

Topic Spotlight: Health Equity

What is Health Equity from a Town Perspective?

Individual residents of a town can have vastly different access to conditions that promote good health. Municipal policies and actions impact local health outcomes by shaping the built environment and by allocating public resources. Local policies and regulations can incorporate language to support the following: accessible healthcare options, safe and affordable housing, abundant parks and community spaces, multi-modal transportation systems and walkability, educational and economic opportunity, and inclusive public decision-making.



What is health equity?

According to the Vermont Department of Health (DOH), “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.”

Social Determinants of Health

It is important to remember that not everyone has equal access to conditions that promote good health. The health of individuals and communities can be impacted by their age, gender, race, socioeconomic status, physical environment and more. These factors are known as the **social determinants of health** and they can have a deep, lifelong impact on health. It is important to view health in your community through an **equity lens** that takes these social determinants, and their potentially negative impacts, into account. It is also important to consider how these **social determinants can intersect** to compound and exacerbate health inequities. For example, a woman who identifies as part of the **BIPOC community** (Black, Indigenous, People of Color) may face health inequities that are in part determined by both her gender and racial identity. Social groups that are particularly vulnerable to health inequities include the BIPOC community, the very young and elderly, the disabled, and those experiencing housing instability or homelessness.

The BIPOC community in Vermont experiences disproportionate adverse health outcomes due to social determinants of health. For example, in 2020 BIPOC Vermonters made up 6% of the statewide population but 18% of positive COVID-19 coronavirus cases.” -VT DOH, December 2020

Housing stability is an important social determinant of health. People who are not stably housed or homeless may have an increased risk of negative health outcomes. According to the American Psychological Association, rates of mental illness and conditions such as hypertension, asthma, diabetes, and HIV/AIDS are more prevalent in homeless populations. **Food insecurity** is another factor in long- and short-term wellbeing. Food insecurity occurs when a lack of money, transportation, or other resources disrupts access to high-quality foods. Equitable access to healthy and desired foods is a foundation of resilient food systems. Community partnerships and policies can increase use of nutrition assistance programs and influence businesses and institutions to invest in local, healthy food products.



Stigma – preconceived views or bias against those who struggle with substance misuse or chronic poverty, for example – is a major barrier to equitable treatment in society and in healthcare systems. Greater awareness of the structural underpinnings of poverty and of how addiction functions as a disease leads to more empathy, understanding, and solutions for those in need of support.

What’s the difference between equity and equality?

Equity and equality are two distinct terms, and the distinction is important. A health equality lens would treat everyone the same regardless of their unique social determinants, whereas a health equity lens considers a person’s social determinants of health and factors that into their care. Equity is basically the understanding that a One Size Fits All approach is not the best way to improve outcomes for society as a whole.



Why Does Health Equity Matter?

It is important to identify the specific social determinants of health that impact Vermonters in your community so that you can develop successful strategies for addressing them. For example, according to DOH, Vermonters with Disabilities smoke at a higher rate (33%) than the general population and are more likely to need assistance with quitting. The same is true for low-income Vermonters and those on Medicaid. Knowing this, communities with significant populations of low-income and disabled Vermonters may choose to focus anti-smoking outreach and quitting support on these specific groups.

Leadership Challenge: which of these actions can your town take first to improve healthy equity for residents?

Action Items for Municipalities:

Action	Outcome
Identify neighborhoods that lack adequate access to green spaces and healthy food options and investigate zoning/development solutions.	More equitable communities where all people have access to healthy food and natural outdoor spaces regardless of where they live.
Invest in substance-free community recreational spaces that are accessible to everyone in the community.	Increased physical activity and improved mental and physical wellness in the community.
Provide financial support to low-cost health clinics and other resources (ex. Bennington Free Clinic).	All people are able to access health care regardless of insurance
Support substance misuse recovery programs.	People in recovery have support and avoid relapse. Lower medical system costs and stronger workforce.
Support efforts to establish drug take-back sites.	Reduce prescription drug misuse.
Invest resources in mixed-income and recovery housing development and improvement of existing housing stock. Revise land use regulations to allow diverse housing, commercial, and mixed-use development in suitable areas.	Reduce homelessness and housing insecurity in the community. More opportunities exist for economic development and job creation.
Develop a municipal social health and wellness plan.	The social determinants of health are acknowledged and prioritized for improvement in the community.
Pursue complete streets policy for road development that accommodates ADA-compliant pedestrian facilities and bicycles safely. Support public transit and inter-modal transportation.	All persons, regardless of income or ability, are able to move throughout the community for school, work, healthcare, food and shopping.