

Using a Health Equity Lens

The Vermont Department of Health is embarking on the process to update the current *State Health Assessment* and the *State Health Improvement Plan*. In combination, these two publications serve as the cornerstone of planning for partners working to improve the health and well-being of Vermonters.

During 2017, the State Health Assessment and State Health Improvement Plan will be updated by purposefully applying a health equity lens when collecting and analyzing data. Opportunities to advance health equity will be considered in determining priorities for preventive action.

Health Equity Definition

Health equity exists when all people have a fair and just opportunity to be healthy, especially those who have experienced socioeconomic disadvantage, historical injustice and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation, and disability.

Health inequity exists when these avoidable inequalities lead to an uneven distribution of the resources and opportunities for health.

Health inequities are differences in health that are avoidable, unfair or stemming from injustice.

Health disparities are statistical differences in health that occur between groups of people. These could be from any cause.

- employment status

General Principles to Guide the Process

Striving to eliminate inequity requires a conscious commitment to continuous learning and seeking opportunities for improvement. The Steering Committee has committed to ensuring that the process is fair, transparent, collaborative, accessible and inclusive, particularly of those affected by inequity.

Health equity will be considered in each step of the process, including:

- Who is engaged in the planning and priority setting
- How individuals affected by inequity are engaged
- What data is considered and how it is analyzed
- How decisions are made
- Who is involved in decision-making

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Key factors related to health equity to be considered:

- race/ethnicity
- gender
- age
- income
- education

2017 • State Health Assessment & State Health Improvement Plan

Because populations who experience or are at risk of experiencing health inequity have too often in the past not been fully included in engagement and analysis of our work, we will make every effort to ensure they are engaged as full partners in this work.