



# Health Equity 101: Module 1

## Public Health Orientation

Division of Public Health  
Wisconsin Department of Health Services

P-03546E  
(01/2024)



# **Module 1**

## **Learning Objective**

Understand and apply  
definitions of, and relating  
to, health equity

# Health Equity

“Everyone has a fair and just chance to be as healthy as possible.”

-Paula Bravemann, 2017



Health equity means providing opportunities for every Wisconsinite to live a long and healthy life regardless of race, ethnicity, disability, gender, socioeconomic status, neighborhood, education, or any other social condition.”

-Minority Health Report, 2018-2020



# Social Determinants of Health (SDoH)

“Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

-ODPHP, 2020

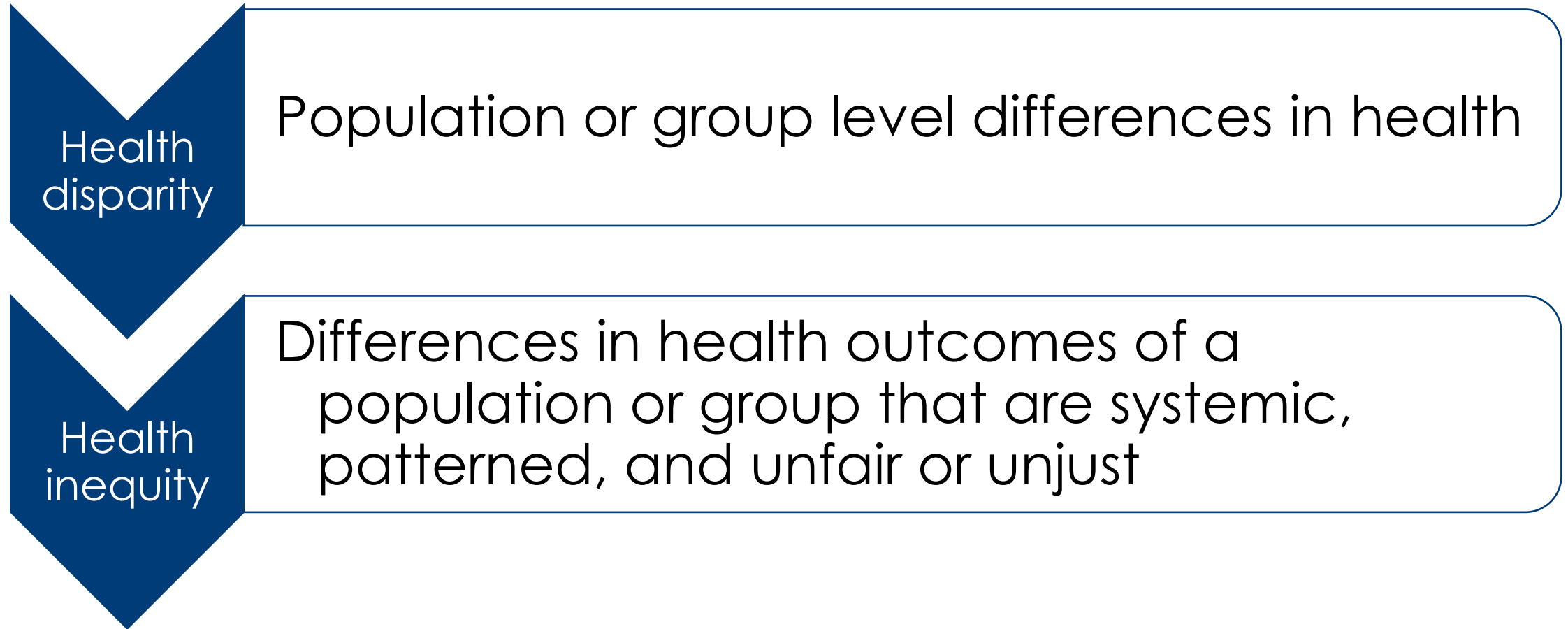


# Equality vs. Equity





# Health Disparity vs. Health Inequity





# Health Disparity vs. Health Inequity

## Top Cause of Death by Age, 2018

Rank	Infants < 1	1 to 4	5 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65+	All Ages
1	Congenital Malformations 78	Unintentional Injury 16	Unintentional Injury 21	Unintentional Injury 193	Unintentional Injury 435	Unintentional Injury 318	Cancer 617	Cancer 2,024	Heart Disease 10,094	Heart Disease 12,053

## Top Cause of Death by Race/Ethnicity, 2018

Rank	Hispanic	Asian	Native American/ American Indian	White	Black/ African American	All Wisconsin
1	Cancer 182	Cancer 88	Heart disease 98	Heart disease 11,116	Heart disease 618	Heart Disease 12,053

# Health Disparity vs. Health Inequity

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## Diversity

The varied identities and characteristics that distinguishes individuals or groups



## Inclusion

Building an environment where everyone's thoughts, ideas, and perspectives matter



## Belonging

Feeling valued, accepted as members of a group, and connected

# End of Health Equity 101: Module 1





# Health Equity 101: Module 2

## Public Health Orientation

Division of Public Health  
Wisconsin Department of Health Services



# Module 2

## Learning Objectives

- Knowledge about why health equity matters by understanding values at DHS, historical considerations, populations to consider, and different levels of health equity
- Understand how to embed health equity practices into everyday work



# Health Equity at DHS—Values

Recognize



Respect



Respond



# Health Equity at DHS

## Recognize

- Acknowledge racial and social injustice
- Understand how systemic barriers and root causes create health disparities
- Own DHS's complicity and role in this broken system
- Celebrate diversity and promote representation





# Health Equity at DHS

## Respect

- Honor cultural traditions
- Empower all voices
- Give authority to the voices of our partners and those with lived experience, and share power with them
- Foster diversity, equity, inclusion, and safety



# Health Equity at DHS

## Respond

- Promote cultural humility and linguistically responsive services
- Support transformation to address health disparities
- Reimagine and redesign – use focused approaches to restore health to marginalized communities
- Celebrate, elevate, and share successes



# Historical Considerations

- A large, long-standing, and growing body of evidence demonstrates stark differences in health outcomes when data are stratified by race/ethnicity, income, education level, and more.
- There is a long history in our state and in our nation of unequal treatment and intentional disenfranchisement of certain population groups.
- As intentional efforts were made to worsen the living conditions of certain population groups, intentional efforts must be made to improve such conditions for such groups.



# Populations to Consider\*

Skin color

Where they  
were born

Level of  
education

Gender  
identity

Sexual  
orientation

Religion/Faith

Job/career

Income

Language

Neighborhood  
or community

Tribal  
affiliation

Disability

\*not an exhaustive list



# Questions to Ask

- **Does my program area work with or learn from anyone with direct and personal experience?**
- How does my program area use, collect, display, or share information and data about communities who are disproportionately impacted?
- How does my program prioritize outreach, education, and resources to communities most impacted?



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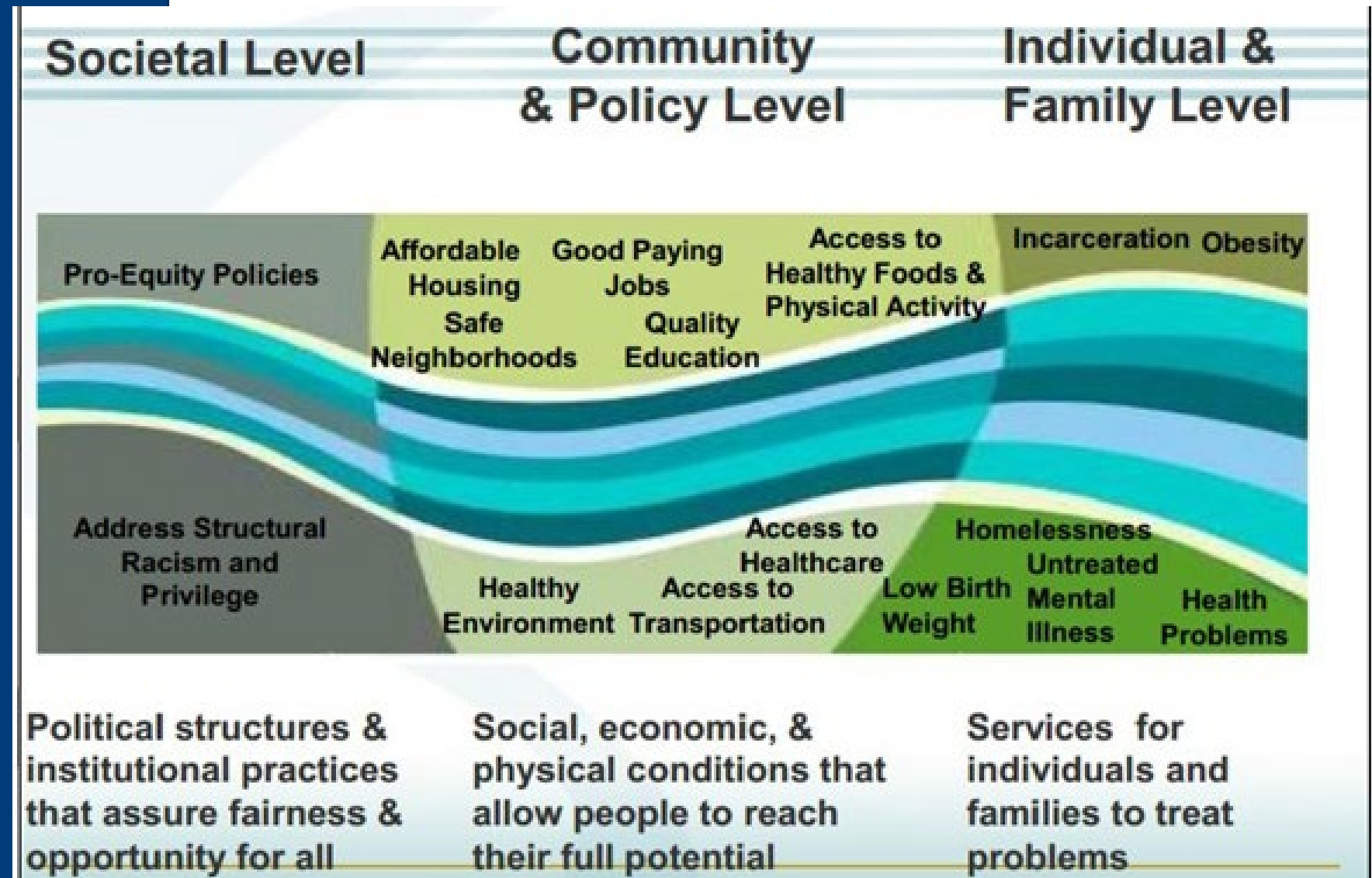
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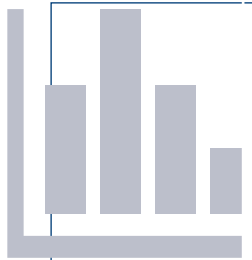
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# Equity at Every Level

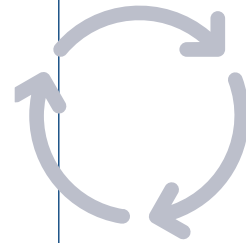




# Embedding Health Equity



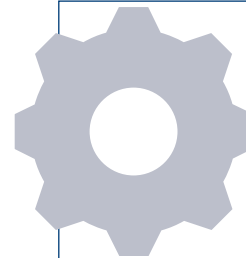
Addressing inequities



Getting rid of retro-fitting



Amplifying  
community voices  
and lived experiences



Addressing systems  
change





# Thank you!



# End of Health Equity 101: Module 2

