



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ADVANCING WORK IN HEALTH EQUITY

A GUIDE TO HEALTH EQUITY PRINCIPLES



HEALTH EQUITY

WHY IS THIS A CRITICAL SOCIAL ISSUE?

Health Equity is defined as, “The condition in which everyone has the opportunity to ‘attain their full health potential’ and no one is ‘disadvantaged from achieving this potential because of their social position or other socially determined circumstance” (Centers for Disease Control and Prevention). The need for equity is very real, as inequities affect the health and wellness of millions of people, including people in your community. Your work—no matter what community you are in—can make a difference in someone’s life and in your community’s overall health.

To help understand why we are focusing so much attention on equity, consider the following question: On average, what is the single greatest predictor of one’s health? HINT: It’s not genetics or physical fitness.

The single greatest predictor of health is **family income**. One’s health is often impacted by the relative wealth of the household they grew up in, or access to health-promoting resources in their surrounding community. On average, people with relatively greater power, wealth, and resources live longer and healthier lives. Those living without these benefits are exposed to more and greater health threats, over which they have little or no control. Health threats may include inadequate child care, low-quality housing and lack of employment opportunities, access to education, safe places to play, and violence in the community. It should also be noted that wealth in the U.S. can be related to historical inclusion and access to certain resources and opportunities.

WHY DO WE DO THIS WORK?

The Y can be a vital organization to help promote health equity in our communities. In 2004, we began focusing on environmental and policy changes to advance health equity through our Healthier Communities Initiatives. In the past 10 years, local leaders in 247 local Y sites have influenced more than 39,000 changes to support healthy living—this work resulted in bringing healthier food into communities, providing safe places for families to be active, and improving access to chronic disease prevention programs. These changes have made an impact on as many as 73 million lives.

The Y is an organization that has positioned itself as one of the leading community-based networks committed to improving the nation’s health. Our vast network of 2,700 Ys gives us the ability to deliver programs nationwide that promote health and wellness with a lens of cultural relevancy and impact for all. Our national footprint also enables us to address the

social determinants of health, such as access to quality health care, and extend health care to the community level.

We recommend Ys seeking to do this work consider an organization-wide approach to diversity, inclusion, and equity. This will build strong operational structure and capacity to help establish trust within your community and to guide this work. This guide is designed as a first step in your Y's efforts to bridge health equity gaps in your community. By conducting the activities in this guide, you will establish the necessary foundation for continued work addressing local health equity issues. It cannot be overstated that this work requires a high level of commitment, cultural competence, and hard work; however, the rewards of active community participation and improved well-being are well worth the investment.

HOW IS THIS WORK DEFINED?

When we use the term "health equity" in our work, we are referring to efforts to ensure access to quality health care, preventive services, quality food, health-promoting environments and resources, and quality living conditions. Access to these social determinants of health is important to individuals, families, and whole communities. When they are lacking, one's health and even longevity are often negatively affected. In fact, because of the uneven distribution of these health-promoting assets, someone's zip code can be a better predictor of life expectancy than their genetic code.

Working to address health equity issues requires use of common language and definitions. Working off a common language platform will foster understanding and leverage the power of idea-sharing among Ys and their partner organizations (more terms can be found in the glossary downloadable from the Health Equity page on Y Exchange). What follows are two of the most important terms and their standard definitions.

Health inequities – Systemic and unjust distribution of social, economic and environmental conditions needed for health (these conditions are also known as **social determinants** of health):

- Access to health care
- Geographic location
- Work experience
- Educational background
- Access to resources (such as fresh produce)
- Income
- Housing
- Transportation
- Human services
- Public safety
- Positive social status
- Freedom from discrimination

Health disparities – Differences in the incidence and prevalence of health conditions and health status between groups are based on:

- Race
- Ethnicity
- Socio-economic status
- Gender
- Diverse abilities/disabilities
- Geographic location
- Any combination of the above

The term “disparity” implies differences between individuals and population groups (e.g., significant diabetes disparities exist between blacks and whites).

The term “inequity” refers to differences that are unnecessary and avoidable and are also considered unfair and unjust (e.g., individuals in community B suffer higher rates of asthma, obesity and chronic illness than individuals in community A because of a lack of fresh produce, lack of places for physical activity, and higher levels of air pollution).

What it means to **advance health equity** is to ensure everyone has opportunities to attain his or her full health potential and no one is disadvantaged from achieving this potential because of his or her social position or other socially determined circumstances.

THE FOUR PILLARS APPROACH

Y-USA utilizes a four-pillar approach to health equity work: Principles, Programs, Partnerships and Policy. Ys that work within all four pillars will likely see the greatest levels of success bridging gaps in health equity.

- **Principles** are often demonstrated in operations and include factors such as facilities access, improved information and communications, the presence of dedicated and inclusive staff, and established mechanisms for engaging relevant groups. Principles provide the foundation for any action plan for addressing health equity issues.
- **Programs** should be delivered with two lenses in mind: a prevention lens and a purpose lens. A program portfolio in a Y would ideally serve needs across the chronic disease prevention tiers (primary, secondary and tertiary levels in the [Healthy Living Framework](#)). When applying the purpose lens, Ys would involve marketing and design principles that attract participants/members experiencing inequities, deepen social impact, and sustain health impact through purposeful engagement with the participants who are hardest to reach.
- **Partnerships/Collaborations** are forged not in isolation, but rather as a mechanism to link programs and the entire YMCA health equity approach to the larger community. A **collaboration** is a strategic relationship that aligns priorities, activities and resources across two or more organizations, in order to strengthen community. A **partnership**, specifically, is a formalized, prescribed agreement to engage in joint planning and activities for the medium to long term. Collaborating

with local organizations enables associations to reach people, effectively meet their interrelated needs, and have impact on the broader system.

- **Policy** involves a course of action targeted at systematically influencing decisions or actions. Government entities are the focus for public policy work, whereas private entities (businesses, organizations, or individuals) are the focus of other types of policy strategies. Policy can be a strong mechanism to recruit, engage and mobilize advocates to advance health equity solutions and promote improved health at local, state and national levels.

This guide will focus on work in Principles and offer some first steps in the other pillars. Future guides will focus on each of the other Pillars. The guides that follow this will also be made available from the [Health Equity page](#) on Y Exchange. Starting with the Principles pillar can help form a solid foundation for continued work in health equity; however, this work is not necessarily a chronological process. Once progress with the Principles pillar is achieved, the opportunities for success in the other pillars grow and so, too, will your ability to help confront and address your community's health equity issues. As you work through other pillars, you will learn from external engagement about better ways to serve your community, but also more about how to continue your work on the Principles pillar.

ARRIVING AT THE PRINCIPLES

In order to address some of the factors in Principles (such as mechanisms for engaging relevant groups) you have to establish a foundation of information—what does your community need? You will determine this by engaging with the community, a process that involves several tasks.

Building trust

It requires trust to build relationships, bring individuals together, and shape change in the community. Ys already engaging in health equity work have found they needed to focus every day on strengthening trust by working side-by-side with neighbors, partners, and community leaders to move their communities forward. It is not a simple or fast process, and long-term commitment to building trust is necessary.

Ys and other organizations cannot assume they have the trust of the entire community. They need to actively build trust in communities they serve so members will know the organization's agenda is aligned with their priorities as a whole. Ys need to develop trust in their communities by working to understand community needs and addressing those needs in collaboration with other organizations and key community stakeholders.

Listening first

To strengthen the bonds of trust, organizations need to listen to, support, and find common ground with community members, groups, and institutions. A successful Y has staff at all levels that use listening skills and participate in training that provides the fundamentals for developing and sustaining relationships. We must practice these skills with everyone we engage at the Y, including staff, volunteers, health seekers and community members. It is important to listen from the perspective of a learner, and refrain from acting as the expert by prescribing solutions. By actively listening, leaders and staff of our organizations can learn about community members and facilitate discussions in a way that allows community members to also learn about themselves. Listen First training is available in several formats through the Ys national training system.

Two activities—"Create a Learning Environment" and "Understand the Needs, Wants, and Interests of Your Community"—are detailed on the following pages. These activities will help demonstrate and grow proficiency with work on the Principles pillar and help to build or strengthen the necessary trust with existing relationships. They are designed to be completed as a team. The checklists and discussion guides will help you along the first step in advancing health equity—getting to know your community.

TIPS FOR GETTING TO KNOW THE COMMUNITY

Your community is multifaceted. Each culture that makes up your community has unique foods, words, traditions, values, music, dances, and more. Understanding the diverse cultural origins of your community will help engage them effectively, and help realize that different groups may have different needs and they may respond differently to your Y's marketing, environment, and program offerings. The following factors should be explored and understood when working with individuals, families, and groups that experience inequities.

History in the community

How long certain groups have lived in your community will influence the needs of that group. For example, are there members of the community who are recent immigrants? First-, second-, or third-generation Americans? In emerging communities, most of the residents will be newcomers. These differences will give you an idea of some of the opportunities and barriers facing families in this community.

For example, Asian immigrants make up the second largest foreign-born population in the country after the Hispanic/Latino community. More than half of all Asians in the U.S. are immigrants. But Asian communities have been settled in the U.S. for generations. Asian roots in the U.S. precede the American Revolution. Today, immigrants come to the U.S. for an array of reasons. Some immigrants may be coming to escape hardships, such as fleeing from war, or they may suffer disproportionate rates of trauma, depending upon the situation they have left behind them. Many also come to establish new and more promising lives for their families, while others have come to be reunited with family members already residing here. Some come to study or to work, or to be reunited with family members. Understanding the motivations of new Americans is a key to serving them and our mission.

Which languages are spoken?

The Hispanic/Latino community provides a vivid example of the impact of language. Compared to families who have lived in the U.S. for generations, Hispanic/Latinos who are newcomers and immigrants tend to speak Spanish (and Portuguese) and may stay closer to their roots and cultural traditions. If they have young children, their kids will most likely go to school in the U.S. and learn English. As a result, these children often become translators for the rest of the family. Most first-generation Hispanic/Latinos will speak or understand Spanish, but their children may know only English. The third generation often will speak only English, but they may understand certain words or phrases in Spanish. They may feel connected to their Hispanic/Latino heritage through the traditions, arts, and food. Also, there may be some people who speak neither Spanish nor English. In certain areas of Central and South America, as well as in Mexico, there are populations who continue to speak their indigenous languages. It is important to put aside assumptions and explore what diverse languages are spoken within your community

How will home and work lives affect participation with the Y?

When getting to know a community, it is important to ask the following questions:

- What is the median age of the community?
- How is family defined in the community?
- What types of activities do they enjoy doing as families?
- What times/days are considered "family time?" This could include religious services, weekly activities, and family gatherings.
- In what industries do the adults work? Do they have multiple jobs? Do all adults caring for the children also work outside the home?
- Do they have older or younger children at home? Who is providing primary care for children--a parent, relative, friend/neighbor or hired caregiver?
- What barriers may exist to their participation in the program? What challenges or fears might they have?
- Are there transportation challenges for this community?
- How do they like to receive their information (e.g., word of mouth, social media, radio announcement, fliers, etc.)? Do they usually receive their information from a trusted source (e.g., religious community, media)?
- What time and day of the week would be best to host a program for the community? Each Y will need to ask this question as changes in seasons, activities, etc., may indicate that sessions should be offered at different times and days of the week throughout the year. In communities with a migrant population, changing seasons can impact the number of people who will be able to attend the sessions.

To answer all of the above questions, engage community stakeholders in conversation. Consider hosting a meeting and inviting leading community organizations, including local religious groups, chambers of commerce, businesses, nonprofit organizations, and service organizations as well as trusted parents/caregivers and Y members. These are community experts who will be interested in helping engage their constituents in a program that teaches and inspires a healthier lifestyle.

Principles Pillar Activity 1: Create a Learning Environment

Successful Ys understand that working to improve health and well-being in communities experiencing health inequities takes innovative leadership at every level of the organization. Senior leadership must create environments for learning by encouraging creativity and innovation along with learning opportunities. Staff working within that environment can explore community needs and build their empathy and cultural competence. When these environments are created, organizations become fertile ground for producing leaders empowered to impact communities in significant ways.

The first step for staff to understand the community and its needs is to find the answers to the following questions:

- How does the community define itself?
- Who makes up the community and what makes the community unique?
- What resources are available?
- What barriers exist in the community to prevent individuals from having health needs met and engaging in a healthy lifestyle?

To gather this information, staff can connect with and convene community members and leaders in a way that demonstrates that the Y exists to serve the community's needs and best interests. Ys know the needs of our communities are unique and should be treated as such. By understanding this uniqueness, staff can learn which barriers make healthy choices difficult in their community and develop empathy for individuals' challenges and work more effectively with community members to help them overcome those barriers.

With empathy, staff can recognize the community's role in providing environments in which everyone can thrive. Empathy helps staff to listen without judging and provide space and opportunity for individuals, families, and the community to share their concerns and develop solutions to their issues.

It is also important to continually increase cultural competence—a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among staff—which enables effective work in cross-cultural situations. To increase cultural competence, organizations need to learn the cultural nuances, which are unwritten rules that govern social interactions. (YMCA of the USA offers several trainings to improve the cultural competency of you and your staff on the Learning and Career Development Center, such as [Cultural Lenses](#) and Dimensions of Diversity training.)

These unstated rules affect the way in which individuals perceive, seek, and receive services. Before making decisions to implement processes, programs, partnerships, or policies, Y leaders must ask, "Is this culturally relevant to the populations we serve?" If the answer is no, then the Y must develop a culturally relevant approach. If the answer is yes, the Y can move to the next step after confirming the relevancy with community members. You can start to answer this question as you create a learning environment and begin to understand the needs of your community (see the activities on the following pages).

These examples reveal the importance of leadership creating a learning environment with a focus on developing empathy and cultural competence. When leadership encourages culturally relevant creativity and innovation, staff finds unique ways to support the health and well-being of underserved populations. Leaders should set the tone by using creativity and innovation in their own work.

The process of leading by example spurs innovation because leaders are able to strengthen the trust of staff. Trust is essential to progress. Leaders need to develop the trust of staff, staff needs to earn the trust of members, and the Y has to strengthen the bonds of trust with the community.

Create a Learning Environment Checklist

The following checklist contains some best practices for creating a learning environment. This is not an exhaustive list; however, it lifts up the most critical items organizations must do consistently. Remember to not place any judgments on your individual answers. This is how you will determine progress along your journey to impacting your community.

- Senior leadership creates an environment that allows staff to be innovative in order to address community wants and needs (e.g., leading by example, changing meeting structures or trying new techniques in order to better engage staff)
- Senior leadership allows staff to delegate or reassign duties in order to effectively carry out activities identified in an action plan to address health equity
- Senior leadership assists in identifying resources that enable the organization to achieve the objectives set forth in the health equity action plan
- Leaders seek input from staff at all levels of the organization before setting organizational goals and objectives
- All staff seek to develop empathy by learning from community members through in-home interviews, focus groups and wellness interviews (Listen First conversations designed to provide individuals an opportunity to share their motivators and barriers to health and well-being)
- The staff team conducts at least one community assessment annually to identify the community's resources and barriers to health and well-being. Some examples:
 - [Community Healthy Living Index](#)
 - [Community Tool Box](#)
 - [THRIVE: Community Tool for Health & Resilience In Vulnerable Environments](#)

In an effective learning environment:

- All staff feel as though their input is both heard and valued
- Staff have opportunities to understand the health disparities and/or health equity issues in the community
- Staff continually improve business practices, engagement processes, programs, partnership strategies, and policies in order to better engage and impact diverse populations
- Leaders function as conveners by bringing community leaders together to address community-wide issues

Principles Pillar Activity 2: Understand the Needs, Wants and Interests of Your Community

Before an organization can serve the needs of the community, it first must understand what those needs are.

COMMUNITY ENGAGEMENT STRATEGIES

The checklist in the following section allows you to examine what you know and do not know about the needs, wants and interests of your community. Consider the following strategies to begin the process of authentic community engagement:

Strategy I - Assembling a task force

- Gather individuals who can assist in ensuring inclusive practices within desired program programs
- Task force can serve as an ongoing 'advisory board' to ensure continued innovation and awareness of trends

Strategy II - Getting to know your community

- Ensure adequate awareness, empathy and cultural competency to support increased outreach and impact in diverse and underserved communities

Strategy III - Preparing to serve – being inclusive from the inside out

- Assist staff in developing competencies and experience around culturally relevant programming and all dimensions of diversity
- Identify assets within existing staff/volunteer teams and participants who can assist with inclusion efforts

Strategy IV - Developing targeted programs & approaches

- Support development of intentional integration programs and inclusion models
- Collaborate with individuals from your task force as a focus group

Strategy V - Marketing & reaching out to your community

- Tell the story of the goals and impact of inclusive programs for all community members
- Communicate impact of programs to all relevant internal and external stakeholders
- Communicate about your Association's efforts to be a collaborator in efforts to address health inequities and social determinants of health.

Individual input

Interviews and focus groups are effective ways of gathering individual input. This input allows organizations to determine what programs and activities might best serve the needs, while participant feedback informs organizations of the impact their services are having on individuals and families. Typically, Ys follow a data progression of gathering data, analyzing data, and finding the most effective ways to address their findings. By following this data progression cycle, Ys can use input and feedback to continually improve services, environments, and procedures, which eventually lead to improved health outcomes for community members.

No matter how Ys choose to gather data, they should be sure the tools they use are culturally relevant and appropriate. It is not effective to ask individuals in a low-income neighborhood to go online to complete a program evaluation if the individuals lack access to computers. Similarly, it is culturally inappropriate to ask individuals who speak Spanish as a first language to complete a survey written in English.

Community input

When moving from addressing individual needs to addressing community-wide needs, a Y must gather input from a larger segment of the community through community-wide interviews, surveys, focus groups, and town hall meetings. When these structures are conducted using active listening skills, they can empower groups to develop community-wide solutions in the same manner that wellness interviews empower individuals to develop personal solutions to health issues.

Surveys, focus groups, and town hall meetings also allow community groups the opportunity to share in a safe, open environment and provide organizations with the information needed to create processes, programs, partnerships, and policies that meet the needs, wants, and interests of the community. There will be times when your Y will need to create and implement new programs and opportunities to address community needs, while other times will call for modifications of existing programs, events, and educational opportunities to address the community's needs.

Addressing issues through collaboration

Collaborations are often a necessity in addressing community-wide issues. When organizations strategically align their unique skills, strengths, and resources, they can move beyond a single organization's limitations and pool resources to better address the needs, wants, and interests of diverse populations.

Purposeful and strategic partnerships have the potential to move an organization from being one that is well-meaning to being one that improves well-being. When organizations collaborate with a focus on the community, they will strengthen the bonds of community trust and be better equipped to meet the needs, wants, and interests of the community.

Understand the Needs, Wants, and Interests of Your Community Checklist

Remember to not place any judgments on your individual answers. This is how you will determine progress along your journey to impacting your community.

- Prior to establishing a list of programs and events, your Y seeks community input and uses data to understand the health needs of the community
- Hiring practices increase staff and volunteer diversity, inclusion and access for all.
- All staff, including management and leadership, receive training on how to embed cultural competency into the implementation of programs and services
- All programs and events offered by your Y fill a need that has been identified by the community and/or current membership
- Your Y offers at least one off-site program that fills an identified community need
- Data is collected on all programs to measure utilization and individual and community-wide impact (i.e. Behavior changes, weight loss, increased self-esteem or graduation rates, etc.)
- Data is used to tailor program outreach, implementation, and sustainability strategies
- When programs are found to be ineffective at creating positive outcomes, the Y either modifies the program or eliminates it
- Leaders share program changes and outcome data with stakeholders (advisory groups, focus groups, former program participants, etc.)
- The Y strategically partners with other organizations to provide needed programs, services, and/or resources to the community
- organization leaders regularly convenes or attends meetings with community leaders and other stakeholders to identify and address community-wide issues
- The organization leads, supports and/or advocates for community-wide initiatives or policies that address the issue(s) identified by community leaders

Additional Resources for Understanding the Needs, Wants, and Interests of your Community

Go to Health Equity page on Exchange (linked to from the Healthy Living landing page) for additional resources to get you started in your health equity work:

- Discussion Guide and Action Planning Worksheet
- Health Equity Fact Sheet and Glossary of Health Equity Terms
- Health Equity Webcast PowerPoint and Transcript
- Improving Health and Well-Being in Underserved Communities Presentations
- [Engaging Newcomers and Immigrants in Your YMCA](#)
- [Engaging Hispanic/Latinos In Your YMCA](#)
- [Engaging Asian Communities In Your YMCA](#)
- **In 2016: Guides on work with other Health Equity Pillars**

EXAMPLES FROM THE FIELD

When member feedback and participant data indicated that community members needed culturally relevant health information and wanted to spend more time together as a family, the South Side YMCA (Chicago) responded. To address the wants of the community for more family time, the Y modified a monthly open house into a family night. To address the need for health information, the Y added health-related workshops and cooking demonstrations and incorporated a deeper focus on healthy family activities. The Y also brought in a registered dietician to answer questions from participants about proper nutrition. After the changes, attendance grew from a small group that rarely exceeded 20, to an excited crowd of more than 70 people. This small program modification resulted in improved opportunities for health and well-being for members of the community.

EXAMPLES FROM THE FIELD

The Mason YMCA (Memphis, Tennessee) conducted interviews and learned the neighborhood had barriers to physical activity. Because of the appearance of the neighborhood, individuals and families were not comfortable walking in the area, going to the park, or engaging in outdoor activity. Staff got involved in neighborhood projects to remove graffiti and pick up litter. This led to the Y's organizing volunteer efforts and hosting community meetings for seven neighborhoods. As a result, the neighborhoods are organizing their own efforts, from conducting neighborhood cleanup projects to establishing neighborhood watch groups. Now, community members are engaging in outdoor physical activity and holding neighborhood activities. What began as a small step to address blight has resulted in significant changes to the lives of the individuals and families in the community.

For more information and updates on the next guides, go to the [Health Equity page on Exchange](#).