Richmond Health Equity Partnership
Health in All Policies Subcommittee
Working Definitions for Health Equity and Health in All Policies

1) Health in All Policies:

Health in all Policies considers that policy and program decisions made by "non-health" agencies play a significant role in shaping community and people's opportunities to be healthy. HiAP uses health as a linking factor in bringing people together from across sectors to address major societal issues, focuses on co-benefits and win-win strategies, and harnesses the power that agencies and departments can bring through their areas of expertise (Health in All Policies Task Force, Strategic Growth Council)

2) Social Determinants of Health

Are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between [communities and countries] (World Health Organization).

3a) Health disparities

Health disparities are population-specific differences in the presence of disease, health or access to care. It is important to identify factors leading to these disparities because they can be changed (Multinomah County Health Equity Initiative citing Department of Health and Human Services). Healthy People, 2020 suggests that health disparities are the preventable difference in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged population.

3b) Health inequities

Health inequities result from an uneven distribution (of resources, services, wealth, etc.) and are unnecessary, unjust, unfair and avoidable. (UC San Francisco, Braveman)

3c) Health Equity

Health equity is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the

conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices (such as racism) ([Healthy People, 2020](#)).

4. Deficit Thinking

Deficit thinking suggests that individuals or entire communities are unsuccessful, and/or suffer the effects of social and health equity do so because of internal deficiencies. This model does not consider the root causes of failures at school or the causes of health disparities. As well, the deficit thinking paradigm does not seek to identify assets (either of the individual or community), missing opportunities to identify protective factors that lead to resilience or identify "what works" when individuals succeed or when communities are safe and healthy despite assumptions of failure. When thinking about school leadership and changing school environments, identifying and replacing deficit thinking is particularly important (Skrla, L. and Scheurich; Garcia and Guerra; University of North Carolina at Chapel Hill [School of Education](#))

5. Community Assets:

A community asset or community resource is something that contributes to well-being and/or can be used to improve the quality of *community* life. It can be a person, a physical structure or place, a business, a loose network of people, an association or institution. ([Kansas University Community Tool Box, Kretzman)](#)

6. Racial Residential Segregation

Segregation refers to the physical separation of the races in residential contexts. It was imposed by legislation, supported by major economic institutions, enshrined in the housing policies of the federal government, enforced by the judicial system, and legitimized by the ideology of other cultural institutions. Segregation is a fundamental cause of differences in health status between African Americans and whites because it shapes socioeconomic conditions at the individual and household levels as well as the neighborhood and community levels. ([Williams and Collins, Public Health Reports](#))

7. Structural Racism

Structural Racism describes the ways in which history, ideology, public policies institutional practices, and culture interact to maintain a racial hierarchy that allows for the privileges associated with "whiteness" and the disadvantages associated with color to endure and adapt over time. A structural racism framework takes a step back from institutional racism, and recognizes the racialized cultural and historical context in which institutions and individuals are unavoidably embedded ([Joint Center, Place Matters](#)).