Just. Don't. Do It:
Operationalizing Health Equity at All Levels

The current Public Health system relies on regulatory compliance and perpetuates inequitable initiatives. Addressing and correcting inefficient operational and programmatic initiatives allows for improved resource usage to explicitly address and eliminate inequities. **The conclusion to the series was designed to tie previous session themes together and provide a springboard for action through discussions of social determinants of health inequities that can be addressed at a systems level through policy, systems, and environmental changes. Well-established panelists helped us reflect on where we've been, the lessons learned, and actions needed from emerging leaders of health equity in the future. This human-centered approach allowed participants to contemplate their own role in promoting health equity while receiving practical strategies for implementation and operationalization.**

What does operationalizing health equity look like?

- Health equity requires rejecting the status quo in which racism has been both a public health crisis and, at times, a public health practice.

- Organizations must also recognize that public health is embedded in structural racism, eugenics, and health-related racial stereotypes. They should start by identifying and dismantling these notions, as "once we know, we owe."

- All policy, program, and funding decisions that impact the community must be made with community input and oversight.

- Staff most impacted by inequity should have seats of power to influence important decisions.

Why is operationalizing health equity important?

- Centering community voices creates opportunities to build capacity and increase skills so that community knowledge and lived experiences can be shared and applied in a meaningful way.

- Operationalizing health equity increases the likelihood of success in practice as interventions and healing are being informed by those most impacted. This helps foster trust between partnering communities and public health.

How can organizations best operationalize health equity at all levels?

- Seek out and support funding opportunities for grassroots and Black, Indigenous, and other People of Color (BIPOC)-led organizations. Prioritize connections with others who are also funding and supporting grassroots and BIPOC-led organizations in the community.

- Employ and support community leaders who are in close proximity to the lived experiences of trauma, oppression, and disease. Empower them to inform the barriers, assets, and solutions needed in public health for BIPOC communities.

- Identify the unique role and power of each organization with regard to health equity. Organizations must be intentional about their role and commitment to health equity and be realistic about what they can and cannot do.

Resources to learn from:

The below resources may be helpful starting points for health departments, but it is important to note that every community is different, so these resources may need to be adapted.

Partnering with Youth in Community-Based Participatory Research to Address Violence Prevention

A case study that reviews how youth can impact health policy and the importance of including them in these conversations. Key recommendations include partnering with a community-based organization that provides a trusting infrastructure for youth to engage.

Organizing for Black Lives and Funding COVID-19 Relief: Community Responses to Systemic Racism and Imagining Public Health 4.0

An article that summarizes an approach to create two relief funds to address structural inequities among the LGBTQ+ and Black communities in Florida. These funds were used to provide grants to other organizations that support these communities and direct small grants to applicants.

Developing Trauma Resilient Communities Through Community Capacity-Building

An article that describes partnership and community capacity-building efforts. Findings demonstrated the effectiveness of community-based partnerships as capacity-building strategies, as partnerships had already laid the groundwork and established trust within their communities, resulting in a nimble, local response to a global crisis.

Cook County Partners with Community to Tackle Structural Racism and Build Community Power

A case study that outlines how to partner with community organizers on worker and immigrant rights to create a multisector collaborative to address root causes of health inequity such as the Collaborative for Health Equity in Cook County, Illinois. This collaborative explicitly works to address structural racism and health inequities. It has built relationships with local social justice organizations that have helped guide Cook County Department of Public Health to center health equity in its strategic plans.

Navigating Inequities: A Roadmap out of the Pandemic

A peer-reviewed article that details how organizations can use a tool called the Equity Matrix to center equity in COVID-19 responses. This article also identifies the sources of existing inequities.

This resource guide was developed by:

COLORADO HEALTH INSTITUTE
Informing Strategy. Advancing Health.