promoting equity in all phases of their work?
- Track and prioritize specific outcomes related to reducing inequities?
- Includes diverse staff and leaders reflective of the community and populations served across all organizational units?
- Regularly assess the following areas to determine the extent to which they promote equity and perpetuate inequities?
    - Existing Policies
    - Existing Protocols and Practices (written and unwritten)
    - Existing Programs or Services
    - Budgetary Decisions
    - Decision-Making Processes
    - Data Collection plans
    - Proposed Policies, Protocols, Practices, & Programs
    - Strategic Plans

See the ABLe assessment tool - Creating Organizational Capacity for Equity - in the Tools Section in the manual.

See the following additional tool for an example Organizational Equity Assessment:

Race Matters: Organizational Self-Assessment. Annie E. Casey Foundation.
http://www.aecf.org/m/resourcedoc/aecf-RACEMATTERSorgselfassessment-2006.pdf

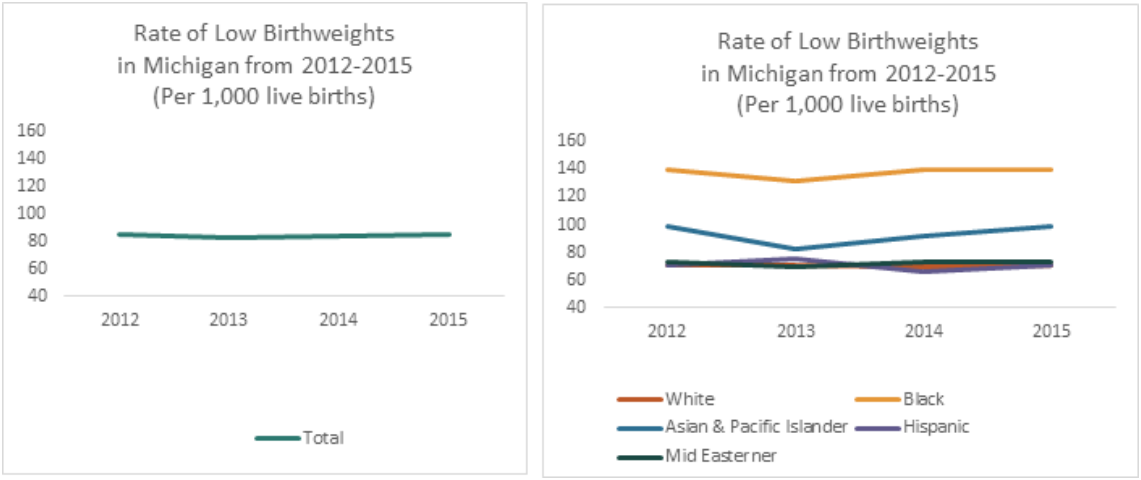
Define a Targeted Problem and Identify Local Inequities

A critical step in building a Culture for Equity in wellbeing is using data to identify and understand current inequities. This can help to inform which inequities to prioritize for change and guide a process of understanding why local inequities are happening.

How to Identify Inequities: Disaggregating Data

A key practice for identifying inequities is using disaggregated data. Disaggregating information about local problems involves dividing up data by different demographic categories to understand experiences and outcomes for **different groups of people**.

For example, differences in the rate of birthweights by race/ethnicity in MI are displayed on the right. Note that if only the aggregate data for the state was used from the graph on the left, this would obscure the reality that American American babies are far more likely to be born at a low birthweight. See pages 42-45 in manual for more details.



Data Source: 2015 Geocoded Michigan Birth Certificate Registry. Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services

Disaggregated data can illuminates disparities in outcomes and help to identify inequities to prioritize and populations to focus on in your efforts. It is important to note that the ability to use disaggregated data is often limited because many data sets do not collect the needed

demographic information. In addition, identifying inequities to target does not explain WHY these inequities occur.

What demographic categories could you disaggregate to uncover inequities?

As you explore data on your Targeted Problem, look for ways to disaggregate the data to see how your problem impacts different populations in your community in different ways. The following are examples of demographic groups you could use to understand who is experiencing your Targeted Problem:

- Race
- Ethnicity
- Education Level
- Geography or Location
- Income-level
- Gender
- Age
- Employment
- Type of household (two-parent, single parent, grandparent caregiver, etc.)
- Connection to Services
- English Language Proficiency

Exploring Demographic Combinations

Individuals belong to multiple groups (e.g., income, race, gender) and the largest inequities often exist within these intersections. Examining the demographic intersections that matter for your targeted problem can provide insight into which groups are experiencing the greatest inequities within your community.

The following table shows an example of the intersections of demographic categories around the problem of low birthweight babies:

	Age		
Race	**13-19 years**	**over 20 years**	**Total for 13+ years**
African American	17.9%	14.5%	15.1%
Asian	9.7%	8.3%	8.6%
Latino/Hispanic	12.5%	9.1%	9.4%
White	10.3%	7.4%	8.5%
Native American	15.7%	8.5	9.8%
Total Population	11.8%	9.0%	

If only race data was examined in the above table, Native American teens might have been excluded from targeted interventions. This comparison would suggest future efforts in this community may want to focus on African Americans in general, and pregnant teenagers who are African American, Native American, and Latino.

Determine System Boundaries

A critical step in all community change efforts involves Defining System Boundaries. This includes determining the actors and settings involved in and affected by your targeted problem and gathering their perspectives.

In all community change efforts, it is essential to include the perspectives of those directly experiencing the problem. This is even more important when working to build a Culture of Equity, since those experiencing inequities are often at the margins of community life.

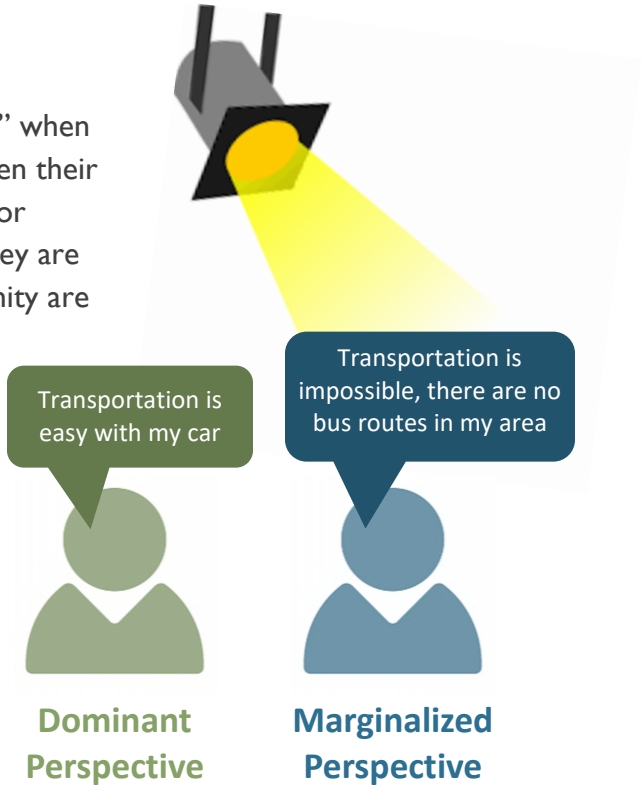
In most communities, individuals who are experiencing inequities are often the most disadvantaged: positioned in the margins of the community, disconnected from opportunities and resources, and excluded from typical decision-making processes. For these reasons, we refer to these individuals as "marginalized".

Engaging the perspective of individuals within disadvantaged groups can help to:

1. **Center your understanding in the margins**

   Disadvantaged groups are often further "marginalized" when their perspective is ignored (Thomas, 2011). And, when their perspective is ignored, critical community conditions or "orange boxes" contributing to inequities that only they are aware of because of their position within the community are never made visible.

   Engaging individuals from disadvantaged or marginalized groups in your efforts can help to "re-center" your primary focus on the perspectives of community members actually experiencing inequities. This can provide insights into why complex equity problems are happening and prioritize the most critical issues driving inequities.



2. Develop empathy around disadvantaged groups' experiences to inform strategy design

Engaging disadvantaged or marginalized perspectives can help you learn about the people you are designing for - how they do things and why, their needs and dreams, how they think about the world, how they live their day-to-day lives. This intentional process of **empathizing** with those experiencing inequities can help to solve problems from their perspective and design solutions that fit their needs and wants (IDEO, 2009; Plattner, 2016).

> "The problems you are trying to solve are rarely your own—they are those of a particular group of people; in order to design for them, you must gain empathy for who they are and what is important to them."
>
> Plattner, 2016

How to Empathize

Learn about the lives of people experiencing targeted inequities through (Plattner, 2016):

- **Conversations** with them to learn about their lives, their dreams and challenge, and how they think about the world.
- **Observations** of their experiences in their everyday contexts. Pay attention to their behaviors (especially when they don't always match what they say), the barriers they encounter, and how they (often unconsciously) workaround challenges to getting their needs met.
- **Conversations and observations**. For example, ask someone to show you how they do certain things, talking you through each step to help you understand.

See IDEO.org for more resources on empathizing.

3. Empower disadvantaged communities

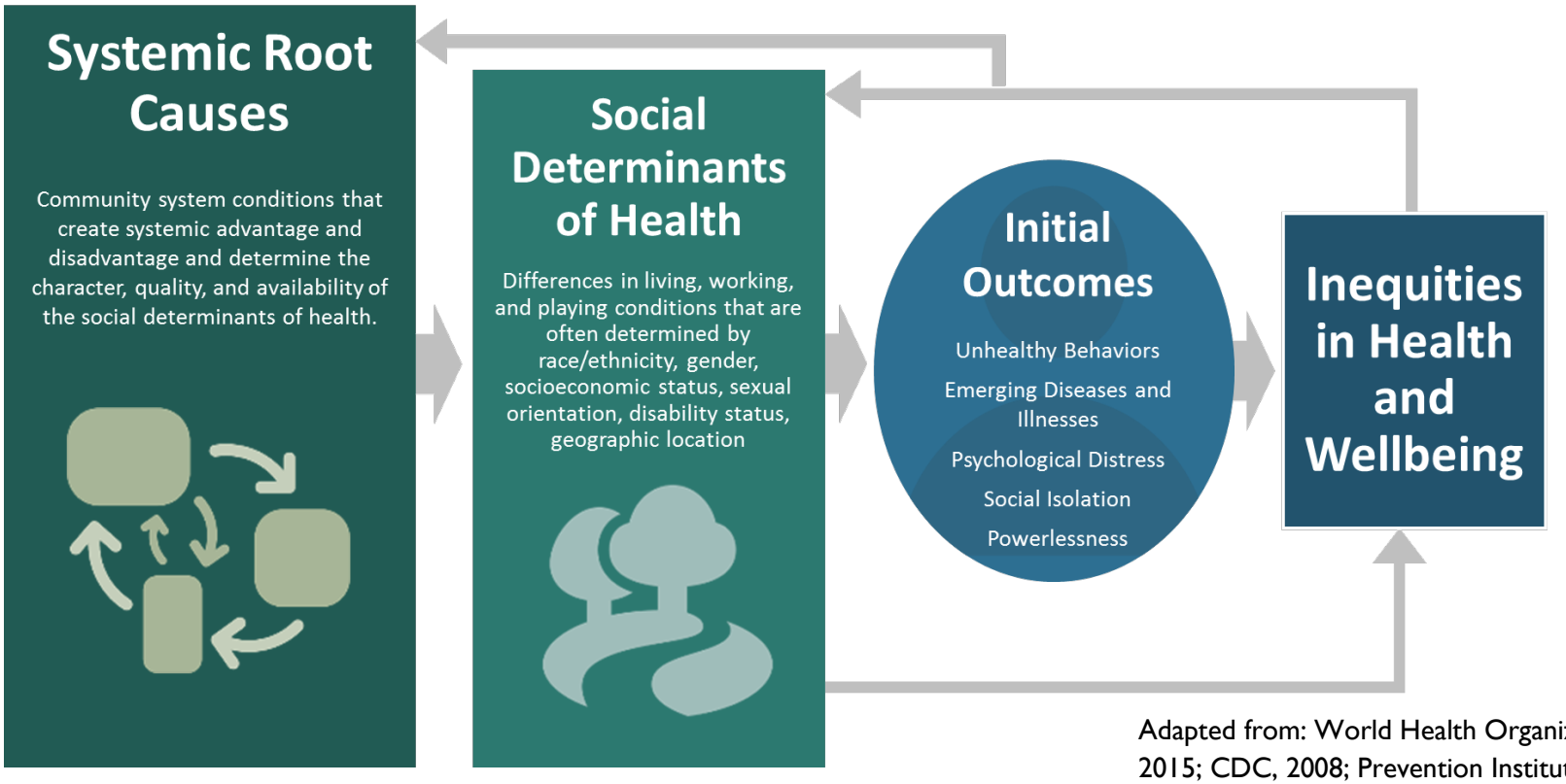
Expanding the boundaries of your change efforts to include individuals from disadvantaged groups can provide opportunities for these individuals to influence decisions and conditions affecting their lives. This balancing of power is at the core of creating a Culture of Equity.

It is important to put processes in place such as:

- capacity-building for leaders and staff looking to partner with and empower disadvantaged groups in decision-making and action
- capacity-building for disadvantaged groups on how to effectively engage in decision-making processes
- supports to help disadvantaged groups take on change agent roles
- safe spaces to support authentic dialogue and decision-making (e.g., affinity groups)

Understand the Local System

Inequities in health and wellbeing emerge from community system conditions that perpetuate disadvantage for some groups and advantages for others. The ABLe system scanning process helps identify the factors causing inequity by focusing on two types of conditions that contribute to inequities: social determinants of health and systemic root causes. The following diagram illustrates how these promote inequity.



Adapted from: World Health Organization, 2015; CDC, 2008; Prevention Institute, 2015

Social Determinants of Health

It is widely recognized that the conditions where people are born, live, work, and play significantly impact their health (Healthy People 2020). These conditions – called the Social Determinants of Health- are largely responsible for inequities in health and well-being because they create unfair disadvantages and differences in health experiences and status. They include (Healthy People, 2020):

Economic Stability	Neighborhood and Physical Environment	Education	Community and Social Context	Health Care System
• Poverty • Employment • Expenses (e.g., utilities, child care, household expenses, medical bills) • Debt • Food security • Housing stability	• Availability and Quality of Housing • Transportation • Safety • Outdoor active living and recreation opportunities (e.g., parks, playgrounds, bike trails) • Walkability • Access to healthy food options • Work environments	• High school graduation • Literacy & Language • Early childhood education • Vocational training • Higher education	• Social cohesion • Support system • Community engagement • Discrimination & Equity • Incarceration	• Healthcare Access • Primary Care Access • Quality of care

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People, Place, and Opportunity

The Prevention Institute, it its THRIVE Framework, highlights that social determinants of health work together to create disadvantage in three areas - **people, places, and opportunities** - and these three areas have cumulative effects on health and wellbeing (Prevention Institute, 2015).

For this reason, **change efforts are most effective when they tackle disadvantage in all three areas:** building connections across people, improving living, working and play environments, and enhancing opportunity by promoting more equitable education and economic opportunities.

Image adopted from the Prevention Institute's THRIVE Framework

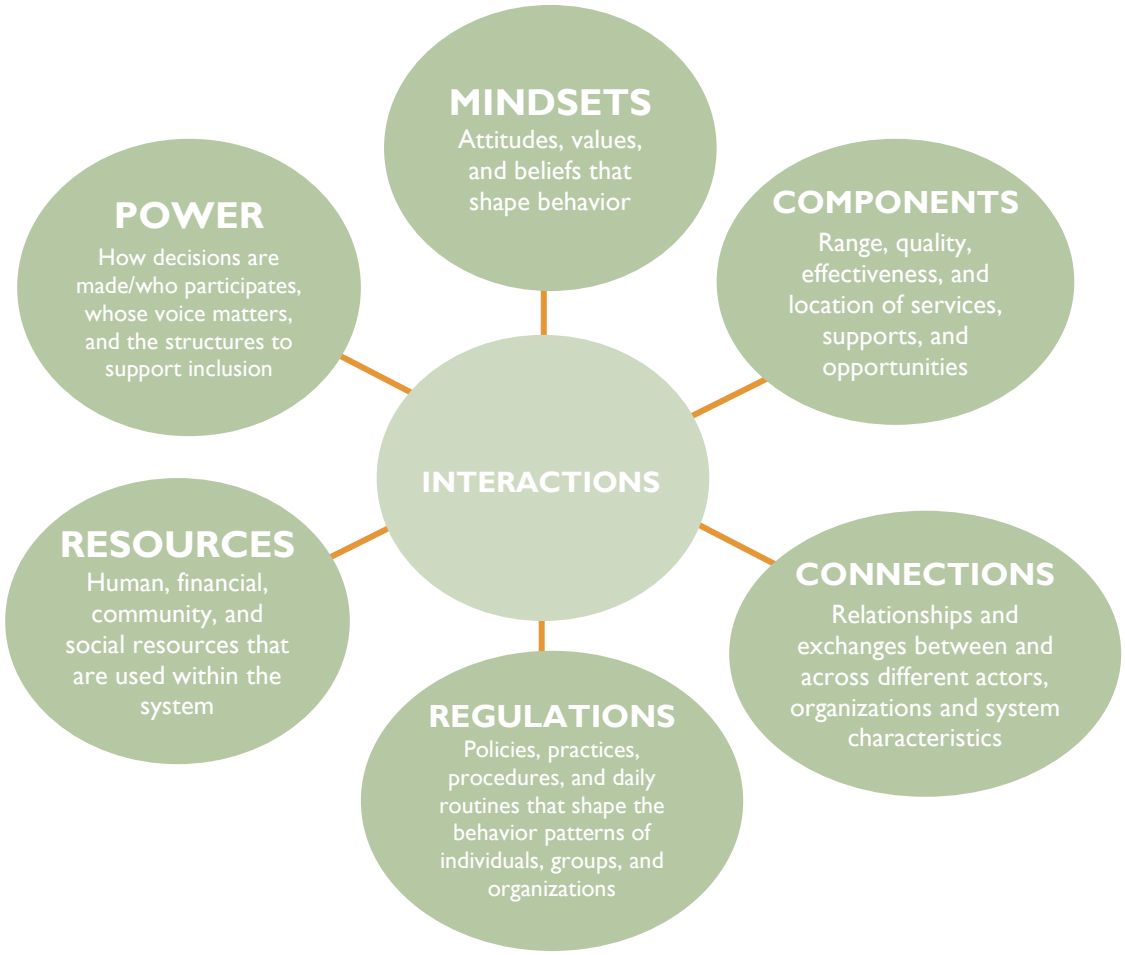
People	**Community and Social Context** • Social cohesion • Support system • Community engagement • Norms and culture • Discrimination & Equity
Place	**Neighborhood and Physical Environment** • Availability, Affordability and Quality of Housing • Transportation • Safety • Outdoor active living and recreation opportunities (e.g., parks, playgrounds, bike trails). Walkability. • Affordable healthy food options • Work environments **Health Care System** • Quality healthcare options
Opportunity	**Education** • Quality Education (early childhood through higher education) **Economic Stability** • Employment and income

Systemic Root Causes

The social determinants of health conditions vary significantly across different groups of individuals. These differences emerge from what are called systemic root causes or "structural drivers" – the social structures, power dynamics, and decision-making processes that determine local behavior, how resources are allocated, and who benefits and who does not from these distributions. These systemic root causes are maintained by class, race, and gender imbalances and because of this, they create advantages for some community members and marginalize or produce disadvantages for others.

Systemic root causes affect the character, availability, and accessibility of these social determinants for different groups of people based on attributes such as social class, gender, race/ethnicity, sexual orientation, disability status, and geographic location. Change efforts are most effective when they shift systemic root causes to ensure more equitable opportunities and distribution of social determinants.

The following are 6 typical types of systemic root causes of inequity within communities.



The following table shows examples of systemic root causes for each system characteristic:

	Examples of Systemic Root Causes of Inequities
Mindsets The attitudes, values, and beliefs that shape stakeholders' behaviors in the system.	• Racist attitudes increase likelihood that African American men will be arrested and incarcerated longer than white males who commit similar crimes. • Belief that residents who have limited English proficiency should learn to speak English" causes some programs to withhold translation supports.
Components Range, quality, effectiveness, and location of services, supports, and opportunities	• The quality and range of healthcare options depends upon an individual's ability to pay and where an individual lives, often preventing low income and rural residents from getting the supports they need to stay healthy. • The curriculum within many community programs and educational settings does not align with the cultural traditions and/or lived experience of people within disadvantaged groups, leading these individuals to experience less benefits from available programs and settings.
Connections Relationships and exchanges between and across different actors and organizations	• Organizations addressing the needs of disadvantaged residents are often ignored or disconnected from information and resources exchanged between mainstream institutions, leading to fewer opportunities and resources for the residents they serve. • Many disadvantaged groups, and organizations serving the needs of these groups, lack ties with highly resourced groups.
Regulations Policies, practices, procedures, and daily routines that shape the available opportunities and behavior patterns of individuals, groups, and organizations	• Property tax reimbursement models for schools provide more funding for schools in wealthier neighborhoods. • Many job applicant processes require disclosure of criminal history, making it difficult for many African American men, who have the highest incarceration rates, to gain employment. • Food assistance eligibility policies exclude those who earn above 138% of poverty but are still in need of support. • School suspension policies target behaviors that are often the result of children living in stressful family and neighborhood conditions. This typically means that children living in poverty, which usually includes higher rates of children of color, are suspended at higher rates.

	Examples of Systemic Root Causes of Inequities
Resources Human, financial, community, and social resources that are used within the system	• Low-income housing units are built where property values are lower. This often includes neighborhoods with higher crime rates, lower quality schools, and fewer available businesses and other resources. • Public transportation routes are planned based on paying ridership instead of reaching underserved neighborhoods with less ability to pay but greater need. • Many health care providers and education staff do not have the skills and knowledge to effectively work with diverse clients/students/families or address conditions contributing to inequities. • School districts in lower-income neighborhoods often pay teachers less due to property-tax rates. As a result they struggle to attract the highest quality teachers, which further reduces education outcomes.
Power How decisions are made/who participates, whose voice matters, and the structures to support inclusion	• Gerrymandering of electoral district boundaries creates political advantage for a particular party or group. • Some decision-making bodies exclude disadvantaged resident voices, leading to services and supports that do not meet the needs of all residents. • Business leaders and elected officials often meet in "members only" settings to negotiate deals, often excluding those less advantaged from these opportunities.

Common Examples of Systemic Root Causes of Inequities

The following are common types of systemic root cause for each of the 6 ABLe System Characteristics including

Common Mindsets Contributing to Inequities

Mindsets are the attitudes, values, and beliefs that shape stakeholders' behaviors in the system.

See page 125 in the ABLe manual for more details.

Implicit bias toward targeted population

Implicit biases are attitudes or stereotypes about particular groups of people that involuntarily come into our minds and affect our decisions and behavior. They come from exposure to messages in society connecting certain groups of people (e.g., people of color) with particular characteristics (e.g., incarceration, Kirwin Institute, 2016)

Example:

One study found 50% of white medical students and residents hold false beliefs about biologic differences between black and white people (Hoffman, 2016)

Impact on equity:

Implicit bias can lead to differential treatment, errors, miscommunication, misdiagnosis, and inappropriate or missing referrals (King, 2016).

Implicit bias can also lead to verbal or behavioral "microagressions" that intentionally or unintentionally stigmatize and invalidate disadvantaged groups (e.g., a White student asking a Black student, "how did you make it into a gifted program?"; Henfield, 2011).

Mistrust of the System

Past negative experiences with health, education, employment, and social service systems have led many individuals to develop a deep mistrust of certain institutions and organizations.

For example, many Black Americans' attitudes toward the health care system have been affected by a legacy of past atrocities and exploitation by health organizations (e.g., Tuskegee experiments; King, 2016), and a history of segregation and mistreatment (e.g., Plessy vs. Ferguson) has affected some families trust of the education system (Prevention Institute, 2016).

Example:

Studies show Black Americans more likely than White Americans to distrust the health care system and more likely to prefer racially similar providers. (King, 2016)

Impact on equity:

These perceptions influence how people consciously or subconsciously interact with providers and/or engage in the service delivery system.

Perceptions of the White Experience as Normal

Centuries of explicit and implicit bias have framed the experience of people in the dominant culture (e.g., White, cisgender, middle class) as "normal" (Hardeman, 2016).

Example:

Many White teachers rarely consider what impact the dominant cultural perspective has on culturally diverse students (Henfield & Washington, 2012).

Impact on equity:

Change agents, leaders, and service providers often ignore marginalized perspectives when making decisions, focusing instead on what for them is the "norm".

For example, health care providers decide what information, advice, and treatment to give patients of color using the "normal" experience and needs of someone within the dominant culture, which may or may not represent the experience or needs of their patient (Feagin & Bennefield, 2014).

Common Components Attributes that Contribute to Inequity

Components refer to the range, quality, effectiveness, and location of local services, supports, and opportunities. Components are directly influenced or controlled by organization within your collaborative effort (e.g., in contrast to community resources which are outside your scope of influence), and can shift over time given the focus and membership of your efforts.

See page 126 in the ABLe manual for more details.

Limited Availability

Research shows evidence-based programs, supports, and opportunities are often not available in disadvantaged communities (Fixsen, Blasé, Metz, & Van Dyke, 2013).

Example:

33% of high schools with high student of color enrollment offer calculus, compared to 56% of high schools with low student of color enrollment (CRDC, 2014).

Impact on equity:

The lack of programs, supports, and opportunities can make it more difficult for disadvantaged or marginalized groups to get their needs met.

For example, quality schools are not available to many children from low income neighborhoods and disadvantaged ethnic minority backgrounds, leading to unequal opportunities to learn and educational disparities (Aud, Fox, & KewalRamani, 2010).

Access Problems

Even when programs, supports, and opportunities are available in a community, they often only reach a small percentage of the individuals who could benefit from them (Foster-Fishman, Watson, & Wattenberg, 2014) and are inaccessible to disadvantaged groups due to cost, service location, and transportation barriers (Daly et al., 2002)

Example:

The location of employment opportunities pose a barrier for many unemployed residents, particularly for those without personal vehicles or access to public transportation (Board of

Impact on equity:

The differences in reach and accessibility of programs and opportunities across neighborhoods have significant consequences for equitable outcomes, as some people are less likely to get their needs met (e.g., Gershoff, Mistry, & Crosby, 2013).

Governors of the Federal Reserve System, 2013)

Cultural and Linguistic Misalignments

Many organization staff and leadership do not reflect the demographics of the people they serve. For example, three quarters of those practicing medicine are white according to a 2020 Association of American Medical Colleges report (2010)

Example:

Roughly 80% of new teacher cohorts are White, even though White students are less than half of the K-12 population (U.S. Department of Education, 2016).

Impact on equity:

Given that many Americans prefer racially similar providers (King, 2016), the disconnect between staff and consumer demographics is problematic.

Common Connections Attributes that Contribute to Inequity

Connections are the formal and informal relationships and exchanges between and across different actors, organizations and system characteristics (e.g. information, referrals, resources and learning)

See page 127 in the ABLe manual for more details.

Inadequate or Missing Referrals and Community Linkages

Many individuals from disadvantaged communities encounter barriers to learning about available services and supports to meet their needs (Phalen, 2010). While cross-sector organizations can play a key role in addressing this barrier by referring these individual to available supports, many service providers do not consistently provide these referrals.

Example:

Even in regions implementing primary care models, referrals to community resources vary widely across clinical practices (Porterfield, 2012)

Impact on equity:

Without these referrals in place, individuals from disadvantaged groups are less likely to become connected to supports and opportunities to meet their needs.

Restricted Connections

Disadvantaged groups, and organizations addressing the needs of these individuals, often lack what is referred to as "bridging social capital" – connections or ties to outside groups. For example, organizations addressing the needs of residents from disadvantaged groups are often isolated from mainstream institutions, and disconnected from valuable information, resources, and funding opportunities (Social Policy Research Associates, 2012)

Example:

Many leaders of minority-led social service organizations report they often feel isolated and disconnected from information and resources (Social Policy Research Associates, 2012)

Impact on equity:

These connections to outside groups play a critical role in accessing expanded resources and information. The lack of connections can lead to even greater inequities for disadvantaged groups.

Common Regulations that Contribute to Inequity

Regulations are the formal and informal policies, practices, procedures, and daily routines that shape the behavior patterns of individuals, groups, and organizations.

See page 130 in the ABLe manual for more details.

Limited Eligibility

Eligibility rules for resources (e.g., housing), opportunities (e.g., employment), and programs (e.g., housing assistance, food vouchers, etc.) often exclude people who are in need.

For example, the tightened income eligibility rules for SNAP (now 138% of poverty) exclude many working poor. (Prevention Institute, 2016).

Example:

The requirement of criminal background checks prevent many disadvantaged groups' access to employment and housing (Prevention Institute, 2016)

Impact on equity:

By excluding certain groups from needed opportunities, resources, and supports, eligibility policies can reinforce differences in who gets their needs met in a community.

Biased Policies and Practices

Many examples have been documented of cross-sector policies and practices leading to different experiences and outcomes across people based on their race, income, sexual orientation, gender, etc.

For example, school staff are1.9 times more likely to expel Black students from school without educational services as White students (CRDC 2013-14), and studies suggest many school staff mislabel, target, and mistreat students of color (Murray, 2012).

Human resources policies within workplaces contribute to gender wage gaps, limited women in leadership, and acceptability of sexual harassment (Stamarski, Hing, 2015).

Police are twice as likely to arrest African-American youth as White youth despite little differences in crime rates between black and white youths; this is due in part to a greater police presence in communities of color (Olivares, 2017).

Example:

"Black women with white physicians are often not educated as well about preventive care, are not screened as effectively, or are not as often referred to state-of-the-art treatments as white women with white physicians." (Feagin and Bennefield, 2014)

Impact on equity:

Biased policies and practices can lead to differences in academic achievement (APA, 2012), lower socio-economic status (Stamarski, Hing, 2015), incarceration, and in some cases death (Feagin and Bennefield, 2014) across social groups.

Common Resource Attributes that Contribute to Inequity

Human (e.g., skills, knowledge), financial, social (e.g., trust), and community environment (e.g., transportation system outside the direct influence of your collaborative effort) resources that are used within the system

See page 131 in the ABLe manual for more details.

Biased Allocation of Resources

There are numerous examples of how resources at the national, state, and local level have been allocated in ways that disadvantage certain communities.

For example, since the 1950s certain financial and environmental resources have been allocated in ways that benefit suburban (mostly White, higher income) communities instead of urban (mostly people of color, lower income), for example related to industry, transportation, housing, food access, etc. (Prevention Institute, 2016).

Example:

Transportation investments are typically made in roads and highways instead of public transportation systems on which many low-income people depend (Prevention Institute, 2016)

Impact on equity:

These inequitable resource allocation decisions make it more difficult for disadvantaged communities to get their needs met (e.g., housing, employment, transportation, food).

Misalignment of Capacity and Professional Development

Many training programs (e.g., medical school, teacher training, etc.) do not adequately prepare individuals to address equity issues within their practice. For example, most teacher education programs give minimal attention to race, ethnicity, culture, and systemic inequalities (King & Butler, 2015; Gorski, 2009). As a result, many health care providers and education staff do not have the skills and knowledge to effectively work with diverse clients/students/families or address conditions contributing to inequities.

Example:

Most medical education continues to emphasize a primarily biological understanding of race instead of social and system determinants. (Sharma and Kuper, 2017)

Impact on equity:

The inadequacy of training programs directly relates to provider and staff ability to provide high quality services and supports to disadvantaged groups, as well as address systemic bias within their own systems.

Common Power Attributes that Contribute to Inequity

Power refers to how decisions are made, who participates in decision-making, whose voice matters, and the structures available to support inclusive voice

Underrepresentation of Disadvantaged Groups in Decision-Making

A substantial majority of decision makers in organizations and institutions at community, state, and national levels are White, leaving disadvantaged communities often under-represented in decision-making processes (Prevention Institute, 2016).

For example, the majority of public health researchers and policymakers, medical educators and officials, hospital administrators, insurance and pharmaceutical executives, and medical personnel are White (Feagin & Bennefield, 2014).

Example:

Residents in densely populated urban areas are underrepresented in transportation planning because they have the same say as less populated suburban areas. (Prevention Institute, 2016)

Impact on equity:

Without representation, decision-making is less likely to include input from disadvantaged communities, and resulting policies, programs, and plans are less likely to respond to their needs, goals, and preferences.

System Scanning around Targeted Inequities

A **system scan** is a process to understand the community system conditions causing targeted problems. When the problem is focused on reducing inequities, the system scan explores the social determinants of health and systemic root causes influencing targeted inequities.

This technique is used to systematically gather information from diverse groups of stakeholders to understand local conditions and ultimately inform strategy design and action steps moving forward. Engaging different perspectives in the scan is essential for understanding the multifaceted characteristics of a system, as each group will have its own unique view and experience with the targeted problem. See pages 135-160 in the manual for more details.

Example System Scanning Questions

The following are example system scanning questions to understand systemic root causes driving inequities. See the full list of proposed questions in the Tools Section.

1. **What shared attitudes or beliefs contribute to or sustain the targeted inequities?**

   Consider class, race, and gender-based beliefs, attitudes about individual responsibility, attitudes about local organizations, stories people are telling about people experiencing inequities and why those inequities exist, resistance around addressing current inequities.

2. **In what ways does the character and distribution of opportunities and supports within the community contribute to inequities?**

   Consider issues such as accessibility, affordability, quality, cultural competency, design of curriculum, demographics of service providers, and range.

3. **To what extent are exchanges of information and resources (or lack thereof) between and across residents, local stakeholders and organizations contributing to current inequities?**

   Consider service referrals, information on shared cases, evaluation data, co-location of staff, funding, etc. related to inter-organizational exchanges. Consider bonding and bridging capital related to inter-personal linkages.

Regulations

4. **Which policies contribute to or create these inequities?**

   Consider local, state, and federal policies influencing who is advantaged and who is disadvantaged across a diversity of social determinant of health conditions. For example: incarceration and discipline practices, housing and development zoning guidelines, hiring policies, licensing requirements, resource and information flows, banking and lending, referral practices, eligibility requirements, rules, etc.

5. **In what ways does the current implementation of policies contribute to or create these inequities?**

   Consider effectiveness, consistency, dose, and reach of implementation.

Resources

6. **In what ways do current budget allocations contribute to or create these inequities?**

   Consider budgets related to schools, city planning, transportation, child care, housing, job training, etc.

7. **In what ways do allocations and distributions of community resources contribute to or create these inequities?**

   Consider the distribution of affordable housing, jobs, transportation, parks/rec, grocery stores, etc.

8. **To what extent do local stakeholders have the skills and knowledge needed to be actively engaged or to address local inequities?**

   Consider stakeholders' awareness of local inequities, understanding of structural drivers of inequity, cultural competency, skills in trauma-informed engagement, leadership skills, and systems thinking.

Power

9. **In what ways does the distribution of or access to power and decision-making contribute to these inequities?**

   Consider who has power and influence in the community and who does not, and the extent to which this dynamic disadvantages certain groups. Consider the extent to which representatives from disadvantaged groups have voice, are valued, and are currently engaged in decision-making processes within the community.

Identify Patterns of Structural Inequities

Long-term problems and inequities within communities are maintained by a set of entrenched patterns or interactions that reinforce the status quo and make the process of change quite challenging. Systems thinkers note that when faced with such a situation, it is important to understand the types of patterns driving poor outcomes within a community so you can ultimately design strategies to shift those patterns.

Researchers and practitioners working on social justice have identified six common patterns (see table below) within communities that promote inequity. Understanding which patterns are most common in your community and how these patterns affect your targeted problem and population can guide the design of powerful strategies.

Look at your system scan data and consider which of the following describe the local conditions in your community.

	**Access Inequities** Services, supports, and opportunities are not equally distributed or accessible across the community.	For Example: • Some schools with high representation of low-income students have fewer curriculum and program options than schools in more wealthy areas. • Healthcare clinics are more often located in suburban areas than low-income urban areas. • Some substance use supports are not affordable to residents with low-incomes.
	**Quality Inequities** Inconsistency in the quality of existing services, supports, or opportunities across different groups and places	For Example: • Some teachers in low-income inner city schools are less qualified and/or less experienced than teachers in suburban schools, leading to lower quality educational experiences for students.
	**Procedural Inequities** Inconsistency in treatment or interactions with individuals from different groups	For example: • Some school staff apply more harsh disciplinary practices with students of color compared to white students. • Clinic staff give residents with insurance more same day and accommodating appointments than residents on Medicaid • Employers refuse to hire individuals with prior criminal records, penalizing

		applicants of color with disproportionate contact with criminal justice system.
	**Contextual Inequities** Community conditions creating inequitable outcomes are concentrated in some neighborhoods more than others (e.g., social determinants of health)	For example: • Some low-income neighborhoods lack public transportation options, making it more difficult for residents in these areas to get to available employment than those living in areas with more transit options • Youth living in sub-standard housing have worse asthma symptoms, preventing them from attending school • Some low-income neighborhoods have few retailers selling healthy food options, making it more difficult for residents in these areas to eat healthy than those living in areas with more healthy food retailers
	**Influence Inequities** Individuals from different groups do not have influence over decisions impacting their lives or communities	For example: • Few organizations provide opportunities for residents from marginalized groups to provide input or influence decision-making • Elected officials and community/ organizational leaders mostly reflect the demographics of advantaged groups. • Disadvantaged neighborhoods often lack neighborhood leadership and organizing power
	**Informational Inequities** Disadvantaged Individuals and settings most connected to them do not have timely access to needed information	For example: • Disaggregated outcome data is not accessible or shared with the broader community • Local processes for sharing information in the community ignore the ways in which disadvantaged groups gather and use information • Needed information is not provided in formats accessible to residents with limited literacy or English-speaking skills

Adapted from Johnson & Svara, 2011; Jones, 2000; National Academies of Sciences, Engineering, and Medicine, 2017

Identifying the Structural Patterns of Inequity in Your Community

Use the worksheet below to identify the types of inequity within your community. Place the relevant system scan findings in the column on the right.

	**Access Inequities** Resources, services, and opportunities are not equally distributed or accessible across the community. Insight: Consider how regulations and service components contribute to these inequities.	**Local Examples**
	**Quality Inequities** Inconsistency in the quality of existing services, supports, or opportunities across different groups and places. Insight: Consider how regulations and resources contribute to these inequities.	**Local Examples**
	**Procedural Inequities** Inconsistency in treatment or interactions with individuals from different groups. Insight: Consider how regulations, mindsets, connections, and resources contribute to these inequities.	**Local Examples**

	**Contextual Inequities** Community conditions creating inequitable outcomes are concentrated in some neighborhoods more than others (e.g., social determinants of health). Insight: Consider how regulations and resources contribute to these inequities.	**Local Examples**
	**Influence Inequities** Individuals from different groups do not have influence over decisions impacting their lives or communities. Insight: Consider how power, mindsets, regulations, and resources contribute to these inequities.	**Local Examples**
	**Informational Inequities** Disadvantaged Individuals and settings most connected to them do not have timely access to needed information. Insight: Consider how power, regulations, resources, and connections contribute to these inequities.	**Local Examples**

Appendix 1: Ways of Explaining or Defining Equity/Inequity

What Racial Equity Looks Like

When racial equity is achieved: "Race is no longer a determinant of socio-economic outcomes, and outcomes for all groups are improved. Racial equity is our lens and the outcome we seek to achieve. It is an inclusive approach to transform structures toward access, justice, self-determination, redistribution, and sharing of power and resources." (Center for Social Inclusion. (n.d.). *Talking about race toolkit: Affirm, counter, transform.)*

Equitable Development: "Quality of life outcomes, such as affordable housing, quality education, living wage employment, healthy environments, and transportation are equitably experienced by the people currently living and working in a neighborhood, as well as for new people moving in. Public and private investments, programs, and policies in neighborhoods that meet the needs of residents, including communities of color, and reduce racial disparities, taking into account past history and current conditions." (Bernabei, E. (2017). *Racial equity: Getting to Results.* Government Alliance on Race & Equity.)

"Racial equity means that we no longer see disparities based on race and we improve results for all groups." (Bernabei, E. (2017). *Racial equity: Getting to Results.* Government Alliance on Race & Equity.)

"Racial equity—when race can no longer be used to predict life outcomes, and life outcomes for all groups are improved." (Bernabei, E. (2017). *Racial equity: Getting to Results.* Government Alliance on Reacy & Equity.)

Racial Group Inequity

"Structural racism refers to a system in which public policies, institutional practices, cultural representations, and other norms work in...reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with 'whiteness' and disadvantages associated with 'color' to endure and adapt over time." (Potapchuck, M. (2007). *Community change processes and progress in addressing racial inequities.* New York: Aspen Institute for Community Change)

Equity

"Inclusive communities make sure that everyone has the means to live in decent conditions (i.e. income supports, employment, good housing) and the opportunity to develop one's capacities and to participate actively in community life." (Clutterbuck, P. & Novick, M. (2003). *Building Inclusive Communities: Cross-Canada Perspectives and Strategies.* Toronto: Laidlaw Foundation.)

"Equity is defined as 'the state, quality or ideal of being just, impartial and fair.' The concept of equity is synonymous with fairness and justice. It is helpful to think of equity as not simply a desired state of affairs or a lofty value. To be achieved and sustained, equity needs to be thought of as a structural and systemic concept." (Keleher, T. & Annie E. Casey Foundation. (2014). *Race Equity and Inclusion Action Guide.)*

"Systematic equity is a complex combination of interrelated elements consciously designed to create, support and sustain social justice. It is a robust system and dynamic process that reinforces and replicates equitable ideas, power, resources, strategies, conditions, habits and outcomes." (Keleher, T. & Annie E. Casey Foundation. (2014). *Race Equity and Inclusion Action Guide.)*

Equity vs. Equality

"Equity involves trying to understand and give people what they need to enjoy full, healthy lives. Equality, in contrast, aims to ensure that everyone gets the same things in order to enjoy full, healthy lives. Like equity, equality aims to promote fairness and justice, but it can only work if everyone starts from the same place and needs the same things." (Keleher, T. & Annie E. Casey Foundation. (2014). *Race Equity and Inclusion Action Guide.)*

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