

Building Building 2.0 Facilitation Guide

In July 2020, Prevention Institute (PI) published [Building Bridges: The Strategic Imperative for Advancing Health Equity and Racial Justice](#), which illustrates the interrelated relationship between health equity and racial justice. Alongside describing two different equity frameworks, the concept paper also presents five strategic opportunities for collaboration to advance health equity and racial justice.

With support from the W.K. Kellogg Foundation, PI has created a series of modules that expand upon the strategies and frameworks presented in Building Bridges. **Building Bridges 2.0** presents foundational principles of health equity and racial justice, as well as their role in data / evidence and community engagement. The four modules include examples, activities, discussion questions, and resources to facilitate deeper learning on these topics. This resource will best serve public health and racial / social justice organizations who are looking to effectively align and integrate issues of equity and racial justice.

Building Bridges 2.0 consists of four modules:

- Introduction to Health Equity and Racial Justice
- Health Equity and Racial Justice in Theory and Practice
- Equity-centered Data and Evidence
- Equity-centered Community Engagement

Slides	Notes
 The slide features a vertical gradient background transitioning from dark blue on the left to a reddish-pink on the right. The text "Building Bridges 2.0" is prominently displayed in white, followed by "Health Equity and Racial Justice Resource" in a smaller white font. The Prevention Institute logo, consisting of the word "PREVENTION" above "INSTITUTE", is located in the bottom right corner in white. Building Bridges 2.0 Health Equity and Racial Justice Resource PREVENTION INSTITUTE	Building Bridges 2.0 is a set of health equity and racial justice modules that presents foundational principles of health equity and racial justice, as well as their role in data/evidence and community engagement.

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Module 3: Equity-centered Data and Evidence

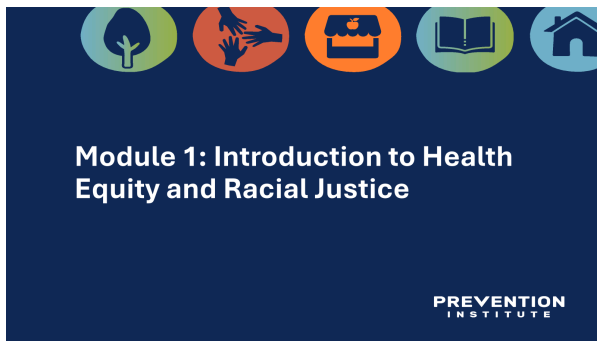
- a. Three Equity Objectives
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Resources

The resource is broken out into four modules. First, introduce the principles of health equity and racial justice. Second, present different strategies to put the principles in practice. For the final two modules, explain how to use a health equity and racial justice lens in data and community engagement.



Module 1 presents an introduction to health equity and racial justice.

An Ecosystem Approach to Public Health is...

- Adopting a vision that fully supports the roles and needs of governmental public health and extends beyond government bodies to include non-governmental actors, and related sectors, who unquestionably impact the health of our communities
- Centering the leadership, contributions, priorities, and agency of community-based organizations, community networks, advocates, and community residents as essential to public health's effectiveness and workforce
- Centering racial justice as the driver for social and structural transformation
- Committing to transparency in how actions and principles of equity, racial justice, and antiracism are operationalized

The Public Health Ecosystem is an approach that includes those who are traditionally considered as public health professionals as well as community stakeholders who have a vital role in improving health. It also includes individuals and families in the community.

An ecosystem is about establishing a structure that advances an interconnected and intraoperative system, not just its parts.

A Public Health Ecosystem in practice will be strengthened through system-wide coordination, metrics and training built into staff and contract requirements.

Principles and Elements

- Insist on racial justice
- Acknowledge and account for harms
- Earn and sustain community trust
- Center community-led priorities, strategies and solutions
- Challenge power imbalances and share resources
- Build narrative power

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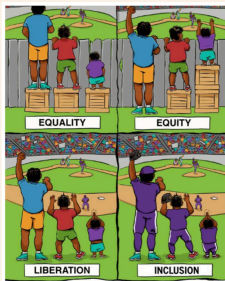
Here are a guiding set of principles and elements of a Public Health Ecosystem that ensures that health equity and racial justice are operationalized in organizations and practice.

“Health inequity is related both to a legacy of overt discriminatory actions on the part of government and the larger society, as well as to present day practices and policies of public and private institutions that continue to perpetuate a system of diminished opportunity for certain populations.”

- A Time of Opportunity: Local Solutions to Reduce Inequities in Health and Safety

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Prevention Institute and Tony Iton, MD, as Director of the Alameda Department of Public Health, prepared this report for the Institute of Medicine's Roundtable on Health Disparities to identify policy solutions at the community, regional and state level to reduce inequities in health and safety. It is important to recognize how health inequity emerges from the past and perpetuated in the present.



Moving Toward Inclusion ...

The field and public health's understanding of equity, and community involvement in achieving health equity continues to evolve, learn and improve.

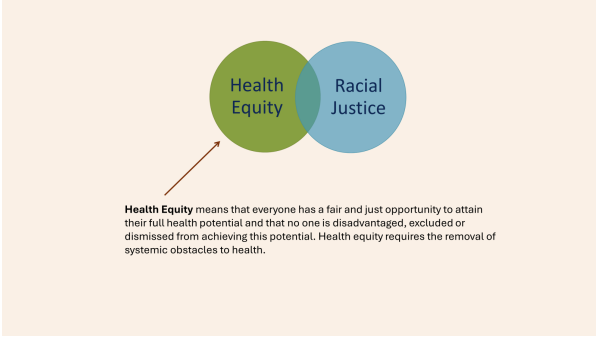
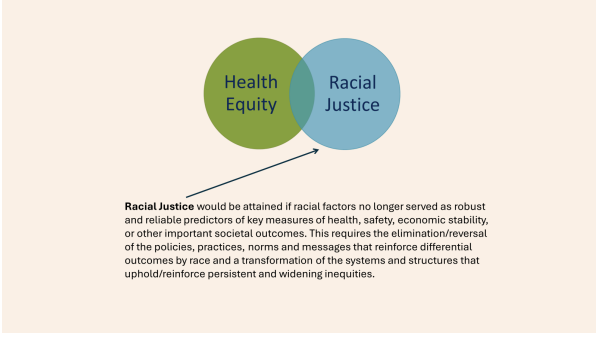
Our approach to public health must advance health equity, especially through prioritizing racial and ethnic populations based on health need data.

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This diagram has been used to illustrate the difference between equality, equity, liberation and inclusion.

Equality is depicted as everyone getting the same thing - not resulting in shared benefit or quality of life. Liberation shows the removal of barriers. Inclusion builds on liberation, showing an opportunity to not only observe, but also to participate.

As we talk about engagement and inclusion, it is also important to think about what barriers must be removed for community involvement to be effective and of mutual benefit to the community as well as the organization.

 Health Equity and Racial Justice 8 PREVENTION INSTITUTE	We can further our understanding of health equity by looking at how it intersects with racial justice. By understanding and taking strategic action on what has contributed to health inequities, including the role of racism, discrimination, and other forms of racial injustice, we can transform community environments across the United States to prevent illness and injury from occurring in the first place; close racially unjust gaps in health and safety outcomes; and ensure that people of all races systematically experience equitable opportunities to achieve health and wellbeing.
 Health Equity means that everyone has a fair and just opportunity to attain their full health potential and that no one is disadvantaged, excluded or dismissed from achieving this potential. Health equity requires the removal of systemic obstacles to health.	Health Equity means that everyone has a fair and just opportunity to attain their full health potential and that no one is disadvantaged, excluded or dismissed from achieving this potential. Health equity requires the removal of systemic obstacles to health.
 Racial Justice would be attained if racial factors no longer served as robust and reliable predictors of key measures of health, safety, economic stability, or other important societal outcomes. This requires the elimination/reversal of the policies, practices, norms and messages that reinforce differential outcomes by race and a transformation of the systems and structures that uphold/reinforce persistent and widening inequities.	Racial Justice would be attained if racial factors no longer served as robust and reliable predictors of key measures of health, safety, economic stability, or other important societal outcomes. This means the elimination/reversal of the policies, practices, norms and messages that reinforce differential outcomes by race and a transformation of the systems and structures that uphold/reinforce persistent and widening inequities.

Principles for Aligning & Advancing Health Equity & Racial Justice



- Acknowledging and documenting inequities, disparities and injustices is not enough
- Not everyone starts from the same place about their understanding of these concepts
- We need a process with actionable strategies and clear milestones that embed equity and justice from the start
- Achieving health equity and racial justice outcomes requires a strong focus on the experiences, perspectives and approaches of marginalized people and vulnerable communities

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The principles listed on the slide are used to ensure that both health equity and racial justice are concurrently being advanced and achieved.

Tensions Aligning Health Equity & Racial Justice

- Use of universal language, such as *all communities deserve...* or *everyone benefits when...* can be alienating
- Concern that elevating racial justice fails to acknowledge other forms of inequity
- Centering racial justice ultimately requires shifts in power – individual and institutional

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When trying to advance health equity and racial justice together, there might also be some tensions to work through.

You may be asking why haven't these two areas of work come together in the past?

- Universal language such as “all communities deserve” ... “everyone benefits when”... and “no one should be left out” has sometimes alienated those who believe in explicitly naming and centering racial justice linkages to health equity
- Some advocates fear that explicitly elevating racial justice fails to underscore that there are also other forms of inequity
- Centering health equity and racial justice can sometimes mean no longer being the only spokesperson or expert on the topic and it usually requires institutional shifts in personnel, analysis, and visioning

 Strategic Opportunities to Advance and Align Health Equity and Racial Justice	The intersection of health equity and racial justice shows the profound impacts that racism has in contributing to persistent health disparities among people of color. Working to narrow gaps in health outcomes without intentionally addressing racism and the multiple forms of discrimination associated with it thwarts successful outcomes on both fronts. There exist strategic opportunities for advancing health equity and racial justice side-by-side.
Strategic Opportunities to Advance Health Equity and Racial Justice 1. Synergistic Data Creation and Analysis 2. Strategic Framing and Communication 3. Effective Multi-Sector Partnerships 4. Power Building, Policy and Systems Change 5. Transformative Resource Investment  14 PREVENTION INSTITUTE	Another key step in advancing racial justice and health equity is to identify and pursue opportunities for collaborative action. Drawing upon the strengths of the fields of health equity and racial justice, here are five practical opportunities to prioritize racial justice in health equity initiatives and to strategically leverage health equity partnerships in racial justice initiatives.
1. Synergistic Data Creation & Analysis Alignment of analytic frameworks for health equity and racial justice can help practitioners: • Paint a clearer picture of inequities • Articulate the roots of inequities • Identify levers for change • Clarify indicators to measure improvements over time • Increase synergy and enhanced strategy 15 PREVENTION INSTITUTE	People working toward health equity often analyze gaps in health data and leverage their skills, partnerships, expertise and training to narrow disparities in health outcomes. While great strides have been made to examine the links between health inequities and broad social determinants of health, the outcomes of interest tend to be those which can be impacted by the health field (as opposed to social movements), using health resources. People working to eliminate racial injustices bring a keen analysis to the historic and present-day factors that drive persistent gaps in outcomes between racially defined categories.

	Blending these analytic frameworks of health equity and racial justice, practitioners can utilize data to paint a clearer picture of inequities, articulate the roots of these inequities, identify levers for change and clarify which measures are worth monitoring to determine improvements over time. Working together, racial justice and health equity practitioners can identify the most impactful data and metrics to demonstrate where their efforts best intersect, leading to increased synergy and enhanced strategy.
2. Strategic Framing and Communication • Speaking about racially unjust health inequities is challenging • Naming racial justice does not preclude other intersectional forms of equity • Health inequities will not be eliminated if we do not deal explicitly with racism • We must learn to converge the languages health equity and racial justice 16 PREVENTION INSTITUTE	For many societal, cultural and educational reasons, naming the existence and source of racial inequities in health brings up difficult issues for many people. Many people want to get past naming racism or want to underscore that there are many other forms of inequity. Still, others worry that talking about racial inequities, in particular, somehow communicates a lack of care and concern for “everybody.” However, even among those who are deeply committed to health equity and/or racial justice, there is still important work needed to identify, frame and communicate shared visions, values and strategic directions. For health equity practitioners, it is important to note that naming and addressing racial injustice in health does not preclude other, intersectional forms of inequity. It is also important to recognize that, at least in the U.S. context, we will not be successful at eliminating health inequities if we do

	not deal explicitly with those health inequities that are racially defined. For racial justice practitioners, health equity discussions can sometimes feel “mushy” and diffuse. The term health equity itself can come across as ambivalent or imprecise on matters of racial injustice. This is exacerbated by the fact that many people committed to health equity are still building their knowledge, skills and narrative around racially unjust health inequities. For all these reasons, when health equity and racial justice converge, the potential for strong framing and persuasive communications representing two disciplines, fields or constituency groups, is greatly enhanced.
3. Effective Multi-sector Partnerships • Increases available resources, strategies, and capabilities • Shifts organizational cultures, practices and norms • Fosters cross sector learning and innovation • Generates new ways to catalyze and sustain systemic change 17 PREVENTION INSTITUTE	Multi-sector engagement and collaboration is a very specific form of fostering connections. Advocates must develop skills to encourage collaboration, identify win-win solutions and eliminate detrimental practices within institutions and organizations. The first step in identifying opportunities for pursuing collaborative solutions is obtaining key information about each sector, such as mandates, activities, and data collected. These insights help determine the best ways to engage entities in a multi-sector effort to achieve health equity and racial justice. Cross-sector engagement and collaboration becomes an engine that generates new ways to catalyze and sustain change. Ultimately, all sectors benefit from a healthier population that is inclusive of

	low-income communities of color. Working together, multiple entities from different fields can also learn from one another about effective practices that one sector has innovated but another hasn't tried. For instance, when one sector learns about effective community engagement of formerly excluded groups, it can share its successes and challenges with others, leading to multi-sector, systemic change—something that is particularly important for governance.
4. Power Building, Policy & Systems Change • Advancing health equity and racial justice requires policy, systems & environmental change (PSE) • Power building is fundamental to community-driven PSE • Racial justice advocates' expertise can inspire allies and provide guidance on: ✓ Organizing & mobilizing impacted communities ✓ Changing narratives ✓ Altering power dynamics for accountability ✓ Improving conditions that have denied some groups the opportunity to experience good health, safety and wellbeing 18 PREVENTION INSTITUTE	Bias, discrimination, institutional and structural racism, and classism contribute to and exacerbate inequities in health. Without explicit attention to simultaneously improving health inequities and eliminating racial justice for low-income communities of color, the outcomes and goals of neither health equity nor racial justice will be maximized. A key approach to advancing health equity and racial justice entails policy, systems and environmental change. Improvements related to each of these have great potential to prevent and reduce health inequities, affect a large portion of the population, and can be leveraged to address root causes, ensuring the greatest possible health impact is achieved over time. Public health funders and practitioners are increasingly recognizing the importance of power building to achieve health equity through policy, systems and environmental change. Health equity practitioners can look to the legacy of power building by racial

	justice advocates and organizations. Public health organizations can partner and learn from racial justice and community power building organizations about organizing communities, developing compelling narratives, and transforming power relationships to hold institutions accountable and alter the systems, policies and environment conditions that have unfairly and unjustly denied these groups the opportunity to experience thriving health, safety and wellbeing for generations.
5. Transformative Resource Investment Financial or infrastructure investments, and other forms of opportunity can serve as catalysts to produce equity in low-income communities of color. 19 PREVENTION INSTITUTE	Transformative resource investments can serve as a catalyst for reversing the policies, practices and procedures that have unjustly denied low-income communities of color. Financial or infrastructure investments as well as other forms of opportunity in low-income communities of color can: ● Increase the capacity of community-based organizations to build power for change among youth and adult constituents; ● Create health-inducing amenities such as parks, transit and healthy food retail in communities that lack them; and, ● Provide the means to establish and nurture partnerships involving CBOs, government agencies, academic institutions and other experts committed to transformation of divested communities. Transformative resource investment is

	a way to build capacity and increase opportunities to thrive and be healthy, particularly for racial groups that have been silenced, excluded and marginalized.				
	We will now explore how racial justice can shape our language and narrative.				
Racial Equity and Community-Centered Language <i>Language and images help to shape the narrative.</i> • Choose images and narratives that reflect the priority communities, avoiding racist stereotypes . • Review public statements and reports for racially-biased language and consider how racial and ethnic communities are described as part of the solution, and as agents of change. • Use images that show people of color as leaders in advancing solutions and show people and their lives in context. • Review reports and media with community partners before their release. 21 PREVENTION INSTITUTE	We may think that change must be big and sweeping. In truth, incremental change plays an important role in advancing racial justice in many ways - consider the examples listed on this slide.				
Deficit versus Asset Framing <table><thead><tr><th>Deficit Framing</th><th>Assets Framing</th></tr></thead><tbody><tr><td>Defining people by their challenges</td><td>Defining people by their aspirations and contributions</td></tr></tbody></table> • Prioritizing an asset frame when conducting data collection (choosing indicators, framing questions, etc.) and data analysis (choosing theories/frameworks, broadening outcomes) can lead to more comprehensive and robust understanding that can challenge stereotypes and narratives about underrepresented groups	Deficit Framing	Assets Framing	Defining people by their challenges	Defining people by their aspirations and contributions	Deficit and Asset framing is an example of how language shapes narrative. <i>Deficit Framing</i> is defining people and stories by their challenges, while <i>Asset Framing</i> is defining people and stories by their aspirations and contributions. Prioritizing an asset frame when conducting data collection (e.g. choosing indicators, framing questions, etc.) and data analysis(e.g. choosing theories/frameworks, broadening outcomes) can lead to more comprehensive and robust understanding that can challenge stereotypes and narratives about underrepresented groups.
Deficit Framing	Assets Framing				
Defining people by their challenges	Defining people by their aspirations and contributions				

Example: Changing the Narrative



Here is an example of how aligning the principles of health equity and racial justice can create opportunities to elevate community voice.

Prevention Institute (PI) supported the Santa Clara County Public Health Department in engaging with community members and multi-sector partners in dialogues to identify policy, program, and budget solutions to prevent gun violence as part of the Health Department's Cost of Gun Violence study. This study provided the County Board of Supervisors and other decision-makers with upstream community-centered strategies and a public health framework for gun violence prevention. The Health Department had expressed a strong desire to ensure the language and images in the report incorporate community-centered imagery and community-driven solutions. PI recommended that the images used in the report reflect an empowering narrative, rather than a negative picture of their communities (e.g. police tape, people in handcuffs, violent imagery, etc.). To accomplish this, PI suggested using pictures of 1) families and community members promoting community healing, and 2) the strengths of the community coming together. The report was also reviewed for racially biased and asset-based language, with a particular focus upon the framing of inequities rooted in structural racism, and communities of color as agents of change. To ensure community voice was elevated throughout the report, PI added

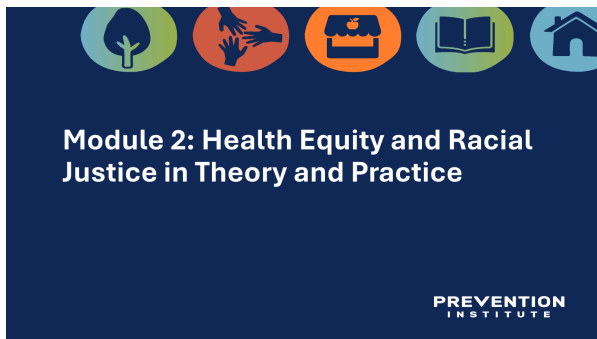
	qualitative evidence (e.g. direct quotes from community members) to complement the report's quantitative evidence. These recommendations were welcomed and aligned with the County's vision for this report.
Equity-Centered Changes Made to the Report: • Language and images help to make it a more community-centered story. • Reviewed the report for racially-biased language and recommended changes. • Elevated community-centered and community-driven solutions. • Advocated for images that show people of color as leaders in advancing solutions, avoided racist stereotypes.	Prevention Institute reviewed the report for racially-biased language and recommended changes that firmly framed inequities as being rooted in structural racism. They further recommended that communities of color be described with asset-based language and as agents of change. Within the limitations of stock photos required by the County, the Advisory Board advocated for images that show people of color as leaders in advancing solutions, avoiding racist stereotypes. They also advocated for community centered images that showed people and their lives in context, rather than police cars, and violent imagery.
Elevating Community Voice as Critical Data Direct quotes from community members affiliated with CBOs and advocacy groups were included in the updated version of the report alongside quantitative data. <i>"We need a policy change from investing in jails and punishment to invest in human beings. Stop investment in criminal justice system. Start with better education. Invest in school structures. Investing upfront."</i> — Stakeholder Meeting participant, Black Leadership Kitchen Cabinet member <i>"We must pursue permanent solutions that uplift communities and youth rather than temporary fixes. Talking about things is not enough, allocation of resources and support is key to making any impact."</i> — Stakeholder Meeting, Community-based organization staff	This slide includes quotes from community stakeholders in the report, providing a richer narrative for their experiences in the community and strategies to start developing solutions.

Discussion Questions for Module 1

- How do the tensions between racial justice and health equity show up in your work? Where are the opportunities for bridging?
- Out of the five Strategic Opportunities, where is your organizational already doing good work? What supports are necessary to maintain and enhance what you have?
- Can you think of an example of deficit and asset framing from your work?

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Use the questions on the slide to help reflect on your learnings from Module 1, and how different strategies show up in your work.



Module 2 presents examples of health equity and racial justice in theory and practice.

Normalizing Racial Justice

- Build a shared understanding of terms and concepts (e.g., name racism)
- Be willing to have difficult conversations and to sit with discomfort
 - Do not allow discomfort to prevent progress
- Prioritize and incentivize urgency toward change
- Move toward truth and healing

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Normalizing, prioritizing, and incentivizing racial justice work is necessary to build engagement, even in the face of resistance, to generate beneficial outcomes.

Truth and racial healing eliminate the false ideology of a hierarchy of human value and engage community members in practices that build trust. Truth-telling processes must squarely address the harms caused by government systems, and challenge the perception that individuals are the primary actors of racism through interpersonal prejudice.

What is Critical Race Theory?

- School of thought created by several scholars of color in late 1980's declaring how racism is woven into our social institutions (e.g., health care, judicial courts, housing market)
- Institutional policies reproduce racial disparities that negatively impact BIPOC communities' wellbeing. (Ex: Scholars of color have consistently been excluded from research opportunities)
- Refutes the idea that we live in a "color-blind" society and people's outcomes are solely influenced by character and merit
- Inequities are reproduced at a systemic level

Critical Race Theory comes from legal scholarship that evolved in the 1970s in response to the stalled progress of traditional civil rights litigation to produce meaningful racial reform. The founders of the critical race theory movement include such legal scholars as Derrick Bell, Charles Lawrence, Lani Guinier, Richard Delgado, Mari Matsuda, Patricia Williams, and Kimberle Crenshaw. Topics addressed encompass affirmative action, race-conscious districting, campus speech codes, and disproportionate sentencing of racial minorities in the criminal justice system.

Engaging Partners with a Specific Focus on Racial and Ethnic Groups

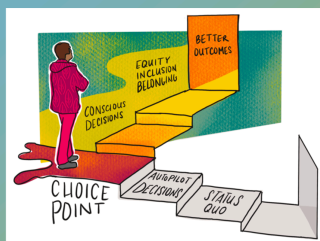
Strategic Imperative

- CRT recognizes of how implicit bias and structural racism permeate our systems in society and creates disproportionate negative effects on BIPOC communities.
- Addressing racial inequity in health and other life outcomes requires examining and intervening at the systems levels → choice points

*Sources: Thought Co. CRT Introduction article / Brookings Institution "Why Are States Banning Critical Race Theory?" Blog post

Improving our systems to address health inequities is not work that can be done by health partners alone. It is imperative that we work to engage traditional partners while bringing new ones into the fold. A focus on racial and ethnic populations requires consistent outreach to those who have typically been left out of decision-making processes. Despite how difficult it can be to reach certain groups due to limited resources, lack of trust, etc., fostering relationships over time goes a long way.

Choice Points



We will now introduce choice points.

Using Choice Points to Advance Racial Justice

- Choice points are decision-making opportunities that influence outcomes.
- The cumulative impacts of many small choices can be as significant as the impacts of big decisions.
- When we're conscious of choice points and the related impacts, we're less likely to replicate the status quo, and we open new possibilities for equitable change.

Race Forward: An Introduction to Racial Equity Assessment Tools (Keleher, 2014)

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Adapted from [Race Forward](#) to identify different options leaders can make towards effective change:

- Choice points are opportunities for leaders and managers to reflect, generate options, and act on decisions that can impact racial equity and inclusion.
- Why are they important? Regularly looking for opportunities to shift the status quo can create cumulative change that will help level the playing field for marginalized people in your organizations.

Choice Points Questions to Advance Racial Justice

- Where are the decision-making points that affect outcomes?
- What decisions/actions may be reinforcing bias and current inequities?
- What alternative action options could produce different outcomes?
- Which action will best advance racial justice?
- What reminders, supports and accountability systems can be structured into routine practices to keep racial justice as a high priority?

Race Forward: An Introduction to Racial Equity Assessment Tools (Keleher, 2014)

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This slide provides additional questions practitioners can ask of themselves and their organization to advance racial justice.

Organizational Privilege and Choice-Points

- What do we understand our organizational privilege?
 - What types of data do we have access to?
 - What relationships do we have with academic institutions (local colleges/universities) or other anchor organizations?
- How are we leveraging our privilege toward the benefit of others?
 - Community-serving partnerships, community grants/scholarships, high school internships, etc.
- What risk does our privilege allow us to take?
 - e.g., how does our privilege influence our investments?
- In what ways does our privilege stall / hinder us?
 - Is there a sense of urgency within our organization that matches the urgency in communities?
- What is the balance between privilege and power?

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The ability to make different choices that move incrementally towards equity in the face of ever-changing data, resources, and infrastructure is a privilege. Organizations can better unpack their privilege by asking questions such as those posed on this slide.

Organizational Best Practices for Operationalizing Equity

- Having a **dedicated, equity-focused** team at the organization to lead, guide, and measure equity and racial justice outcomes and impact
- Leadership engaging in ongoing review of equity-centered resources, metrics, communication, and transparency tools
- Sustain equity-focused work through:
 - Training and capacity building for staff
 - Aligning values with partners and stakeholders
 - Celebrating organizational achievements
 - Adapting with changing community contexts and activities
 - Utilizing diverse and balanced evidence and data

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Techniques like choice points are one of many ways to operationalize equity in an organization. Having a dedicated, equity-focused team to lead, guide, and measure equity and racial justice outcomes and impact can ensure that they are operationalizing equity.

It is also important for organizational leadership to engage in an ongoing review of equity-centered resources, metrics, communication and transparency tools.

We have presented a number of strategies to sustain equity-focused work in an organization.



Module 3 presents how to bring a health equity and racial justice lens to data and evidence.

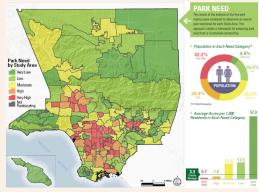


The “Three Equity Objectives” is a framework (Sourced from *USC Dornsife Program for Environmental and Regional Equity*) using three equity objectives that provides a way of measuring different types of changes in equity. An additional Resource: *Measures Matter: Ensuring Equitable Implementation of Los Angeles County Measures M & A*. University of Southern California, Program for Environmental and Regional Equity, 2018.

Three Equity Objectives <i>To help assure that real advancements toward more equitable health conditions are actionable and progress is measurable, we ground our health equity work in three distinct equity objectives:</i> • Procedural Equity • Distributional Equity • Structural Equity	When engaging in systems change efforts to embed equity, it is important that these changes are measurable and can be tracked over time. One framework using three equity objectives provides a way of measuring different types of changes in equity, including procedural (or the processes and opportunities to engage civically), distributional (or the distribution of resources, benefits, and burdens), and structural equity (or the correction of past harms and institutional systems leading to health and racial inequities).
Procedural Equity • Transparent, fair and inclusive processes with additional opportunities for those who are disproportionately impacted A photograph showing a person in a white shirt and blue plaid pants looking at a display board at a community meeting. Other people are visible in the background.	Procedural equity measures how fair, transparent, and inclusive processes are for community members to engage in change with additional opportunities for those who are disproportionately impacted. Procedural equity allows for authentic voice, agency over processes, and agency within decision making. Ultimately, people also want to be treated in a manner that reflects personal dignity/respect, trust, and consistency.
Example of Procedural Equity: Equity Guided Interview and Team Discussions What do you/we know about the priority neighborhoods in our community? • Encourage a culture of continuous learning and systems thinking • Build awareness and disrupt harmful language and stereotypes What do you/we know about health equity and racial justice? • Some comfort level in describing health equity and why it's important in response and systems improvement. • Health equity is not just about individual health behaviors but more importantly about inequitable factors that shape health. • Awareness that past and present policies and practices influence the inequities we see in health.	As an example of procedural equity, hiring with a focus on systems thinking, health equity, and racial justice can create a team with a more balanced approach to working with community members and result in more equitable practices.

Distributional Equity

- Fair distribution of resources, benefits and burdens; prioritizes resources for communities (geographic and demographic) experiencing the greatest inequities



Distributional equity measures how resources and burdens are distributed across communities. Furthermore, it investigates if resources are prioritized for communities most burdened. This geographic prioritization of Los Angeles County is one example of Distributional Equity. Resources are distributed where the greatest inequities are concentrated with a focus on removing barriers to population health.

Out of all the equity examples, distributional equity is the most quantifiable or tangible – it is also the one practitioners are most familiar with. Guided by accurate quantitative and qualitative data, distributional equity allocates goods, services, and other resources to appropriate areas.

Structural Equity

- Addresses underlying structural factors & policies that gave rise to inequities; makes a commitment to correct past harms & prevent future unintended consequences



Structural equity measures how structural factors and historic policies lead to inequities we see today, as well as how those past harms are corrected to prevent future unintended consequences.

While more difficult to measure than the other types of equity, structural equity is no less important. Structural equity exposes deep factors related to power that perpetuate disadvantages within systems and then reverses these inequities through some combination of new norms, policies and/or representation.

Example of Structural Equity: THRIVE Framework

- Considering multiple factors in a community that impact health outcomes



The THRIVE (Tool for Health and Resilience in Vulnerable Environments) framework is an example of structural equity.

The THRIVE framework was developed by PI in partnership with the Office of Minority Health to describe how different factors in a community can contribute to overall wellbeing and health outcomes. With THRIVE, we describe 12 different community determinants of health that are clustered into 3 groups: people, equitable opportunity, and place.

This has been used to conduct community assessments by asking residents which of these factors need improvement and which of these factors are most important to them, for example having accessible education opportunities, having positive norms and culture, and having access to fresh fruits and vegetables or housing. THRIVE can also be used to develop multi-pronged strategies that focus on community members' identified priorities within these different factors. THRIVE is a key part of Prevention Institute's work, so if you have further questions or would like resources related to THRIVE, you can follow up with one of us or look on [Prevention Institute's website](#) for further resources.

Operationalizing Equity

Past disadvantage: Closes historic gaps to improve health and economic opportunities in vulnerable communities.

Contemporary participation: Engages in shared decision making through community-based participation and elevating perspectives of vulnerable communities.

Future consequences: Prevents future disparities by leveraging funding for long-term health and organizational capacity, and incorporating metrics and evaluation to track whether initiatives are closing gaps.

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These guideposts consider equity in relation to three dimensions of time: Past, Present and Future. To address existing equities, Core and Leadership Teams need to be able to see how inequities operate over time: how inequities developed in the past, what social factors undermine equity in the present, and how inequities may unfold in the future.

Data and Evidence for Racial Justice and Health Equity

We will now go over how to integrate health equity and racial justice into data collection with some examples.

Maintaining Balance in Data Collection

Multiple Sources: the data collection process drives equitable practice

- Risk Factors/Deficit Data & Protective Factors/Strengths Data
- Qualitative/Narrative & Quantitative/Numeric
- Perceived Issues & Possible Solutions
- Experiential & Contextual & Statistical



Altogether, when developing equity-based solutions, it is important that the data collected reflects multiple sources and perspectives, balances the risk factors and protective factors, and balances perceived issues with possible solutions to present a robust data background.

Keep in mind balancing qualitative and quantitative data; information on assets/protective factors as well as risks; and preparing data in formats for discussion.

Three Types of Essential Data & Metrics

- **Best Available Research Evidence** - is information derived from scientific inquiry, published and academically rigorous.
- **Contextual Evidence** - is a collection of measurable factors in the community that may impact the success of a prevention strategy.
- **Experiential Evidence** - is the collective experience and expertise of those who have practiced or lived in a particular setting. It also includes the knowledge of subject matter experts. These insights, understandings, skills, and expertise are accumulated over time and are often referred to as intuitive or tacit knowledge.

Find more information at: Evidence Project Overview (cdc.gov)

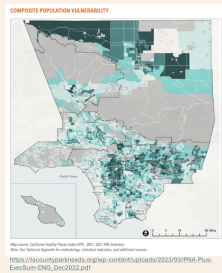
Public health professionals have historically prioritized “Best Available Evidence” in our examination of data and measures. This type of evidence has been validated through scientific methods and published in peer journals. However, it is also known that there are biases in institutional research. The CDC produced recommendations that

alongside “best available statistical research” efforts should also consider Contextual and Experiential evidence. By taking into consideration contextual, experiential, and frontline staff perspectives, you can achieve a more holistic view of the equity issue and consider different types of strengths and resilience factors that can be leveraged to improve access in communities.

Find more information at: [Evidence Project Overview \(cdc.gov\)](#)

Example: Population Vulnerability in Los Angeles County

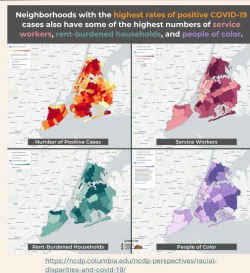
- Los Angeles County conducted a comprehensive Parks Needs Assessments Plus (PNA+) to assess park equity
- The Composite Population Vulnerability map shows how social factors (age, race, poverty, etc.), transportation access, health indicators, and environmental vulnerability intersect



First example of data collected through a health equity and racial justice lens is [Parks Needs Assessment Plus from Los Angeles County](#).

Example: Racial Disparities and COVID-19 in New York City

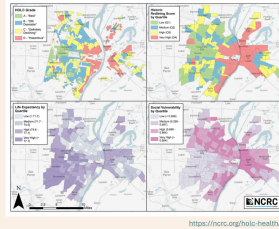
- Columbia Climate School's National Center of Disaster Preparedness shared this visualization of the disproportionate impact of COVID-19 on communities of color and working class
- Illustrates the intersection of service work, race, housing insecurity, and illness



Second example of data collected through a health equity and racial justice lens is [Racial Disparities and COVID-19 in New York City](#).

Example: Impact of Redlining on Health in St. Louis, Missouri

- This map created by the National Community Reinvestment Coalition visualizes how historical housing discrimination and redlining in St. Louis impacts current life expectancy at birth and social vulnerability



Third example of data collected through a health equity and racial justice lens is the [Impact of Redlining on Health in St. Louis, Missouri](https://ncrc.org/health/).

Module 4: Equity-centered Community Engagement

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Module 4 presents how to bring a health equity and racial justice lens to community engagement.

Community Voice, Engagement & Awareness

- Equity is advanced through community involvement in multiple levels of the Ecosystem.
- Transparency and expanding the methods of communication with the public, especially with communities and populations most impacted by poor health outcomes will support equity-grounded data collection and analysis, better solutions, and better community awareness and preparation to address health inequities.
- Community residents, smaller organizations, and neighborhood agencies all have a vital role in improving their community's health.

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Community members play a vital role in community health since they are the ones most impacted by, and in several ways influence, the changes within the Public Health Ecosystem. It is important to ensure there is transparent communication with community members and to create opportunities for them to be present in decision-making. This can lead to better acceptance, momentum and shared action to address health inequities.



When you start with needs, you get programs. When you start with strengths, you get possibilities.

~ Lupe Serrano
Casa de Esperanza

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As in earlier modules, we talked about taking a balanced, equity-centered approach in thinking about how we describe and collect information about communities. It is important to engage the community around their strengths as well as their needs.

Coordination for equity is necessary, but we need to go further for transformational change



Parallel Play



Transformational change

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Quick activity: Ask your audience, “What do you see in these images? In what ways does this reflect what you see in community engagement?”

- **Parallel Play**- all kids are in the same sandbox, each with their own tools, design and plan.
- **Transformational change** - all have come together and built a sandcastle, each identified their strengths and collaborated.

These pictures illustrate how it’s easy to overlook silos that exist across programs and agencies. We can easily miss the opportunity to collaborate and streamline resources, resulting in duplicating or complicating programs, processes, and practices for those who already face inequitable burdens.

Community engagement is essential in creating transformational change. When we commit to building trust and long-term relationships with our communities, we can get more done. We build our capacity for transformational change - identifying the needs and strengths that each stakeholder in the community has.

Transformational change is necessary to effectively address the needs of communities and populations most impacted by multiple health and social justice issues. This requires that we build more comprehensive solutions, share tools, skills and plans more effectively. It requires intentional practice in working across silos.

Community-Driven Planning



Young men from the United Women of East African Support Team in San Diego identifying priorities and leading solutions

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Community-driven planning can look like small group activities, town halls, meeting online, and more. This is a picture of the youth of United Women of East African Support Team San Diego participating in a community-driven planning activity.

Be equity-centered in community engagement:

Questions to ask:

- Who should be at the table?
- What voices and perspectives are missing as solutions are designed?
- How is each segment of the ecosystem connected to the discussion?
- How can those most impacted be engaged in refining the change in intervention is needed?

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This slide offers questions for the audience to consider when thinking about equitable community engagement.

Consider: When a new program is implemented in a community, have all decisions only been made only by the public health entity or has the community been approached about programs or services?

Although it will require additional steps, what benefits come from having community voice inform programs or services that will serve a community?

Thinking & Acting for Equity

What relationship with community is valuable beyond receiving services and answering surveys?

- What are steps to make community relationships equitable, mutually beneficial, stronger, and ongoing?
- How can this be measured through the three types of equity?

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Place for group discussion.

Activity: Community Voice in Decision Making

The following pictures show parks and green space in different communities:

- In what ways do they reflect different levels of resource?
- In what ways would the needs of the communities need to be explored in partnership with residents?
- How can community residents and partners come together to address concerns if any?
- What images show community engagement and voice in action?

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The following slides include pictures of parks and green spaces in different communities. As we go through the photos, consider the questions on the slide.



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Photo by: Natasha B.

Photo of playground

Notice how there is a canopy to shade people from heat. The lawn is well maintained. Equipment is colorful and welcoming to little kids. Picnic bench to sit down and connect with family and friends

What level of engagement do you think was needed to plan this park?



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San Francisco, CA

Photo of park with fencing and ordinance

This photo was taken in San Francisco, CA but there are similar fenced-in parks across the country.

How do you think fencing feels to community members? Is it welcoming to people who want to play in the park? Rules sign has graffiti on it and threatens citation and fines. How do you think that is received by the community? What engagement could spark improvements?



Photo of local garden

Notice how there's raised garden beds to grow plants, fruits, and vegetables. Group of residents working together to maintain the community garden. Colorful wall mural lining the garden

There was a need identified by a group and an opportunity to create a green space (community garden) in the community. What level of engagement is needed here?

Building Bridges 2.0
Health Equity and Racial Justice Resource

Supported by the W.K. Kellogg Foundation

For questions, please contact laquana@preventioninstitute.org

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Resources

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The following slides share a variety of resources that supplement training materials.