

Communicating About Equity in Health Impact Assessment: A Guide for Practitioners



The SOPHIA Equity Workgroup

Marjory Givens, University of Wisconsin Population
Health Institute

Solange Gould¹, Consultant

Andrea Hamberg, Oregon Health Authority

Logan Harris¹, Human Impact Partners

Jonathan Heller¹, Human Impact Partners

Paige Kruza, Consultant

Tatiana Lin, Kansas Health Institute

Rebecca Morley, Health Impact Project

Danielle Schaeffner, Kitsap Public Health District

MaryAnn Sorensen Allacci, Rutgers Center for
Green Building

Tina Yuen, Raimi + Associates

¹ Corresponding authors: solange.g@icloud.com;
logan@humanimpact.org; jch@humanimpact.org

Background

Advancing equity involves identifying and rectifying the policies and conditions that result in systemic, avoidable, unfair, and unjust differences in health status and mortality rates across population groups.

Health Impact Assessments (HIAs) provide an opportunity to advance equity, but practitioners often struggle with how to effectively and strategically communicate about this core value of HIA. An effective approach to communication, including crafting a purposeful plan for the content and presentation of the HIA report and other materials, is fundamental to ensuring that HIAs can impact policies and support change. This guide intends to aid HIA practitioners in their efforts to communicate about equity as an essential step towards advancing equity through practice.

The Society of Practitioners of Health Impact Assessment's (SOPHIA) Equity Workgroup, formed in 2011, developed this guide in response to a gap we saw in the HIA field: equity is a core value of HIA practice but limited guidance and few tools have been developed to help practitioners align their actions with this value. This guide builds on the Workgroup's past publications: a primer on [Promoting Equity through HIA](#)ⁱ and a set of [Equity Metrics for HIA Practice](#)ⁱⁱ. We recommend that those reading this guide refer to these other publications when planning and conducting their HIAs. In this document, we focus on communication as another key approach to purposefully advancing equity.

To develop this guide, we met monthly over the course of a year to determine its scope and purpose, and to identify key resources and experts in the field of communication and health equity. Working collectively, members then conducted interviews with experts, reviewed and synthesized the resources and interview findings, received feedback about a draft at the National HIA Conference, and summarized key takeaways to develop this publication.

The recommendations of communication experts and best practices in resources reviewed for this guide largely aligned, but there were also some conflicting view points. Practitioners using this guide should keep in mind that strategies must be specific to context; there are no silver bullets. Even the order of the strategies we propose is debatable. Our recommended order – problem, values, solutions – aligns with traditional HIA report formats. However, some communication experts recommend starting with shared values to make an immediate emotional connection before presenting the problem. Practitioners will, of course, need to remain sensitive to their own organizational context and constraints and be thoughtful about what messages and strategy will best advance the overall HIA goals.

Introduction to the Strategies

We provide nine strategies for communicating about equity in HIA practice. The first two are about developing a plan; strategies three through six focus on establishing effective framing and messages; and the final three are tips to keep in mind:

1. Know your communication objectives.
2. Choose your audience(s) and understand what motivates them.
3. Describe the problem.
4. Describe your values.
5. Focus on solutions, not just problems.
6. Illustrate the impact through stories, supported by strategic use of data.
7. Use simple terms or phrases to describe the issues. Avoid jargon.
8. Make the case that it is within our ability to make change.
9. Choose your messenger strategically.

Along with these strategies, we provide examples from HIAs and other equity-focused initiatives that help illustrate them.

Part 1:

Know Your Plan

To contribute to both process and policy successes, communication plans need to align with the overall HIA strategy and target specific audiences.

1. Know your communication objectives.

- Because the people who have power over decisions that an HIA intends to inform frequently benefit from the status quo, it is important to create a clear plan for how your HIA process and findings will advance equity in particular and other goals generally.

In HIA practice:

- Develop an overall HIA strategy and communication objectives that align with it. Your overall strategy should include goals about what you want to change, and should identify target audiences with the power to make change. After you create this overall strategy, develop communication objectives that support it and feature equity as a core value.
- Practitioners should think about communication early and often in the process, rather than waiting until the end to develop a communication plan.
- Remember that process outcomes in HIA can be as important for health and equity as the HIA's impact on the decisions or its recommendations. For example, community empowerment and participation in decision-making can directly improve health, improve government, and facilitate future participation in decisions that impact health. The process of conducting HIA should align with your overall strategy and communication objectives.

2. Choose your audience(s) and understand what motivates them.

- The audience you choose should align with your overall HIA strategy. First, you need to identify the decision maker who ultimately has control over the proposal. The audience for your HIA could be this decision maker, or it could be people with the ability to influence the decision maker. Exercises like power mapping can also be used to identify target audiences, which might include:

Quotes about the Farmers Field HIA in Los Angeles - goals included more resident involvement in the decision-making process and empowering those who would be most impacted:

**“[The HIA brought] structure and thoroughness [to]...resident voices and concerns [which] were brought forward in a concise and useful way.”
–Academic subject matter expert involved in the HIA**

**“Clearly [resident] power has grown, in comparison to where we were when we started.”
–Community partner co-leading the HIAⁱⁱⁱ**

- People most affected by a policy
- The decision maker's constituents
- People willing to take a public stand as spokespeople
- The media (although some argue this should be considered a means to reach other audiences, rather than a true audience).
- Other organizations that care about the policy outcome, for example those represented on an HIA advisory committee, can play an important role in using the HIA findings to reach a variety of audiences.
- One strategy, supported by some, but not all communication experts, is to focus on messages that will resonate with your base supporters; if your base gets engaged and energized, the “movable middle” may follow. As an HIA practitioner, you will need to think through who your base is. For membership-based community organizations, your base is likely to be your membership. For public sector health workers, your base might be people experiencing poor health as a result of inequities.
- If your audience is specific decision makers, conduct research on their background to understand their values and what kind of information drives their decisions. Some may be driven by data, others by stories or by hearing from their constituents. If you need the vote of a specific decision maker, you need to understand and

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speak to what is important to her/him. For example, if the decision maker is responsive to an economic frame, it is important to discuss economic findings in the HIA. If equity is not motivational to that decision maker and you need a short-term policy win, it may be best not to talk directly about equity. However, make sure you consider the trade-offs of doing this; such short-term wins may impede progress toward longer term goals.

- If your audience is a government agency, you might emphasize that breaking down silos can yield greater efficiency. If the audience is community stakeholders, you might emphasize equity or government accountability. If your audience is from industry, you might emphasize corporate responsibility or community relations.
- People with completely opposing perspectives, who are unlikely to be amenable to the HIA findings and recommendations under any circumstances, should not be your audience. Their worldview could lead them to discount your findings, so focusing exclusively on them is unlikely to be effective.

In HIA practice:

- Communication strategies should target those likely to use HIA findings to mobilize others who can demand policy change that reduces inequities and/or those who will use the HIA to make policy change themselves.

Authors of the Climate Smart Strategy HIA knew that they needed to frame their findings in economic terms, rather than in terms of climate change or equity:

The Draft Approach is expected to reduce illness linked to physical inactivity by as much as 1.3% and avoid up to 61 premature deaths each year from increased active transportation...The Center for Disease Control and Prevention (CDC) Chronic Disease Cost Calculator v2.0 suggests the three-county area spends \$1.5 billion (2010 dollars) annually on cardiovascular-related illness, which is significantly linked to insufficient physical activity. Increasing the number of people who regularly exercise by choosing to walk or bike... can improve our region's health, reduce premature deaths and lower health care costs.^{iv}

The Joint Center for Political and Economic Studies framed their support of President Obama's Climate Change Plan in terms of equity for African American communities:

For so many African Americans and other people of color, climate change is...a clear and present danger to their communities, their way of life and their children's future. Our communities are highly vulnerable to the extreme weather events that climate change is known to cause... and they are least likely to have the resources to cope with them. The President's plan to further reduce carbon emissions and clear the air of other pollutants will have a real and almost immediate positive impact on African American families, more than two-thirds of whom live near fossil fuel burning plants and who suffer much higher childhood asthma rates than the general population. It will help all threatened communities become more resilient to climate change's harshest impacts.^v

Part 2:

Know What You Are Saying

Frames and messages are most effective when they describe the problem and urgency, explain why it matters using shared values, and identify solutions. They are also most effective when they convey stories, not just statistics.

3. Describe the problem.



The California Proposition 47 HIA used charts and infographics to concisely describe the problem.

- Provide a clear and concise description of the problem. Make it relevant to your local context, use examples, and be specific.
- Describe the problem within the context of factors that shape our health (e.g., housing, employment, racism). Help people understand that there are physical and social environments, systems, and policies at play in shaping our health outcomes and in creating health inequities. Do not underestimate people's ability to understand the multiple drivers of health, but do explicitly connect the dots between the policy, the physical and social environment, and health inequities.
- Dwelling on the problem and on disparities extensively can be counter-productive, as doing so can make people feel hopeless and can stigmatize populations facing inequities. Instead, acknowledge they exist and focus on specific areas or strategies for addressing them.

As part of the report for an HIA on Proposition 47 in California, the problem is stated simply: Someone who is convicted of a minor, non-violent offense like those listed above can be charged with a felony and has a higher likelihood of serving a longer sentence and even potentially going to prison. This can make things go from bad to much worse. The root causes of the problems that got you into prison are unlikely to be dealt with...you are unlikely to receive any meaningful drug treatment or mental health care.

Next, the HIA report offers a solution-oriented action:

The highest priority recommendation is to implement mental health and substance abuse funding according to best practices, including ensuring that the full amount of funding goes toward programs and services identified in Prop 47.^{vi}

- It is important to help people understand how the problem you are tackling, and related inequities, can negatively impact everyone (also see 4. Describe your values).
- Although it can be powerful to contrast the experiences of people on either side of an issue, try to avoid focusing on the value, contributions, or innocence of one subset of a disenfranchised community. Highlighting the contrasts between subgroups could undermine your longer-term strategy. For example, if you are working on prison sentencing reform, it may be effective in the short term to emphasize how a policy will only help people who have committed drug offenses – those who are not considered “dangerous.” Yet in the longer term, this strategy may make it more difficult to address the inequities of the criminal justice system, which are not limited to people with drug convictions. On the other hand, contrasting subgroups such as teachers or construction workers with Wall Street bankers can be an effective way to communicate about inequities in taxes. It is okay to focus on population subgroups, but avoid language that places some populations outside the circle of human concern.

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In HIA practice:

- The problem is often described as part of assessment, when discussing existing conditions. Be concise and use examples from the local context to illustrate the issues.
- The default frame for many people is that health is a result of individual decisions. Help your audience understand the connections between policy as a structural source of inequities and health. Tools you can use to do this include: pathway diagrams, statistics about how much of our health is determined by environmental and social causes versus behaviors or medical care (e.g., from County Health Rankings), maps, and photos.

4. Describe your values.

- Speaking from a place of shared values is important – it can convince people to pay attention and show why they should care about this issue. It can help differentiate between your position and the opposition's stance. People often connect with issues through the emotions evoked by values. Many people connect with commonly held values such as fairness, efficiency, opportunity, and equality. It is important to emphasize values that are specific for your target audience. (See 2. Choose your audience(s))
- Be careful not to use values that undermine your strategy. For example, “American Exceptionalism” – the idea that the U.S. is inherently different and better than other nations – is a value one could choose in talking about health outcomes; one could say that we need to do better since our country is low in the rankings of so many indicators. But this value suggests that U.S. citizens are superior to those from other countries, which is not consistent with values rooted in equity.

In HIA practice:

- There are two parts to arriving at shared values during HIA: (1) the internal shared values of the group(s) working on the HIA, and (2) those of the audience who will use your HIA findings to make change or mobilize to demand change.
- For the first part, the discussion should lead with equity and create strong buy-in from the group(s). Early in the process, answer these questions with stakeholders:
-Why does it matter that health inequities continue to persist? Why should we care? How does it affect us all? What public good are we

all being denied by this inequity? Invoke these shared values throughout all steps in HIA process.

- The second part should focus on describing equity with the shared values (e.g., fairness, opportunity) of the audience who will use your HIA findings.

Writing by Robert Garcia on the US Supreme Court's decision upholding the Fair Housing Act and Discriminatory Impact Standard:

Segregation affects everyone, as it isolates people from opportunity that would enable their economic mobility and limits greater economic participation....Low-income students of color perform better academically in diverse school settings, with improvements resulting from significant peer effects and the reduction of resource disparities. In addition, research has found that students of all racial backgrounds tend to perform better academically (measured by grades, test scores, and high school and college graduation rates) in racially integrated schools, compared to those who attend schools that are racially and socioeconomically isolated.^{vii}

5. Focus on solutions, not just problems.

- State the solutions that address equity clearly, and be sure that the solutions get more attention than the problem. Convey urgency when discussing solutions, expressing them as a call to action. Focus on solutions early in communications; do not wait until the end of a long document. When possible, provide examples of how these solutions have been put into practice.

In HIA practice:

- Highlight solutions (i.e., HIA recommendations) that advance equity early in communication materials, for example in an executive summary, infographic, media release, or talking points.
- Develop recommendations with a Targeted Universalism² approach. Speak to the universal goal that will help everyone (e.g., better health or educational outcomes for all), and then describe the targeted strategies that are needed by specific populations to achieve that goal (e.g., directing revenues to populations or places with the least resources).

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- HIA can offer multiple kinds of solutions to advance equity, including specific solutions targeting narrow policy change, and broader solutions designed to change systems and structures.
- When communicating about your HIA, include a clear ask, or call to action, related to your recommendations. Be specific about what you want someone to do with the recommendation (e.g., “Tell city council that they should...”).

Excerpts of an ISIAAH press release on the Healthy Corridor for All HIA conducted by PolicyLink, ISIAAH, and TakeAction Minnesota:

The Healthy Corridor for All HIA has been a community action research project—carefully studying the concerns of current low-income residents and residents of color.

“The Twin Cities has a choice to make. There is an opportunity before us to re-imagine Minnesota’s growing diversity as a tremendous asset,” said Doran Schrantz, Executive Director of ISIAAH. “The key is to prepare for a prosperous economic future by investing deeply in equity. Together, we can make the Central Corridor a shining example of equitable transit-oriented development.”

Community leaders and residents said smart affordable housing strategies—such as density bonus programs and targeted, market-sensitive inclusionary zoning policies—are critical to ensuring they can benefit from the new transit line.^{viii}

² “Targeted universalism” is a policy-making approach that seeks broad social benefits using targeted means in implementation. It speaks to a universal goal that will help everyone (e.g., slowing greenhouse gas emissions will improve everyone’s health), and then describes the targeted strategies that are needed by specific populations to achieve that goal (e.g., targeting California cap and trade revenues to disadvantaged populations or places). In ideal practice, public resources and investments are directed to address the needs of, and reduce inequity and injustice in under-resourced communities. By reducing inequities for the most marginalized populations, overall wellbeing, measured by many metrics, improves for everyone.

6. Illustrate the impact through stories, supported by strategic use of data.



The 2nd Street HIA in Bernalillo County, New Mexico used video to communicate their findings.^{ix}

- Empirical data may not matter as much as we think it does or hope it would. These data—statistics, maps, literature review results, etc.—alone are not always compelling and can be misrepresented by others. Use stories alongside quantitative and other kinds of qualitative data to help people relate to the problem and potential solutions.
- Use locally relevant stories to make the connection between a policy change and its impact on the determinants of health and/or health outcomes, including what can be done about it. Focusing exclusively on health outcomes may not work since people’s default assumptions, or the frame through which they filter the message, is that we are individually responsible for our health outcomes. Make sure to set the context regarding the multiple social, economic, and environmental factors that shape our health (e.g., housing, employment, racism).

In HIA practice:

- Organize the HIA as a story that resonates with the target audience and provides a bridge between the data and those who will make decisions or be mobilized by it. Consider compelling ways to present data, such as visualizations or sidebar profiles of community stories that illustrate the data.
- Include all relevant data in the HIA report, but then select the 2 or 3 data points that best communicate the story in the executive summary, talking points, and/or press release. Use data thoughtfully and purposefully in these messages, not just by default. Highlight a few meaningful statistics that reveal something that is not obvious.
- Stories about inequities bring statistics to life. These can come from focus groups and interviews done as part of the assessment phase of HIA.

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Excerpts from “I Can’t Breathe”: Racial Injustice, Segregation, and Health Disparities,” by Amani Nuru-Jeter:

“I’m tired of it, this stops today...every time you see me you want to harass me, you want to stop me... please just leave me alone.” –**Eric Garner**

These last words from Eric Garner [an unarmed African American man killed by a police chokehold] are not that different from what we hear in our work with African American women in the San Francisco Bay area:

“I think about it [race] all the time...everywhere I go, all the time.”

“I feel depressed at times when dealing with that stuff [racism] on a daily basis.”

“It starts to wear on you where you get depressed and you start thinking bad thoughts, and wondering if you’re really a valued part of society.”

These statements suggest that it’s not just isolated acts of racial discrimination, but the chronic nature of racial discrimination that is particularly distressing for black Americans. The majority of black Americans report racial discrimination as a chronic stressor, and studies consistently show that chronic stress has a negative impact on health. This is partially due to the slow deterioration the body experiences from repetitive experiences of stress. Arline T. Geronimus, ScD, and colleagues found that black Americans age biologically at a faster rate than other groups. For example, black women are 7.5 years older biologically than white women of the same age.^x

Part 3:

Tips to Keep in Mind

Avoid jargon, make the case that we can make change, and choose your messenger strategically.

7. Use simple terms or phrases to describe the issues. Avoid jargon.

- Use examples to describe what ‘equity’ and ‘social determinants of health’ mean rather than using abstract terms. Good messages make these abstract concepts concrete. It is important to describe inequities, but don’t assume the word ‘equity’ or similar jargon will have meaning for your audience.

In HIA practice:

- Describe actual inequities concretely and illustrate how the policy or issue that you are focused on links to health outcomes. Consider using a simple example to distinguish between “equality” and “equity.” (See sidebar.)
- While the specific terms you use will depend on the policy and health outcomes that you are addressing in your HIA, the table below provides some ideas for plain language to use in place of jargon.

Jargon	Plain language
Health equity	Achieving the highest level of health for all people; When everyone has the support they need to thrive; When all people have the full opportunity to be healthy
Health inequity	Avoidable and unfair differences in health
Social determinants of health	Living and working conditions that shape opportunities to be healthy; Health begins where people live, work and play
Vulnerable populations	[After cueing up the environmental framing of health...] People at the greatest risk for poor health, due (for example) to living conditions, discrimination, access to resources, etc.
Inequities between populations	Differences in [type of conditions] between [specific groups of people]

Distinguish between Equity and Equality— Adapted from the Sex and Gender Based Analysis e-Learning Resource from the Canadian Centres of Excellence for Women’s Health:

Equity...involves trying to understand and give people what they need to enjoy full, healthy lives. Equality, in contrast, aims to ensure that everyone gets the same things in order to enjoy full, healthy lives. Like equity, equality aims to promote fairness and justice, but it can only work if everyone starts from the same place and needs the same things.

Let’s think for a moment about runners sprinting around an oval track during a competition...Equality would have us treat the runners in exactly the same way, ensuring that they all start at the same place on the track. On the surface, this seems fair.

But we know that runners in the inside lanes have a distinct advantage over runners in the outer lanes because the distance they have to travel is shorter. As a result, equality – starting at the same place – doesn’t result in fairness...Equity, in contrast, would lead us to stagger the starting positions of the runners in order to offset the disadvantages facing those in the outer lanes. In this case, different or tailored treatment is a surer path to fairness and justice than the same treatment.^{xi}

8. Make the case that it is within our ability to make change.

- Call attention to the fact that we have control over policies and institutions that impact our health and perpetuate inequities.
- Do not use a passive voice that inaccurately describes decisions made by people. For example, ‘the economy’ is not doing anything on its own; policies made by people shape and control the economy. People can make different decisions that will change the way the economy is working.

In HIA practice:

- Explain how the problem or inequity came about (e.g., which policies or practices led to the existing conditions you found?), identify actions people can take to address the issues, and clearly target recommendations to responsible parties.

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Excerpt of recommendations from *Connecting Public Housing and Health: A Health Impact Assessment of HUD's Designated Housing Rule*:

People with disabilities have significant unmet affordable housing needs. Despite federal fair housing laws and policies, these individuals are likely to experience discrimination in their attempts to find housing. To support Public Housing Authority (PHA) efforts to develop and implement fair housing initiatives that offer people with disabilities a choice in integrated community living, the U.S. Department of Housing and Urban Development (HUD) could:

- Promote integration of residents with disabilities by encouraging designation of disabled units distributed throughout public housing properties and the inclusion of more mixed-population units in PHAs' designated housing plans. This could be achieved by offering funding flexibility, expediting processes for designated housing plan approvals, or providing additional points in the formula for determining operating subsidies for these properties...^{xii}

9. Choose your messenger strategically

- Your message will be communicated not only in the words you use and the stories and images you bring to mind, but also by the messenger, who can evoke ideas and values associated with that person's role.
- An “inside/outside” strategy is often useful where professionals or other members “within” an organization work alongside groups or individuals “outside” an organization to create needed institutional change. Coalitions with health professionals, community members, staff from other agencies, and other stakeholders provide messengers that may be useful in different circumstances or with different audiences. Community members can be spokespeople and tell their own stories; they are experts and can communicate their lived experiences. Health professionals or staff from agencies who are in a position to revise plans and policies often hold status in our society and are considered respected voices. Particular coalition members may have the political or social liberty to say things that others cannot and in ways others cannot.

In HIA practice:

- The process of conducting an HIA can help build coalitions and cultivate various types of spokespeople. The process can also help build leadership among those most impacted by the policies and empower them as messengers for the HIA as well as for advancing equity more broadly.
- Consider which messengers will best be able to tell your story and relate to your audience. Be thoughtful about the demographics of the messengers.
- Work with the messengers to make sure they deliver your message effectively.
- Summarize the HIA in an easy-to-read and understandable format (e.g., one pagers, fact sheets, infographics, toolkits) for use by your messengers and in all your communication efforts.

Excerpt from *#BlackLivesMatter—A Challenge to the Medical and Public Health Communities* by **Mary T. Bassett, M.D., M.P.H.**:

Physicians, nurses, and public health professionals witness such inequities daily: certain groups consistently have much higher rates of premature, preventable death and poorer health throughout their lives. Yet even as research on health disparities has helped to document persistent gaps in morbidity and mortality between racial and ethnic groups, there is often a reluctance to address the role of racism in driving these gaps...

More critical research on racism can help us identify and act on long-standing barriers to health equity. By studying ways in which racial inequality, alone and in combination with other forms of social inequality (such as those based on class, gender, or sexual preference), harms health, researchers can spur discussions about responsibility and accountability. If we fail to explicitly examine our policies and fail to engage our staff in discussions of racism and health, especially at this time of public dialogue about race relations, we may unintentionally bolster the status quo even as society is calling for reform. In terms of broader advocacy, some physicians and trainees may choose to participate in peaceful demonstrations; some may write editorials or lead “teach-ins”; others may engage their representatives to demand change in law, policy, and practice.^{xiii}

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Additional Resources

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