Session 4

From Cultural Competency to Health Equity:
Advancing Health for All Communities

This course was prepared by RIZE Consultants, Inc.

In this series we will talk about various elements in the field of substance misuse prevention practice. This supports RIZE's mission of revolutionizing prevention through innovation and aligns with its vision of being a reliable and innovative public health company. RIZE aims to empower professionals to create innovative health solutions and establish RIZE as a leader in health equity. Through this course, we hope to embody RIZE's mission of systemic change and align with its vision of being a trusted and innovative leader in public health.

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Brave Space Agreements / Communal Contract

- ✅ I agree that my gifts bring value to this space, and I receive the gifts this space offers me.

- ✅ I agree to be nourished by my abilities in this space and ask for what I need.

- ✅ I agree to be playful if my spirit allows, & I agree to do this with energetic consent.

- ✅ I agree to honor different people's communication styles to the best of my abilities.

- ✅ I agree to honor each other's intellectual property, copy-written or not.

- ✅ I agree to step up and step back in conversations & break-out groups.

- ✅ I agree to resist & disarm ableism, racism, sexism, classism, homophobia, transphobia, xenophobia, shame, gossip, & other harmful systems of oppressions.

- ✅ I agree to maintain the confidentiality of un-recorded, off the record discussions.

- ✅ I agree that no one is disposable.

- ✅ I agree for additional agreements to be added to this list to make sure that my needs & the needs of my community are met with bravery.

Learning Objectives

Objective 1
Understand the differences between cultural competency, cultural humility, and health equity.

Objective 2
Identify the barriers to achieving health equity.

Objective 3
Discuss strategies for advancing health equity.

Objective 4
Apply knowledge of health equity principles to public health practice.

Creating Our Intention

Take a moment to reflect on these questions.

1 When you think about community change, what comes to mind?

2 What do you think is our biggest potential for change?

3 What fears do you have about our county being ready to address social inequities?

4 What do you hope to get out of this training experience?

Define Cultural Competency and the History of the Term

Let's begin with your first objective focused on understanding the differences between cultural competency, cultural humility, and health equity:

✅ Define cultural competency and the history of the term.

✅ Explain the shift from cultural competency to health equity.

- Emerged in the U.S. in the late 1980s & early '90s.

- To address disparities and inequities.

- Marginalized communities, particularly ethnic and racial minorities.

- Response to the recognition that healthcare providers needed.

- Deeper understanding of the cultural, social, and linguistic backgrounds of their diverse patient populations.

- Aimed to bridge the gap between healthcare providers and patients.

- Promoting effective communication, respect for cultural differences, and the provision of culturally sensitive care.

The term "cultural competency" emerged in the United States in the late 1980s and early 1990s within the field of healthcare and human services. It was originally developed as a framework to address the disparities and inequities experienced by marginalized communities, particularly ethnic and racial minorities, in accessing and receiving quality healthcare.

The concept of cultural competency evolved as a response to the recognition that healthcare providers needed to have a deeper understanding of the cultural, social, and linguistic backgrounds of their diverse patient populations. It aimed to bridge the gap between healthcare providers and patients by promoting effective communication, respect for cultural differences, and the provision of culturally sensitive care.

Explain the Shift from Cultural Competency to Health Equity

There are two main problems with the concept of cultural competence alone

✅ It suggests that there is knowledge a person could attain about a group of people, which leads to stereotyping and bias.

✅ It denotes that there is an endpoint to becoming fully culturally competent. In reality, the process of learning about cultures is infinite and on-going.

> *The ability of individuals and systems to work or respond effectively across cultures in a way that acknowledges and respects the culture of the person or organization being served.*

Williams (2001)

> *A reflective process of understanding one's biases and privileges, managing power imbalances, and maintaining a stance that is open to others in relation to aspects of their cultural identity that are most important to them.*

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Health and Human Services
Office of Minority Health

The Office of Minority Health

Health Equity

Health equity is a broader concept encompassing systemic changes to address the root causes of health disparities.

Both cultural competency and cultural humility often focus on the individual level, and do not address the broader social and structural determinants of health that contribute to health inequities. In contrast, health equity is a broader concept encompassing systemic changes to address the root causes of health disparities. As public health professionals, the exploration of the root causes of health disparities is paramount. We know that these preventable differences in health outcomes often stem from social discrimination that limits access to the resources necessary for optimal health. It's essential to dig deeper into the reasons behind these disparities to develop effective strategies that address the underlying issues. Whether it's unequal access to healthcare, education, or healthy food options, understanding the root causes of health disparities is the first step to creating a more equitable and inclusive society. By working together, we can take actionable steps to close the gap and ensure everyone has an equal opportunity for good health.

✔ **Public Health Focus**

✔ **Effective Strategies**

✔ **Social Discrimination**

✔ **Addressing Underlying Issues**

✔ **Access to Resources**

✔ **Creating Equal Opportunities**

⊙ Objective 2

Barriers to Achieving Health Equity

Let's dig a bit deeper and discuss the barriers to achieving health equity.

✓ **Systemic and Structural Barriers.**

✓ **Implicit Biases and Discrimination.**

✓ **Socioeconomic and Environmental Factors.**

For many communities, structural barriers to health equity are realized in limited access to nutritious food, safe and convenient transportation, environmental quality, and basic housing. As public health and prevention professionals, we must recognize the vast and intricate ways in which structural racism, rather than 'race,' affects health. This concept is fundamental to working towards health equity. Let's first define racism in its various aspects.

Individual Racism

The individual experience of racism.

Internalized Racism

A set of privately held beliefs, prejudices and ideas about the superiority of whites and the inferiority of people of color.

Interpersonal Racism

The expression of racism between individuals.

Institutional Racism

Discriminatory treatment, unfair policies and practices, and inequitable opportunities and impacts within organizations and institutions
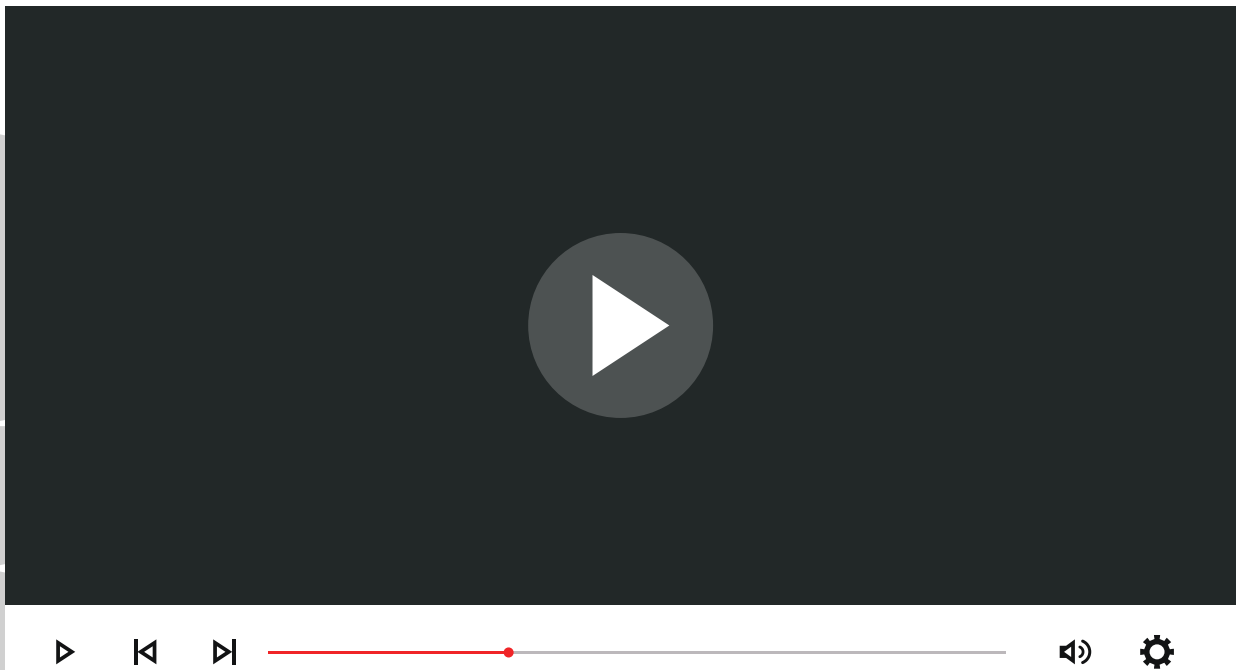
Structural Racism

A system in which public policies, institutional practices, cultural representations and other norms work in various, often reinforcing, ways to perpetuate racial group inequality.

Systemic Racism

Let's watch a video about Systemic Racism.

Implicit Bias

Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

✅ Affects individuals' attitudes and actions

✅ Creates real-world implications

✅ Leads to discrimination

Project Implicit

Implicit and explicit (overt, conscious) bias and discrimination are among many factors that contribute to disparities in health and health care.

Discrimination is the unequal treatment of members of various groups based on race, gender, social class, sexual orientation, physical ability, religion and other categories.

Socioeconomic and Environmental Factors

We will close out this objective by thinking about the socioeconomic and environmental factors that impact health equity. Income inequity is strongly linked to poor health and health disparities. Complex and insidious, poverty and socioeconomic factors are a determinant of health caused by systemic factors that can persist for generations in a family. Beginning before birth and continuing throughout an individual's life, poverty can significantly impact health and health outcomes. In the United States, 1 in 10 people live in poverty (U.S. Census), and many people can't afford things like healthy foods, health care, and housing. Income level also impacts access to health care, health care, and transportation.

- ✅ **Income Inequity and Health**

- ✅ **Poverty's Lifecycle Impact**

- ✅ **Income Level and Access to Healthcare**

- ✅ **Systemic Racism and Income Disparities**

- ✅ **Wealth Disparities**

- ✅ **Intergenerational Poverty**

- ✅ **Health Consequences**

Due to systemic racism, discrimination, and implicit bias, people of color make less money than their white counterparts. Unemployment rates are 16% vs 12 %, respectively, according to a 2020 report from the U.S. Bureau of Labor Statistics. Due to the legacy of slavery and intentionally racist government policies that prevented Black Americans from buying homes and land and accessing higher education, the typical white family has eight times the wealth of the typical Black family and five times the wealth of the typical Latinx family (Bhutta,et al, 2020). Low-income folks are trapped in intergenerational poverty and more likely to live in hypersegregated, disinvested neighborhoods with higher risks of exposure to toxins in the air, dumped in the soil, or leached into drinking water. Poverty and racism 'weather' the body, accelerating aging and disease (Geronimus, et.al. 2006).

Objective 3

Strategies For Advancing Health Equity

Discuss strategies for advancing health equity

- ✅ **Community engagement and partnership building**

- ✅ **Policy and system changes**

- ✅ **Culturally and linguistically appropriate services**

- ✅ **Health Education and Communication**

Community Engagement and Partnership Building

We can **support health and health equity** through genuine community engagement and building and maintaining **strong partnerships** across sectors. As the American Hospital Association states.

American Hospital Association

The goal of advancing health and health equity within communities is more than any one organization, institution or community can accomplish alone. Multiple stakeholders and influencers need to work together, both within organizations and across sectors."

✅ **Supporting Health and Health Equity**

✅ **Collaboration Across Sectors**

✅ **Inclusive Engagement**

✅ **Designing with Communities**

To advance health equity, health departments must explicitly include and engage with those in poverty, communities of color, American Indians, immigrant communities, and others experiencing health inequities. Efforts to advance health equity will be more successful if they are designed with (not simply for) communities experiencing health disparities.

Reflection Activity

Take a few minutes to reflect on your current public health initiatives, and answer the following questions. Consider discussing these with your colleagues or stakeholders. Reflect upon the different ways that you can relate and/or apply this training's learning points to your answers to the questions below.

a What partners do you engage to advance public health?

b Who influences decisions made about public health policies and practice?

c Would populations experiencing health inequities describe your department as working with them to find solutions, or offering solutions to them?

Policy And System Changes

Health equity comes from changing the policies, systems, and environments that create inequity. Health departments must intentionally examine their internal and external programs, policies, and practices. This process is vital to sustainably improve relationships, resources, environments and policies that create the conditions in which we work, live and play. Rather than focusing solely on programming or individual behavior change, policy and systems changes utilize a broader approach by recognizing and addressing the root causes of issues, which are often ingrained and woven throughout networks of people, organizations, governments, and historical causes and effects.

Internal and External Assessment

Sustainable Improvement

Addressing Root Causes

Interconnected Networks

Historical Context
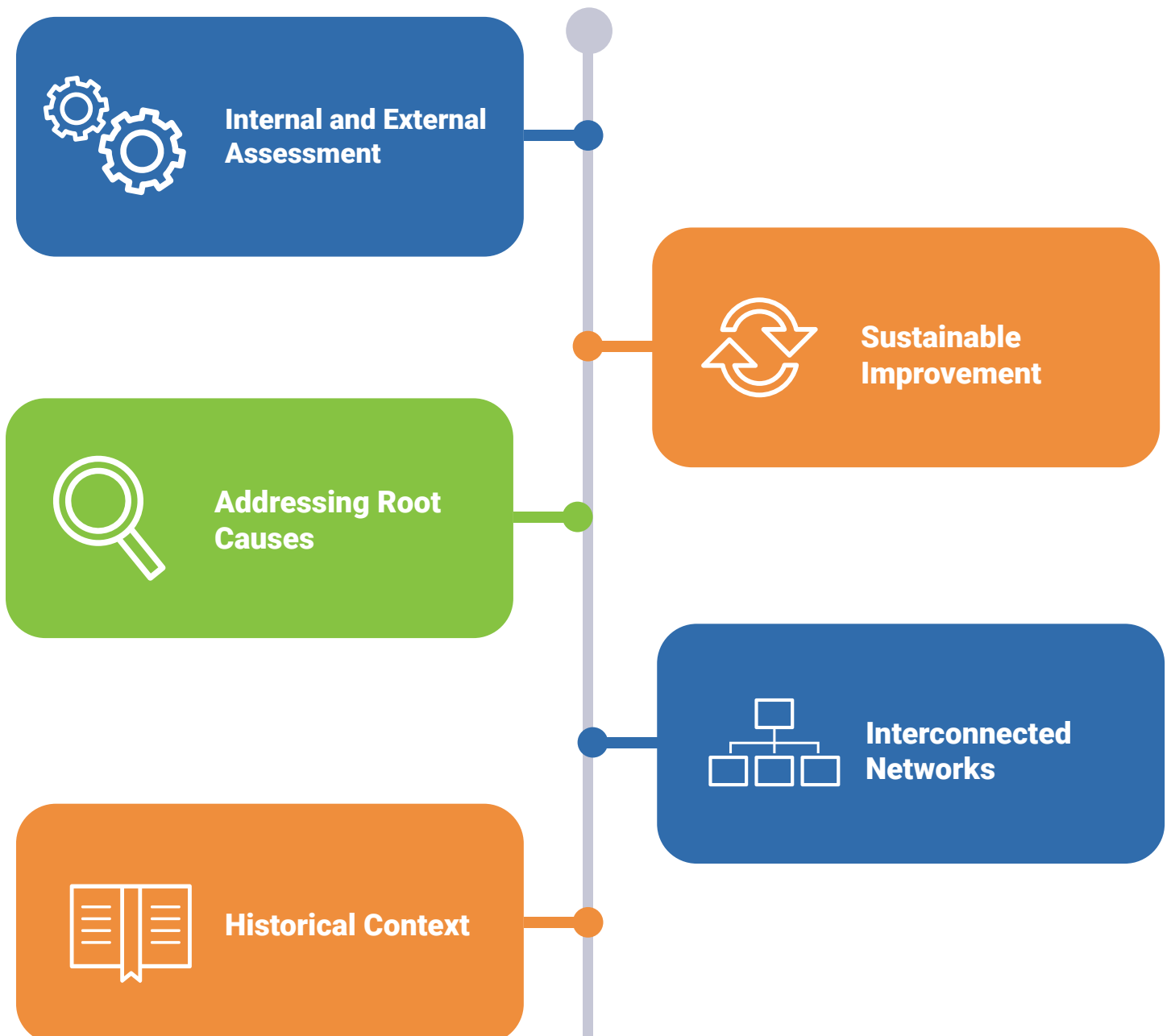
Culturally and Linguistically Appropriate Services (CLAS)

Culturally and linguistically appropriate services, also known as CLAS, is a way to improve the quality of services provided to all individuals. Providing CLAS is one strategy to help reduce health disparities and achieve health equity. By tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations. The National CLAS Standards, developed by the Office of Minority Health, are a comprehensive set of 15 action steps that provide a blueprint for individuals and health and health care organizations to provide CLAS.

- ✅ Enhancing Service Quality
- ✅ Positive Health Outcomes
- ✅ Reducing Health Disparities
- ✅ National CLAS Standards (15 Steps)
- ✅ Tailoring to Culture and Language
- ✅ Blueprint for CLAS Implementation

Health Education and Communication

✅ **Education as a Social Determinant**

✅ **Health Literacy Levels**

Education is a fundamental social determinant of health. Additionally access to quality education, especially about health is needed to truly advance health equity. Health literacy and health equity are interconnected and support one another's effectiveness. Healthy People 2030 defines health literacy on two levels:

Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

✅ **Health Literacy and Equity Interconnectedness**

✅ **Cultural, Linguistic, and Environmental Considerations**

✅ **Promoting Non-Blaming Messages**

✅ **Clarity and Inclusivity**

Putting health literacy principles into action advances health equity. People are more likely to embrace information that incorporates health equity principles because that information is more likely to meet each audience's specific cultural, linguistic, environmental, and historical needs and priorities. People are more likely to accept messages that don't blame them for their adverse circumstances. Health literacy principles make information clearer, while health equity principles make it more inclusive. Organizations that carefully consider both when designing and developing communication products will more easily realize their communication objectives and achieve success in their public health interventions. Effective health communication is critical to health and well-being (Hahn, et.al., 2015). Improving health communication means that people can easily understand and act on health information. Health education uses health literacy principles to inform and educate

Apply Knowledge of Health Equity Principles to Public Health Practice

- ✅ Case studies and examples of health equity in action

- ✅ Best practices for incorporating health equity principles into public health practice

- ✅ Tools and resources for promoting health equity

Policy And System Changes

Let's review one specific case study from the Alameda County Department of Public Health. Working in collaboration with grassroots organizers, advocacy organizations, and other government partners, the Alameda County Public Health Department in California helped to change local policies and practices related to housing habitability, affordability, and access to eliminate housing and health inequities in low-income communities. Though the creation of Community, Assessment, Planning and Education unit, as well as collaborative strategic planning and training to build internal capacity. They identified 6 strategic directions to guide their cross-departmental workgroup and divisional implementation.

Confront the Root Causes

Share Power with Communities

Mobilize Data, Research, & Evaluation

Prioritize Upstream Policy Change

Build Organizational Capacity

Build Community Alliances

Develop Leadership and Support Innovation

Best Practices for Incorporating Health Equity Principles into Public Health Practice

The Centers for Disease Control and Prevention (CDC) has launched an innovative initiative known as STRETCH (Strategies to Repair Equity and Transform Community Health) to address the pressing issue of health disparities and promote health equity. By incorporating best practices for integrating health equity principles into public health practice, STRETCH aims to transform communities and ensure that everyone has an equal opportunity to achieve optimal health outcomes.

Community-Led Approaches

Community-Led Approaches involve engaging and empowering communities to actively participate in the decision-making processes related to their health. It recognizes that communities hold valuable knowledge, experiences, and perspectives that can inform effective interventions. By involving community members as equal partners, this ensures that interventions are tailored to address the unique needs and priorities of the community, thereby fostering ownership, sustainability, and long-term impact.

- ✅ Empowering Communities
- ✅ Leveraging Community Knowledge
- ✅ Informing Effective Interventions
- ✅ Equal Partnership
- ✅ Tailoring to Unique Needs
- ✅ Ownership and Sustainability
- ✅ Long-Term Impact

Place-Based Initiatives

Place-Based Initiatives emphasize the importance of addressing health disparities within specific geographic areas or communities. This approach recognizes that health outcomes are influenced by social, economic, and environmental factors that vary across different locations. By implementing targeted interventions in specific places, this aims to create healthier and more equitable environments. It involves working collaboratively with community organizations, local governments, and other stakeholders to improve access to healthcare, healthy food options, safe housing, transportation, and other social determinants of health.

- ✅ Targeting Geographic Disparities
- ✅ Social Determinants of Health
- ✅ Collaborative Approach
- ✅ Healthier Environments
- ✅ Equitable Access
- ✅ Local Impact
- ✅ Community Transformation

Workforce Development

Workforce Development focuses on building the capacity and expertise of public health professionals and community organizations to effectively address health disparities and promote health equity. It involves training, skill-building, and knowledge-sharing initiatives that equip individuals and organizations with the tools, resources, and competencies needed to implement evidence-based strategies. By investing in workforce development, this aims to strengthen the public health infrastructure, improve service delivery, and drive sustainable change in communities.

- ✅ **Capacity Building**
- ✅ **Empowering Public Health**
- ✅ **Tools and Resources**
- ✅ **Evidence-Based Strategies**
- ✅ **Strengthening Infrastructure**
- ✅ **Enhanced Service Delivery**
- ✅ **Driving Sustainable Change**
- ✅ **Community-Specific Programs**

Data-Driven Management

Data-Driven Management emphasizes the use of data to inform decision-making processes and guide interventions. This includes the collection, analysis, and interpretation of disaggregated data to identify disparities, assess health needs, and evaluate the impact of interventions. By employing robust data management practices, public health practitioners can gain insights into the underlying causes of health inequities and target resources and interventions where they are most needed. This domain also involves promoting health equity metrics and indicators to monitor progress and hold stakeholders accountable.

- ✅ **Informing Decision-Making**
- ✅ **Data Collection and Analysis**
- ✅ **Identifying Disparities**
- ✅ **Insights into Inequities**
- ✅ **Targeted Resource Allocation**
- ✅ **Health Equity Metrics**
- ✅ **Monitoring Progress Accountability**

Finance Systems

Finance Systems focus on mobilizing resources and ensuring their equitable distribution to support health equity initiatives. Recognizes that sustainable funding is essential to drive meaningful change. It involves exploring innovative financing mechanisms, advocating for resource allocation that addresses health disparities, and leveraging partnerships with private and public sectors to secure adequate funding. By strengthening finance systems, the initiative aims to promote financial sustainability, allocate resources strategically, and eliminate financial barriers that hinder health equity.

- ✓ Capacity Building
- ✓ Empowering Public Health
- ✓ Tools and Resources
- ✓ Evidence-Based Strategies
- ✓ Strengthening Infrastructure
- ✓ Enhanced Service Delivery
- ✓ Driving Sustainable Change
- ✓ Community-Specific Programs

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