

Health equity is about wellness and safety where all people live, learn, work, play, worship, and age.

HEALTH EQUITY IS CONNECTED TO REDUCING GENDER-BASED VIOLENCE

Partner violence is a structural issue that intersects with multiple systems of oppression.

Oppressive systems, shaped by economic, social, and political forces, create power imbalances among groups of people. These power imbalances, in turn, perpetuate violence that shows up in our institutions and our relationships with others and ourselves.

The most impacted are the most oppressed with the least systemic power, including women of color, Indigenous people, queer and trans people, people with disabilities, immigrants, and those with intersecting marginalized identities.

Health equity works to prevent violence by addressing the oppressive conditions that contribute to it.

"We will never end intimate partner violence as an oppression until all oppressions are ended. Racial justice and social justice, including health equity, are intractably linked. You can't work on one in a corner without working on them all collectively."



DRIVERS OF HEATH INEQUITY

"The lack of investment in people and the communities in which they live create the conditions that lead to health inequities." Community disinvestment

- Wage stagnation
- Unemployment/underemployment
- Lack of affordable childcare
- Poor quality education Housing insecurity

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- Food insecurity
- Uninsurance/underinsurance
- Cost prohibitive medication & medical services
- Lack of transportation
- Pollution & exposure to toxic substances
- Scarcity of green & open space

Systemic racism is the common thread that pervades all drivers of health inequity. That's why an anti-racist & intersectional approach is critical to creating solutions that work.

INTERSECTIONAL SOLUTIONS

We can move to health equity by improving environmental conditions in 5 key domains, known as the Social Determinants of Health. Knowing that effective approaches draw on community wisdom, lived experience & cultural strengths.

IN ORDER TO **ACHIEVE:**

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ECONOMIC STABILITY

Stable employment with living wages, good benefits, and affordable childcare.

EDUCATION ACCESS & QUALITY

Access to quality education from preschool through college.

HEALTH ACCESS & QUALITY

Affordable health insurance, health care services, and medication.

HEALTHY NEIGHBORHOODS

Walkable and bikeable neighborhoods with clean air and water and healthy foods.

HEALTHY COMMUNITIES

Positive social connections and community support.



WE CAN WORK TOGETHER ON: WORKPLACE POLICIES

Workplace policies that promote pay

equity, paid family leave, fair and equitable hiring.

EDUCATIONAL EQUITY

Policies that promote educational equity, peer educator programs, and hot spot mapping to assess & promote the safety & wellbeing of students.

COMMUNITY HEALTH NEEDS PLANNING

Conducting community health needs assessments and health improvement planning processes using approaches such as the THRIVE* model.

GREENING OF SPACES

Greening spaces with community gardens & safe play areas, repairing or replacing abandoned buildings, transforming vacant lots, & creating accessible well-lit pathways.

SUPPORTING COMMUNITY BUILDING

Creating opportunities to gather, learn, play, connect and celebrate that center relationships, connection, joy & belonging.

*THRIVE is a Tool for Health & Resilience in Vulnerable Environments from the Prevention Institute

AN INVESTMENT IN HEALTHY COMMUNITIES IS AN INVESTMENT IN HEALTHY RELATIONSHIPS

increases in: Social Cohesion

Measurable outcomes include

Community connectedness

Public awareness understanding

Inclusion &

representation

Community



power to ensure that all spaces create a deep sense of community, connection, belonging, and inclusion. This is the basis for preventing multiple forms of violence." "We all have a role in making sure everyone feels

"We all have the responsibility & the



welcomed & comfortable to be their whole selves and to live the life they envision."

interest and engagement

This resource was developed by the National Resource Center on Domestic Violence in partnership with the Delaware Coalition Against Domestic Violence, Michigan Coalition to End Domestic & Sexual Violence, Ohio Domestic Violence Network, Pennsylvania Coalition Against Domestic Violence, Rhode Island Coalition Against Domestic Violence, and Tennessee Coalition to End Domestic & Sexual Violence, to whom the quotes within are attributed. The production and dissemination of this publication was made possible by Grant # 90EV0428-01 from the U.S. Department of Health and Human Services, Administration for Children and Families, The Office of Family Violence Prevention and Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services.