



## HEALTH EQUITY-ORIENTED STRATEGY SELECTION, DESIGN, AND IMPLEMENTATION

WITHOUT A DELIBERATE FOCUS ON HEALTH EQUITY IN THE STRATEGY DEVELOPMENT PROCESS, STRATEGIES MAY UNINTENTIONALLY WIDEN HEALTH INEQUITIES. WELL-DESIGNED STRATEGIES CAN INCLUDE SUPPORTIVE ACTIVITIES TO ADDRESS BARRIERS OR UNINTENDED CONSEQUENCES UNDERSERVED POPULATIONS MAY FACE DURING IMPLEMENTATION. SUCH EFFORTS CAN HELP ENSURE MAXIMUM EFFECTS ACROSS COMMUNITIES EXPERIENCING HEALTH INEQUITIES. CONSIDER THESE IDEAS TO ENHANCE STRATEGY DEVELOPMENT EFFORTS.



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### Balance Community Input and Best Available Evidence

Without community input, there can be challenges with strategy design, implementation and enforcement. Build community ownership in the very beginning of this process to increase the effectiveness and sustainability of strategies. Additionally, examine the best available evidence to ensure that your community is investing resources and time in strategies that are most likely to have the intended impact.

### Establish a Process to Ensure Strategies are Linked to Identified Inequities

Given the multiple factors involved in developing and implementing strategies, efforts can sometimes unintentionally shift away from identified population groups. Ensure strategies are aligned with desired outcomes by writing goals that outline identified inequities. Consider developing criteria or questions to be used as a guide for examining all strategies. This ensures the criteria and strategies align with the established health equity goals. (See Appendix D for a sample *Health Equity Checklist*.<sup>25</sup>)

### Select a Comprehensive Set of Approaches

Consider selecting a comprehensive set of strategies that work together, as one strategy in isolation only goes so far. For instance, while a policy improvement can be impactful, it may need to be supported by educational activities or organizational improvements to have the intended effect on populations experiencing health inequities.

### Account for the Diversity Within the Community

Understand the diversity within your community (e.g., age, disability status, geographic area, race/ethnicity, sexual orientation, socioeconomic status). Populations may have different needs that should be considered and accounted for in strategy selection, design, and implementation (e.g., financial incentives, language translation, mobility assistance). Such diversity may also reveal the need for a wide set of partners in the design process.

## Recognize that Everyone is Not Starting at the Same Place

Populations experiencing health inequities may have further to go to fully benefit from a given strategy. Identify and account for different levels of existing resources, capacity, and support across population groups when designing strategies to help avoid widening health inequities.

## Identify Barriers and Potential Negative Unintended Consequences that Populations Experiencing Inequities May Face

When designing strategies, consider and account for possible barriers to full implementation, enforcement, and benefit for populations experiencing health inequities. Additionally, anticipate negative unintended consequences of any strategy and incorporate solutions early in the design phase. Common barriers may include cost, transportation challenges, safety concerns, lack of capacity or resources, lack of awareness, differing social or cultural norms, and limited health literacy. Potential unintended consequences may include stigma or displacement. Work with partners and community members to identify potential barriers and negative consequences and build in support to address them. (See Appendix B for a description of potential barriers and unintended consequences.)

## Use a Tool to Ensure Health Equity is Part of Strategy Selection and Design

Using tools or frameworks can help you think through health equity considerations in each step of strategy selection and design. Such tools can also ensure consistency in planning and help align strategies with health equity goals. You can use an existing tool (e.g., Health Impact Assessment<sup>26</sup> and Health Equity Impact Assessment<sup>27</sup>) or you can work with partners and the community to develop your own tool.

## Establish Processes to Identify and Address Implementation Challenges

It can be difficult to fully measure the effect of a strategy until it is completed. However, you can build in opportunities to monitor progress at different stages of implementation to identify issues and assess how well populations experiencing health inequities are being reached. Identify issues early in the process to provide an opportunity to make adjustments that can support equitable outcomes. Be prepared to address potential challenges and provide additional supports throughout a strategy's implementation.

### CONSIDER THE FOLLOWING OVERARCHING QUESTIONS WHEN DESIGNING STRATEGIES TO ADVANCE HEALTH EQUITY:

- Are those most affected by the issue actively involved in defining the problem and shaping the solution?
- How does this strategy improve the conditions for those communities most in need?
- Will those most negatively affected by the problem benefit the same, less so, or more so?
- What barriers or unintended consequences should be accounted for to make this strategy effective in underserved communities?
- How can we ensure effective implementation and enforcement of identified strategies across population groups or communities?



Nice Ride bike kiosk located at Farview Park in north Minneapolis, MN – an area with high rates of obesity and physical inactivity.

## A Concentrated, Place-Based Approach to Address Health Inequities—Minneapolis, MN

### Minneapolis Department of Health and Family Support (MDHFS)

With support from CDC's *Communities Putting Prevention to Work* program, the Minneapolis Health Department (MHD) developed a series of strategies focused in North Minneapolis to address disproportionate rates of obesity and limited access to physical activity and healthy food resources. The Health Department and partners implemented the complementary initiatives listed below:

- Placed bike share kiosks next to parks where MHD outreach workers encouraged families to use neighborhood parks for physical activity.
- Located the kiosks and the new bike walk center near mass transit as well as bike lanes and walking paths to link residents to major community destinations including farmers markets, community gardens, and commercial districts.
- Implemented Safe Routes to School in the same areas to increase opportunities for students to walk and bike to school.
- Used targeted media, advertising, and outreach to increase residents' awareness of biking and walking resources and how the strategies connected to other health initiatives.
- Implemented Electronic Benefit Transfer (EBT) systems and a Market Bucks incentive program at farmers' markets in the area, allowing residents to use EBT cards to purchase fresh fruits and vegetables and providing customers with up to a \$5 match in Market Bucks coupons.
- Established a local food resource hub and network in four neighborhoods, including North Minneapolis.

In this place-based approach, each strategy complemented the other, resulting in a focused effort to reduce health inequities.

## QUESTIONS FOR REFLECTION: Strategy Selection, Design, and Implementation

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### 1. Where are we now?

- What is our current process, if any, for integrating health equity into strategy selection, design, and implementation?

### 2. How can we address health equity goals when selecting strategies?

- What are the diverse needs we should consider when selecting strategies that will have the greatest impact on populations experiencing health inequities?
- How can we balance community input with evidence-based strategies to select the most effective strategies to reduce health inequities?
- How can we verify that selected strategies align with the needs of populations experiencing health inequities?
- How can we ensure selected strategies build on one another to form a comprehensive approach that advances the achievement of health equity in our community?



### 3. How can we address our health equity goals when designing strategies?

- What are the diverse needs we should consider when designing strategies that will have the greatest impact on populations experiencing health inequities?
- How can we account for different levels of existing resources, capacity, and supports across population groups when designing strategies?
- What process can we establish to identify and address barriers to, and potential unintended consequences of strategies that populations experiencing health inequities may face?

### 4. What tools can we use to select and design strategies to advance health equity?

- What existing processes, frameworks, and/or tools can we use to systematically incorporate the goal of health equity into strategy selection and design?
- What processes or tools can we create to systematically incorporate the goal of health equity in all of our strategy selection and design efforts?

### 5. How can we address our health equity goals when implementing strategies?

- How can we work with partners to anticipate needs among populations experiencing inequities and provide necessary supports to advance equitable outcomes?
- What methods have we put in place to monitor progress in implementation, identify issues early in the process, and assess how well populations experiencing health inequities are being reached?
- What agreements have we reached with our partners on the long term plans and results?

### 6. What are our next steps?

- What can we do differently to improve or enhance our strategy development process to advance health equity?
- What is our plan of action to implement those changes?