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Achieving health equity requires  
fundamental change across

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multiple systems and at multiple levels. Among today's healthcare professionals, social workers are specifically trained to navigate the multiple dimensions that influence health — policy, community, healthcare settings, and family.

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include the mobilization of latent  
or unrealised value through new  
combinations of social cultural  
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A characteristic common to groups that experience health inequities—such as poor or marginalized persons, racial and

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ethnic minorities, and women—is lack of political, social or economic power. Thus, to be effective and sustainable, interventions that aim to redress inequities must typically go beyond remedying a particular health inequality and also help

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empower the group in question through systemic changes, such as law reform or changes in economic or social relationships.

## **WHO | Equity - World Health Organization**

Aristotle's formal theory of

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distributive justice makes the distinction between vertical and horizontal equity: horizontal equity refers to equity between people with the same health care needs, whilst vertical equity refers to those with unequal needs who should receive

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different or unequal health care.

[18] i) Vertical equity – is the unequal treatment of unequals and can be justified on the basis of morally relevant factors, however, morally irrelevant factors should not be the basis ...

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## **Equity in health care | Health Knowledge**

One evaluation shows that nine key factors support sustainability of Healthy Cities initiatives, including a strong social health vision with a focus on equity; a model that can adapt to local

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conditions, and strongly supported community involvement that represents genuine engagement; these can support equity by providing opportunities for otherwise less powerful groups or community members to be represented in

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governance and to build their  
capacity in community  
representation (Baum et al ...

## **Addressing social determinants of health inequities ...**

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Equality vs. Equity. The difference

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between equality and equity must be emphasised. Although both promote fairness, equality achieves this through treating everyone the same regardless of need, while equity achieves this through treating people differently dependent on need.

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However, this different treatment  
may be the key to reaching  
equality.

## **Equality and Equity :: Social Change**

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Addressing health inequality to  
give everyone an equal

opportunity in life Target 1: By  
2030, achieve a 40% reduction in  
male and female health inequality

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## **Social Equity and Health | Sustainability West Midlands**

The environmental determinants of public health and social equity present many challenges to a sustainable urbanism—climate

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Change, water shortages and oil dependency to name a few. There are many pathways from urban environments to human health ( Frank and Engelke, 2005 ).

**ecological public health  
approach to understanding**

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“social equity is the economic, legal, environmental, and developmental rights of access to the collective resources of society with an all-encompassing effort by means of equal say and insight of all members of society to

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ensure the longevity of the collective resources and to enrich the individual lives of community members as indivisible, equal inter-respectively, and as mutually comparable pinnacles to the direction of the community and individual members in

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respect of need and right...

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**What is Social Equity? -**

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In the United States, some populations suffer from far greater disparities in health than others. Those disparities are caused not only by fundamental differences in health status across

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Segments of the population, but also because of inequities in factors that impact health status, so-called determinants of health. Only part of an individual's health status depends on his or her behavior and choice; community-wide problems like poverty,

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Unemployment, poor education,  
inadequate housing, poor public  
transportation, interpersonal  
violence, and decaying  
neighborhoods also contribute to  
health inequities, as well as the  
historic and ongoing interplay of  
structures, policies, and norms

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that shape lives. When these factors are not optimal in a community, it does not mean they are intractable: such inequities can be mitigated by social policies that can shape health in powerful ways.

Communities in Action: Pathways

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to Health Equity seeks to delineate the causes of and the solutions to health inequities in the United States. This report focuses on what communities can do to promote health equity, what actions are needed by the many and varied stakeholders that are

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part of communities or support them, as well as the root causes and structural barriers that need to be overcome.

# Where To Download Health Social Equity And Changing Production Social (In)Justice and Mental Health introduces readers to the concept of social justice and the outsized, but often ignored, role that social injustice plays in the identification, diagnosis, and management of mental illnesses

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and substance use disorders. The contributors are first-rate, representing diverse perspectives and expertise, and the result is a powerful, multidisciplinary text that mental health clinicians -- from psychiatrists and psychologists to trainees and

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nurses -- will find illuminating and instructive. A section on the foundations of social injustice, including chapters on the social determinants of mental health, mental health inequities, and structural racism, opens the volume. The next section moves

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on to systems and structures,  
exploring urban development and  
the educational, child welfare,  
carceral, and health care  
systems. The book then turns to  
the role of social injustice and  
specific diagnoses and conditions,  
including substance use

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disorders, schizophrenia, personality disorders, and child trauma. Finally, the authors take up the topic of how to achieve mental health equity, addressing advocacy and reform of the mental health system and ending with a powerful call to action.

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Timely, down-to-earth, and authoritative, *Social (In)Justice and Mental Health* reimagines the role of the mental health clinician as educator, reformer, and advocate, working for change and changing the work to promote justice for patients and families.

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This volume brings together experts from a variety of disciplines, such as medicine, biology, sociology, epidemiology, anthropology, economics and political science, who focus on three areas: health disparities

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and inequity due to gender, the specific problems women face in meeting the highest attainable standards of health, and the policies and actions that can address them. Highlighting the importance of intersecting social hierarchies (e.g. gender, class

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and ethnicity) for understanding health inequities and their implications for health policy, contributors detail and recommend policy approaches and agendas that incorporate, but go beyond commonly acknowledged issues relating to

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women's health and gender  
equity in health.

Climate change is a significant  
public health danger, with a  
disproportionate impact on low-  
income and communities of color  
that threatens to increase health

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inequities. Many important social determinants of health are at stake in California climate change policy-making and planning, and the distribution of these will further impact health inequities. Not only are these communities the most vulnerable to future

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health impacts due to the cumulative impacts of unequal environmental exposures and social stressors, they are also least likely to be represented in climate change decision-making processes. Therefore, it is imperative that public health and

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social equity advocates  
participate in climate change  
policy-making that protects and  
enhances the health and well-  
being of vulnerable communities.  
Regions have emerged as  
important policy-making arenas  
for both climate change and

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public health in California,  
because many drivers of climate  
change are also social  
determinants of health (e.g. land  
use, housing, and transportation  
planning); these play out  
regionally and are under regional  
governmental authority.

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However, the public health sector is not engaged adequately with climate change planning given the magnitude of risks and opportunities inherent for health. Examination of where public health and equity partners have engaged in regional climate

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Change planning and policy-making may offer lessons for how to change the drivers of health inequities and climate change through this work. This dissertation examines why the public health sector in California is not more engaged with climate

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Change work and regional scale  
planning given current threats to  
and opportunities for health, and  
whether and how public health  
and social equity stakeholders'  
participation in climate change  
solutions and regional scale  
planning can improve health and

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inequities outcomes and decision-making processes. The overarching goal of this research was to inform efforts to increase public health work on climate change and regional-scale planning, strengthen partnerships between public health, social

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equity, and climate change stakeholders, and formulate strategies that address climate change and health equity. The first chapter of this dissertation was conducted in conjunction with a study at the Center for Climate Change and Health at the

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Public Health Institute, where we conducted semi-structured in-depth interviews (n=113) with public health and climate change professionals and advocates. I performed structured coding and conducted inductive-deductive thematic analysis within and

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across respondent groups. I found that individual-level barriers to public health engagement with climate change include perceptions that climate change is not urgent, immediate, or solvable, and insufficient understanding of public health

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impacts, connections, and roles. Institutional barriers include a lack of public health capacity, authority, and leadership due to risk aversion and politicization of climate change; a narrow framework for public health practice; and professional

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Compartmentalization.

Opportunities include integrating climate change into current public health practice; providing support for climate solutions with health co-benefits; and communicating, engaging and mobilizing impacted communities and public

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health professionals. In the second chapter, I conducted two case studies of Sustainable Communities Strategies planning to achieve greenhouse gas reduction targets through integrated regional land use and transportation planning under

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California Senate Bill 375 (San Francisco Bay Area and Southern California). I used in-depth interviews (n=50) with SCS planning participants, public document review, and participant observation. I analyzed interviews using thematic analysis in an

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iterative inductive-deductive process. In both regions, climate change planning was a major lever for increasing the language, consideration, funding, and measurement of health impacts into the SCS plans. Public health's analytic skills and social

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determinants of health  
conceptual framework were  
valuable for both regional  
planning agencies and equity  
groups. Political context  
influenced the priority concerns,  
framing, and outcomes. Desire to  
improve public health was

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influential in both of these environments. In the Bay Area, a health equity frame promoted regional solutions that can improve health, equity, and climate change. In SCAG, a public health frame increased awareness, language, and future

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funding for active transportation. Public health was a less contested and commonly held value across diverse political jurisdictions that may be an entry point for future discussions of equity and climate change. In both regions, reform of regional governance processes

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was pursued to sustain  
institutionalization of health and  
equity concerns and improve  
regional democracy. I discuss  
implications and  
recommendations for engaging in  
multi-system integrated regional  
planning that can simultaneously

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improve climate change, health, and equity. In the third chapter, I analyze the same data as a case for understanding regional-scale public health, social equity, and regional planning staff efforts to slow climate change and improve social determinants of health and

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social equity. In both regions multi-year SCS planning processes, public health and equity stakeholder engagement was instrumental in getting health goals, targets, and indicators into plans. In the Bay Area, advocacy efforts yielded

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health and equity language in policies and implementation funding guidelines and changes to the basic governance structure. In SCAG, advocacy efforts yielded significant future funding for active transportation and more metrics to monitor the

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health and equity impacts of  
planning. Participants in the SCS  
planning process described their  
motivations for engaging at the  
regional level, the barriers to  
effective regional planning, the  
achievements of their  
engagement, and

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recommendations for improving future efforts. In the interviews, three main themes emerged related to the opportunities and challenges of working at the regional scale: (1) Building regional identity as a foundation for advancing health and equity;

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(2) The importance of governance structures for health and equity, and the need for regional governance reform; (3) The prospects and barriers of building regional coalitions both within public health networks and with regional equity partners. I discuss

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Implications and  
recommendations for public  
health's engagement with  
regional planning agencies,  
creation of coalitions, and  
reforming of regional governance  
structures to sustain better  
consideration of climate change,

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health, and equity.

## Changing Production Patterns In Latin America

In November 2017, the The  
Forum on Promoting Children's

Cognitive, Affective, and  
Behavioral Health, in

collaboration with the Roundtable  
on the Promotion of Health

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Equity, convened a workshop on promoting children's behavioral health equity. The workshop used a socio-ecological developmental model to explore health equity of children and families, including those with complex needs and chronic conditions. Particular

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attention was paid to challenges experienced by children and families in both rural and urban contexts, to include but not limited to poverty, individual and institutional racism, low-resourced communities, and hindered access to educational

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and health care services.

Workshop participants also engaged in solution-oriented discussions of initiatives, policies, and programs that aim to improve social determinants of health, opportunities for behavioral health promotion, and

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access to quality services that address the behavioral health of all children and families. This publication summarizes the presentations and discussion of the event.

The fourth edition of Community

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Organizing and Community  
Building for Health and Social  
Equity provides both classic and  
recent contributions to the field,  
with a special accent on how  
these approaches can contribute  
to health and social equity. The  
23 chapters offer conceptual

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frameworks, skill-building and case studies in areas like coalition building, organizing by and with women of color, community assessment, and the power of the arts, the Internet, social media, and policy and media advocacy in such work. The use of

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participatory evaluation and strategies and tips on fundraising for community organizing also are presented, as are the ethical challenges that can arise in this work, and helpful tools for anticipating and addressing them. Also included are study questions

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for use in the classroom. Many of the book's contributors are leaders in their academic fields, from public health and social work, to community psychology and urban and regional planning, and to social and political science. One author was the 44th

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president of the United States,  
himself a former community  
organizer in Chicago, who reflects  
on his earlier vocation and its  
importance. Other contributors  
are inspiring community leaders  
whose work on-the-ground and in  
partnership with us “outsiders”

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highlights both the power of collaboration, and the cultural humility and other skills required to do it well. Throughout this book, and particularly in the case studies and examples shared, the role of context is critical, and never far from view. Included

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here most recently are the  
horrific and continuing toll of the  
COVID-19 pandemic, and a long  
overdue, yet still greatly  
circumscribed, “national  
reckoning with systemic racism,”  
in the aftermath of the brutal  
police killing of yet another

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Unarmed Black person, and then another and another, seemingly without end. In many chapters, the authors highlight different facets of the Black Lives Matter movement that took on new life across the country and the world in response to these atrocities. In

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other chapters, the existential threat of climate change and grave threats to democracy also are underscored.

Future Directions of Educational Change brings together timely discussions on social justice,

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professional capital, and systems change from some of the leading scholars in the field of education. Engaging in theory and evidence-based debates covering issues such as literacy education, whole system reform, and teacher leadership, this volume argues

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that quality and equity are equally important in reshaping existing education systems both within the United States and globally. The authors offer contextual analyses of current educational research and practice while looking toward the future

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and offering thought-provoking arguments for challenging and rectifying the systemic inequalities within education today.

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