Building Bridges: The Strategic Imperative for Advancing Health Equity and Racial Justice

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In efforts to advance health equity, aligning with groups working toward racial justice can yield power and improve effectiveness; however, alignment is no simple task. It takes effort and intentionality. This brief concept paper outlines a rationale and five strategic opportunities for building bridges between the fields.

When we look across our country, we can see that we're far from achieving our vision of a healthy, just, and equitable society. Low-income communities and communities of color experience health inequities that result in disproportionately negative health outcomes. These communities are subjected to concentrated disadvantage, including economic hardship, low-performing schools, and ineffective systems that harm families and result in outcomes that are unfair, unjust, and avoidable. Health inequities are a recurring and predictable outcome of the policies, practices, and procedures that have segregated many people—in particular, low-income communities of color—from the resources and opportunities to be healthy.[1]

So how do we move toward a more racially just and equitable society? By understanding and taking strategic action on what has contributed to these inequities, including the role of racism, discrimination, and other forms of racial injustice, we can transform community environments across the United States to prevent illness and injury from occurring in the first place; close racially unjust gaps in health and safety outcomes; and ensure that people of all races systematically experience equitable opportunities to achieve health and wellbeing.

We assert that people working to advance health equity and those working to achieve racial justice share common ground. By working together, they can better overcome shared obstacles and challenges to healthy, equitable and racially just communities and society.

This brief paper seeks to clarify the important interrelationship between health equity and racial justice and proposes a rationale and strategic opportunities for advancing health equity and racial justice side-by-side. We plan to develop a more comprehensive version of this paper as part of our work to advance a system of prevention for health equity and racial justice. The intended audience for this paper includes individuals from all sectors with grounding in health equity and/or racial justice issues, including the social determinants of health, as well as content areas that explicitly incorporate a racial justice lens such as social, economic, or environmental justice.

Principles for Aligning & Advancing Health Equity and Racial Justice

Efforts to concurrently achieve health equity and racial justice recognize that:

- We need to go beyond documenting disparities. Acknowledging the array of inequities, disparities and injustices on their own is insufficient to simultaneously achieve health equity and racial justice.
- Not everyone starts from the same place when it comes to understanding the intersection of health equity and racial justice, given differences in lived experience, knowledge of historic and present-day practices, and skill level engaging with these macro-social issues, among other factors.
- Simultaneously advancing health equity and racial justice necessitates a process with actionable strategies and clear milestones that embed equity and justice from the start.
- Achieving health equity and racial justice outcomes requires a strong focus on centering the experiences, perspectives, and approaches of people of color in articulating the problems and securing solutions.

Working to narrow gaps in health outcomes without intentionally addressing racism and the multiple forms of discrimination associated with it thwarts successful outcomes on both fronts.

Parameters of Health Equity and Racial Justice

The intersection of health equity and racial justice reflects the profound impact of racism on the persistence and the depth of disparities in health outcomes experienced by people of color. Working to narrow gaps in health outcomes without intentionally addressing racism and the multiple forms of discrimination associated with it thwarts successful outcomes on both fronts.[2] The parameters of health equity and racial justice described below reinforce the imperative of focusing on and elevating racial justice in any effort to ensure that everyone has fair and equal opportunities for good health, safety, and wellbeing, and that those opportunities systematically produce equitable outcomes for all.

Health equity means that everyone has a fair and just opportunity to attain their full health potential and that no one is disadvantaged, excluded, or dismissed from achieving this potential. Health equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined by race/ethnicity, culture, class, national origin, or other means of stratification. Many people live at the intersection of identities like race or ethnicity, disability, immigration status, or socioeconomic status. Across these many factors, race and ethnicity often exert the greatest and most consistent measurable impact on the unfair and unjust health outcomes we see. Health equity emphasizes shifts in power and systems and requires the removal of systemic obstacles to health. For example, addressing poverty as a determinant of health inequities would mean addressing the downstream consequences of poverty, including powerlessness and lack of access to good jobs, education, housing, healthcare, and health-promoting environments.[3,4,5]

Racial justice would be attained if racial factors (skin color and appearance are often a proxy for this) no longer served as reliable predictors of health, safety, economic stability, educational attainment, or other important societal outcomes. This would entail the elimination or reversal of the policies, practices, norms, and messages that reinforce differential outcomes by race (as a social construct) as well as a transformation of the systems and structures that uphold and reinforce persistent—and sometimes widening—inequities between Whites and non-Whites, with Latinos, Blacks, and Native Americans typically receiving the least and worst access to resources, opportunities, and conditions for thriving. Achieving racial equity means closing gaps between racially defined groups and engaging

Beyond COVID-19 Recovery: Building bridges to strategically advance health equity and racial justice

For those who have long advocated for equitable policies, systems, and institutional practices, the COVID-19 pandemic lays bare the deep racial and structural inequities that have always been there, insidiously shaping health, safety, and wellbeing. According to the COVID Tracking Project, African-American deaths from COVID-19 are nearly two times greater than would be expected based on their share of the population. In four states, the rate is three or more times greater. Latinos make up a greater share of confirmed cases than their share of the population in almost every state in the country.

This difficult time is also a strategic, political, and economic window of opportunity to push forward fundamental systems and policy changes that will result in better processes and outcomes for racially, ethnically, and economically diverse communities. The national uprising in support of Black lives has awakened greater consciousness of the need for these changes among the American public and policymakers alike.

Getting "back to normal" is inadequate—that would leave too many communities of color barely surviving, and certainly not thriving. We can't leave communities that were already experiencing concentrated disadvantage even further behind, in particular African-American, Latino, Native-American and other racial/ethnic communities disproportionately affected by the virus. Though the story of recovery from COVID-19 is still being written, it is already evident that greater strategic alignment between people working to advance health equity and racial justice is required to maximize the likelihood that recovery efforts will be attentive to redressing racial inequities and creating long-term improvements.

in processes that lead toward truth and reconciliation, justice, and fairness—as well as redistribution and sharing of power and resources—to rectify the compounding effects of race-based policies and practices rooted in discrimination, exclusion, and dominance.[6,7,8,9]

Exploring the Relationship Between Health Equity and Racial Justice

On the most basic level, the relationship between health equity and racial justice is evidenced by data demonstrating a striking pattern of health inequities among the diverse racial and ethnic groups in the US. These inequities are evident across a multitude of health conditions inside and outside the healthcare system, persist regardless of economic strata, and are not tied to inherent differences in genetics. A look across numerous data sets has demonstrated over time how Blacks, Latinos, Native Americans, and specific groups of Asian Americans/Pacific Islanders have suffered the health, safety, and mental wellbeing consequences associated with policies, practices, and procedures that have unfairly and unjustly denied these groups the fair opportunity to experience good health, safety, and wellbeing.

Socioeconomic status clearly plays an important role in mediating (or exacerbating) health inequities across assigned racial categories, but there are also notable examples where, controlling for factors such as income, educational attainment, or health insurance, racially based inequities in health stubbornly persist.

Persistent Racial Inequities in Health Outcomes

Racial disparities can persist even when socioeconomic status is comparable.

An extensive body of multi-disciplinary research has demonstrated pronounced inequities in exposure to toxic emissions associated with racial segregation in the US. A recent study the Environmental Protection Agency quantified the burden from emissions of particulate matter (PM)—a form of air pollution that is a known carcinogen and contributes to lung disease, heart attacks, and premature death—by race/ethnicity and by poverty status. This study examined disparities for the US as a whole, as well as for each state and county.

Researchers found that people of color are more likely than Whites to live near polluting land uses and breathe polluted air. While these disparities operate differently at the various scales studied, Blacks, Latinos, and other non-Whites consistently experience higher burdens of PM exposure overall. A key finding of the study is that although those living above the poverty line in urban areas experience less exposure to PM than those living in poverty, the exposure to emissions are much greater for Blacks when compared to Whites, underscoring the fact that racial disparities can persist even when socioeconomic status is comparable.[10]

Another stark racially unjust gap is found in the area of maternal and infant mortality. In the US, there are 43.5 maternal deaths per 100,000 live births among Black mothers compared 14 deaths per 100,000 live births among all US mothers and 12 deaths among White mothers. We see similar inequities in infant mortality, with 11.7 deaths per 1,000 live births of Black babies born in the US compared to six infant deaths per 1,000 live births of all US babies and 4.8 per 1,000 live births of White babies. Numerous studies show that—when controlling for educational achievement, income, prenatal care, or health status—Black mothers are far more likely to die or lose their babies compared to their White peers. The extensive literature on this topic indicates that these disparities cannot be fully accounted for by the greater prevalence of interrelated health risk factors experienced by Black mothers; they

result from the cumulative effects of racism on maternal and infant health, compounded by poor quality and biased healthcare services.[11]

Health inequities are not coincidental or accidental, nor are health inequities a matter of poor choices or access to quality healthcare. As mentioned above, they are produced by historic and current-day policies, laws, practices, and procedures that systematically determine the factors, including community conditions, that undermine health. These policies and practices have disproportionately and negatively impacted the lives of people of color living in the US. As a result, heart disease, cancer, diabetes, injury, mental illness, substance abuse, suicide, and other illnesses occur in higher frequency, earlier, and with greater severity among people of color, especially among people of color living in communities subjected to concentrated poverty.[12] Consequently, health inequity is a form of racial injustice.

At its core, health equity in relation to racial equity means that improvements in health outcomes for people of color would be quantifiable, sustained, and ultimately result in no observable, patterned differences in health outcomes between groups based on racial categories.

Health equity and racial equity are not synonymous. Bringing these two perspectives together means acknowledging that we cannot accomplish one without the other. Working towards health equity without intentionally addressing racism and the multiple forms of discrimination associated with it, thwarts successful racial justice and health equity partnerships and outcomes.

Another important step in bridge-building is to recognize the challenges to working together encountered by advocates from these two, multifaceted arenas. Effective collaboration requires an appreciation of and respect for *both* similarities *and* differences in the work of health equity and racial justice, better understanding of the relevant data from both arenas, and establishing and nurturing relationships that are grounded in multisector collaboration best practices. Fortunately, we can find inspiration and direction from examples of racial justice and health equity advocates successfully coming together around shared values to support each other's work and to accomplish common goals and outcomes—from smoke-free ordinance campaigns in historic civil rights communities in the South

to cutting-edge policy initiatives to address the overconcentration of hazardous land uses that emit toxic pollutants in Los Angeles' Latino and Black communities.

Tensions in Aligning Health Equity and Racial Justice

"Not everything that is faced can be changed, but nothing can be changed until it is faced."

— James Baldwin

In theory, health equity and racial justice seem naturally–even inextricably–linked. Nonetheless, efforts to move them forward simultaneously have not been the norm. The ways health equity and racial justice initiatives have developed over time; their visions, perspectives, and focus; leadership and staffing; funding streams and directives; language; and theories of change have created tension and disconnection between the two approaches. For example, universal language frequently used by proponents of health equity—such as "all communities deserve," "everyone benefits when," and "no one should be left out"—has sometimes alienated those who believe in explicitly naming and centering racial justice linkages to health equity.

On the other hand, some advocates fear that explicitly elevating racial justice fails to underscore that there are also other forms of inequity. Because centering racial justice in health equity ultimately requires shifts in power, leadership, funding, and decision-making, this shift can feel threatening to those who typically frame their work from the perspective of what they know and currently do well. Centering health equity and racial justice can sometimes mean no longer being the only spokesperson or expert on the topic, and it usually requires institutional shifts in personnel, analysis, and visioning.

Recognizing these tensions and understanding that people will need to successfully work through them to achieve common ground is an important first step in making progress on alignment of health equity and racial justice. For some organizations and institutions, this will require fundamentally shifting their ways of being, learning, and practicing to become stronger and more effective partners in collaboration.

While it is beyond the scope of this paper to recommend specific strategies for bridging these differing approaches, there are promising emerging strategies that seek common ground between health equity and racial justice perspectives. Developed by the Othering and Belonging Institute at the University of California-Berkeley, targeted universalism is a policy framework for achieving universal goals using targeted strategies to ensure every group within a society reaches

that universal goal. That means developing a clear understanding of how norms, institutions, policies, and systems affect different groups within a society and designing targeted strategies that specifically address racial inequities and other systemic barriers.

john a. powell, director of the Haas Institute, describes targeted universalism as "an approach that supports the needs of the particular while reminding us that we are all part of the same social fabric." powell provides the example of meaningful and joyful education for all children as a universal goal pursued through multiple pathways to ensure all children meet that goal, including providing resources and support to cultivate and retain qualified teachers; nurture all students; ensure access to nutritious meals, stable housing, and medical care for children from low-income families; provide English-learning and first-language support for children of recent immigrants; and focus on countering racism in school settings through culturally appropriate curricula and teaching methods to support children of color.

To learn more about *targeted universalism*, visit https://haasinstitute.berkeley.edu/targeteduniversalism

Two Equity Frameworks

Equity isn't just a vision or an outcome: equity is a process that runs through the everyday work of individuals, organizations, and governments. That means that everything we do and how we do it can support or undermine equity. To better understand equity in practice, we provide two complementary frameworks that can help identify, interpret, and operationalize equity. These frameworks can serve as analytical tools for practitioners to explore how equity applies to health and racialized inequities, identify challenges, and find common ground.

Advanced by both scholars and practitioners, these frameworks encourage us to look beyond the outcomes we see today to intentionally address systemic barriers with roots in historical policies and practices, change processes that reproduce present-day outcomes, and hold systems—and decision-makers within those systems—accountable for closing gaps. Both are broad and flexible enough to engage health equity and racial justice aims and provide language that goes beyond the moral argument for an equitable, healthy, and racially just society, giving practitioners actionable guidance on how to embed equity into their own work.

EQUITY FRAMEWORK 1: THREE EQUITY OBJECTIVES

The first equity framework recognizes three key equity objectives and can help assess whether government agencies are acting in a just and fair manner when it comes to delivering goods and services, addressing climate and other health-related issues, and more.[13] The three objectives are:

- **Procedural equity** refers to transparent, fair, and inclusive processes that provide additional opportunities for those who are disproportionately impacted. These values of transparency, fairness, and inclusion apply to who participates, how participants are engaged, and how input is valued. Procedural equity involves acknowledging imbalances in power and technical expertise that often exist when historically marginalized communities engage with public agencies in decision-making.
- **Distributional equity** means fair distribution of resources, benefits, and burdens, and prioritizes resources for communities experiencing the greatest inequities. Distributional equity is often the first thing people think about when they think about equity because it is the most quantifiable or tangible. Distributional equity is guided by quantitative and qualitative data and allocates goods, services, and other resources in a manner that creates fair opportunities for health and wellbeing for all.
- **Structural equity** addresses underlying structural factors and policies that gave rise to inequities and commits to correcting past harms and preventing future unintended consequences. While more difficult to measure than the other types of equity, structural equity is no less important. Structural equity exposes deep factors related to power that perpetuate disadvantage within systems and then reverses these inequities through with some combination of new norms, policies and/or representation.

EQUITY FRAMEWORK 2: THREE DIMENSIONS OF EQUITY

To address existing equities, we need to be able to see how inequities operate across time: how inequities developed in the past, what social factors undermine equity in the present, and how inequities may unfold in the future. In practice, operationalizing equity requires accounting for the inequity that's already there. All good equity work is contextualized for local community history, daylighting policies, and systemic injustices that have harmed communities for generations.

To go further still, we have to look at the present and into the future to identify those social factors that undermine attempts at equity in the here and now; and importantly, how good intentions and unintended (or ignored) consequences can produce new inequity as outcomes play out. For instance, understanding past inequities might focus on the causes and effects of disinvestment in communities of color, examining the present might mean focusing on the participatory processes that influence policy decisions when it comes to land-use and housing policy, and looking to the future might focus on the potential for unintended consequences of reinvestment, such as gentrification and displacement.

The University of Southern California's Program for Environmental and Regional Equity's guideposts for equitable implementation of public infrastructure investments—specifically public transit and parks—and has broad applicability for alignment of health equity and racial justice practice. This framework seeks to address equity in relation to three dimensions of time:

- Past disadvantage close historical gaps to improve health and economic opportunities in vulnerable communities.
- Contemporary participation incorporates perspectives of impacted communities and supports community-based participation, resulting in shifts in power and shared decision-making, while strengthening collective capacity for action.
- Future consequences adjust as inequities emerge in the future by leveraging funding for long-term community health and organizational capacity and incorporates metrics and evaluation to enable course correction when initiatives are not successfully closing gaps.[14]

Five Strategic Opportunities to Advance Health Equity and Racial Justice

Another key step in advancing racial justice and health equity is to identify and pursue opportunities for collaborative action. Drawing upon the strengths of the fields of health equity and racial justice, we offer five practical opportunities to elevate or prioritize racial justice in health equity initiatives and to strategically leverage health equity partnerships in racial justice initiatives.

#1: Synergistic Data Creation and Analysis

People working toward health equity often analyze gaps in health data and leverage their skills, partnerships, expertise, and training to narrow disparities in health outcomes. While great strides have been made to examine the links between health inequities and broad social determinants of health, the outcomes of interest tend to be those which can be impacted by the health field (as opposed to social movements), using health resources. People working to eliminate racial injustices bring a keen analysis to the historic and present-day factors that drive persistent gaps in outcomes between racially defined categories. Blending these analytic frameworks of health equity and racial justice, practitioners can utilize data to paint a clearer picture of inequities, articulate the roots of these inequities, identify high impact levers for change, and clarify which measures are worth monitoring to determine population-level improvements over time. Working together, racial justice and health equity practitioners can identify the most impactful data and metrics to demonstrate where their efforts best intersect, leading to increased synergy, enhanced strategy, and equitable outcomes for people of all races.

#2: Aligned Framing and Strategic Communications

Speaking persuasively about racially unjust health inequities is challenging but gets easier with practice and guidance from those who are knowledgeable and skillful around strategic framing and communications. For a variety of societal, cultural, and educational reasons, naming the existence and source of racial inequities in health brings up difficult issues for a lot of people. Many people want to get past naming racism or underscore that there are many other forms of inequity. Still others worry that focusing on racial inequities communicates a lack of care and concern for "everybody else." However, even among those who are deeply committed to health equity and/or racial equity, there is still important work needed to identify, frame, and communicate shared visions, values, and strategic directions.

For health equity practitioners, it's important to note that naming and addressing racial injustice in health does not preclude addressing other intersecting forms of inequity. It's also important to recognize that, at least in the US context, we will not be successful at eliminating health inequities if we do not deal explicitly and

tenaciously with those health inequities that are racially patterned. For racial justice practitioners, health equity discussions can sometimes feel "mushy" and diffuse. The term health equity itself can come across as ambivalent or imprecise on matters of racial injustice. This is exacerbated by the fact that many people committed to health equity are still building their knowledge, skills, and narrative around racially unjust health inequities. For these reasons, when health equity and racial justice converge, the potential for strong framing and persuasive communications representing two disciplines, fields, or constituency groups, is greatly enhanced.

#3: United Multisector Partnerships

All sectors have critical roles to play in achieving health equity and racial justice outcomes, particularly around community-wide changes that improve government policies and institutional practices. Effective multisector collaboration increases available resources, strategies, and capabilities to achieve outcomes that could not be accomplished by one field alone or even two fields together. Multisector collaboration can also begin to shift organizational cultures, practices, and norms that may contribute to or produce racially unjust health inequities in the first place,[15] such as categorical funding streams, seemingly disparate institutional mandates, and a tendency for agencies to "stay in their lane."

Multisector collaboration can shift organizational cultures, practices, and norms that may contribute to or produce racially unjust health inequities in the first place.

Multisector engagement and collaboration are very specific forms of fostering connections. Advocates must develop skills to encourage collaboration, identify win-win solutions, and eliminate detrimental practices within institutions and organizations. The first step in identifying opportunities for pursuing collaborative solutions is learning about each sector, such as an agency's mandate, activities, and what kind of data they collect. These insights help determine how to engage entities in multisector efforts to achieve health equity and racial justice. Developing shared terminology early on can ensure misunderstandings about language and objectives don't impede collaboration down the road. Cross-sector engagement and collaboration becomes an engine that generates new ways to catalyze and sustain change.

Ultimately, all sectors benefit from a healthier population that is inclusive of communities of color. Working together, partners from different fields and perspectives can learn from one another about

effective practices that one sector has innovated but another hasn't tried. For instance, when one sector learns about effective community engagement of formerly excluded groups, it can share its successes and challenges with others, leading to multisector, systemic change—something that is particularly important for governance.[16]

#4: Blended Approaches to Power Building, Policy, and Systems Change

Bias, discrimination, institutional and structural racism, and classism contribute to and exacerbate inequities in health. Without explicit attention to simultaneously improving health inequities and eliminating racial justice for low-income communities of color, the outcomes and goals of neither health equity nor racial justice will be maximized.[17] A key approach to advancing health equity and racial justice entails policy, systems and environmental change. Improvements related to each of these have "great potential to prevent and reduce health inequities, affect a large portion of the population, and can be leveraged to address root causes, ensuring the greatest possible health impact is achieved over time."[18] Public health funders and practitioners are increasingly recognizing the importance of power building to achieve health equity through policy, systems, and environmental change. Health equity practitioners can look to the legacy of power-building by racial justice advocates and organizations for inspiration and guidance on direct community organizing, developing compelling narratives, and transforming power relations to hold institutions accountable and change the systems, policies, and environment conditions that have unfairly and unjustly denied these groups the opportunity to experience optimal health, safety, and wellbeing for generations. Community organizing and power-building are where health equity and racial justice come together in practice: we can't achieve health equity without racial justice, and we can't achieve racial justice without health equity.

#5: Transformative Resource Investment for Racially Just Health Equity

A true commitment to health equity and racial justice means realigning funds and other resources to make change possible. Transformative resource investments can serve as a catalyst for reversing the policies, practices and procedures that have unjustly

denied low-income communities of color. Financial or infrastructure investments—as well as other forms of opportunity in low-income communities of color—can:

- increase the capacity of community-based organizations to build power for change among residents, including youth;
- create health-inducing infrastructure, such as parks, transit, and healthy food retail in communities that lack these resources; and,
- provide the means to establish and nurture partnerships involving community-based organizations, government agencies, academic institutions, and other experts committed to transforming divested communities.

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Transformative resource investment builds capacity and increases opportunities to thrive and be healthy, particularly for racial groups that have been silenced, excluded, and marginalized. These kinds of investments must include protections for impacted groups, especially when it comes to community reinvestment initiatives that may displace people of color if such protections are not in place.

Conclusion

Racial justice and health equity are formidable societal goals, but we must push forward in our effort to achieve both. Recent events have brought these issues into stark relief. Our nation's legacy of pervasive racial discrimination, segregation, and exclusion has resulted in disparate rates of COVID-19 morbidity and mortality in Black neighborhoods. It has also sparked multi-city, multiracial, and multigenerational protests against institutional racism within law enforcement agencies and other criminal justice institutions that have failed to bring safety to Black and Brown communities.

These brutal realities have created a moment when real progress on solutions and strategies that challenge the status quo is possible. For this reason, it is crucial that health equity and racial justice practitioners find common ground and build strong and constructive ties to achieve a shared vision of a just, fair, and inclusive society. Achieving equitable health and safety outcomes for African Americans and all people of color benefits everyone.

REFERENCES

1. *Countering the Production of Health Inequities: A Framework of Emerging Systems to Achieve an Equitable Culture of Health, Extended Summary.* Oakland, CA: Prevention Institute, December, 2016. Accessed at: http://www.preventioninstitute.org/publications/countering-production-health-inequities-extended-summary

2. *Why Lead with Race.* HealthEquityGuide.org. Accessed at: https://healthequityguide.org/about/why-lead-with-race/

3. World Health Organization. *Health Topics – Health Equity*. Accessed at: http://www.who.int/topics/health_equity/en/

4. Braveman, P., et al. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017. Accessed at: https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html

5. National Academies of Sciences, Engineering, and Medicine. *Communities in Action: Pathways to Health Equity.* Washington, DC: The National Academies Press, 2017. Accessed at: http://www.nationalacademies.org/hmd/Reports/2017/communities-in-action-pathways-to-health-equity.aspx

6. *Talking About Race: A Summary of Findings.* The Center for Social Inclusion and Western Strategies, 2012. Accessed at: https://www.centerforsocialinclusion.org/wp-content/uploads/2015/08/Lets-Talk-About-Race-1.pdf.

7. *Racial Equity Impact Analysis: Assessing Policies, Programs and Practices.* Baltimore, MD: Annie E. Casey Foundation, 2006. Accessed at: https://www.aecf.org/resources/race-matters-racial-equity-impact-analysis/

8. *Racial Equity Impact Assessment*. Race Forward/ Applied Research Center, 2009. Accessed at: https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit

9. *Race Equity and Inclusion Action Guide: Seven Steps to Advance and Embed Race Equity and Inclusion in Your Organization.* Annie E. Casey Foundation, 2014. Accessed at: http://www.aecf.org/m/resourcedoc/AECF_EmbracingEquity7Steps-2014.pdf

10. Mikati, I, et al. "Disparities in distribution of particulate matter emission sources by race and poverty status," American Journal of Public Health, 108(4): 480-485. Accessed at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5844406/

11. Novoa, C and Taylor, J. "Exploring African Americans' High Maternal and Infant Death Rates." Center for American Progress, February 1, 2018. Accessed at: https://cdn.americanprogress.org/content/uploads/2018/01/29114454/012918_MaternalInfantMortalityRacialDisparities-brief.pdf

12. Smedley, BD, Stith, AY, and Nelson, AR (ed.) *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* Washington, DC: The National Academies Press, 2003. Accessed at: https://www.nap.edu/catalog/10260/unequal-treatment-confronting-racial-and-ethnic-disparities-in-health-care

13. Yuen, T. et al. *Guide to Equitable, Community-Driven Climate Preparedness Planning.* Urban Sustainability Directors Network, May 2017. Accessed at: https://www.usdn.org/uploads/cms/documents/usdn_guide_to_equitable_community-driven_climate_preparedness-_high_res.pdf

14. Carter, V, Pastor, M. and Wander, M. Measures Matter: Ensuring Equitable Implementation of Los Angeles County Measures A & M. Los Angeles, CA: USC Program for Environmental and Regional Equity, January 2008. Accessed at: https://dornsife.usc.edu/assets/sites/242/docs/M_A_Final_WebVersion_reduced.pdf

15. Collaboration Multiplier: Enhancing the Effectiveness of Multi-Field Collaboration. Oakland, CA: Prevention Institute, [no date]. Accessed at: https://www.preventioninstitute.org/tools/collaboration-multiplier

16. Ibid.

17. *Countering the Production of Health Inequities* (2016).

18. Centers for Disease Control and Prevention – Division of Community Health. *A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease*. Atlanta, GA: US Department of Health and Human Services, 2013. Accessed at: https://www.cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf