

Achieving Health Equity Through Prevention Science

The Society for Prevention Research recognizes that professionals need to be strategic in our approaches to advancing health equity in prevention science theory, methods, and practices. We have introduced an ecosystemic framework as a guide. In this research brief, we present a snapshot of the ecosystemic framework and encourage practitioners to apply it to their work towards equity-focused interventions. Further details are available in the 2023 Prevention Science article, [“Strategic Directions in Preventive Intervention Research to Advance Health Equity.”](#)

In an ideal world, everyone would have the chance to be as healthy as they can be. This concept is known as **health equity**.

Unfortunately, certain groups have been denied access to the resources and opportunities they need to be healthy, based on characteristics like their race, ethnicity, gender, age, sexual orientation, socioeconomic status, religious identification, and ability (physical and cognitive, visible and invisible). They experience prejudice, discrimination by individuals and organizations, double standards, chronic poverty, and other unfair conditions. This often results in **health inequities**, or higher rates of negative health outcomes within these groups.

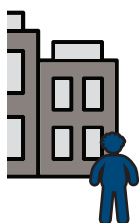
What can health inequity look like?



Moira is a 20-year-old White woman who is pregnant with her second child. She currently stays at home to care for her toddler, and her partner works a minimum-wage job. Due to their socioeconomic status, Moira’s family struggles to pay for expenses that aren’t covered by government assistance. Poverty increases the risk for poor birth outcomes and child maltreatment.

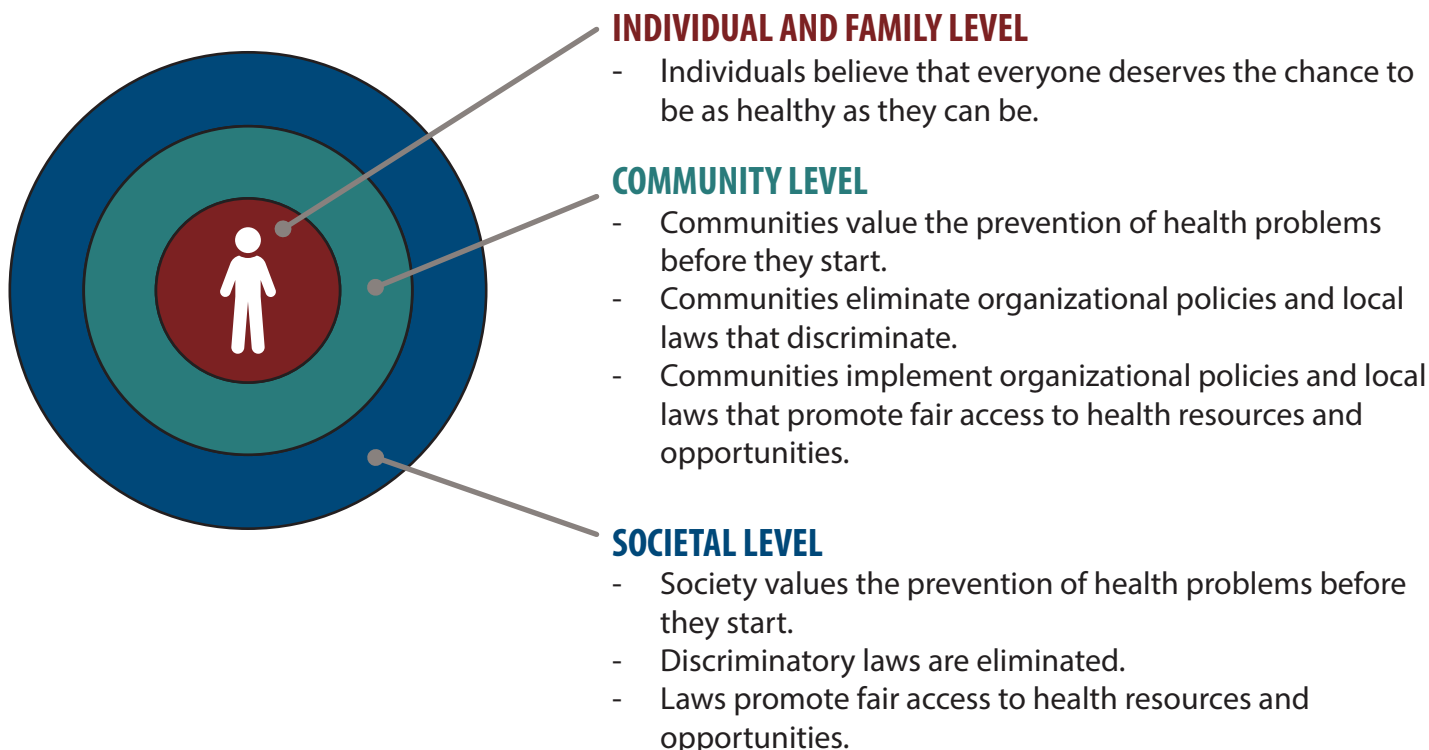


Travis is an LGBTQIA+ Native youth, living and attending high school on a reservation in the Southwestern US. The historical trauma experienced by his tribe, as well as the discrimination that he and other community members still experience, increase Travis’s risk for dying by suicide.



Jamie is an adult living in a low-income neighborhood with mostly African American residents. Jamie lives several miles from the nearest grocery store and does not have access to reliable transportation. Because of this, Jamie rarely buys or eats the fresh fruits and vegetables that would help him manage his diabetes.

What will it look like in the social environment when we achieve health equity?



How do we achieve health equity?

Engage in activities at 2 or 3 levels of the social environment

INDIVIDUAL AND FAMILY LEVEL

- Implement prevention strategies with individuals, families, and groups (including strategies designed specifically for groups at high risk for experiencing health inequities).

Example: Home visitation programs like Healthy Families America and MOMS can improve birth outcomes and parenting practices within low-income families like Moira's.

COMMUNITY LEVEL

- Educate communities on the value of prevention science.
- Promote partnerships with community members in prevention research and intervention.
- Share and implement prevention strategies that are supported by scientific research.

Example: The White Mountain Apache Tribe collaborated with researchers to create Celebrating Life. This intervention package includes public education campaigns and workshops designed to help Native communities recognize and act on suicide warning signs. A program like this could support Travis and his peers.

SOCIETAL LEVEL

- Fight for laws that provide, protect, and promote the resources that people need to be healthy.

Example: Policies that raise minimum wage and incentivize certain types of businesses can improve health outcomes for disadvantaged groups. These policies could lift families like Moria's out of poverty and bring grocery stores to Jamie's neighborhood.

What else can you do to promote health equity?



COMMUNITY-BASED ORGANIZATIONS

- Incorporate the three-level ecosystemic framework (individual/family, community, society) into your organization's mission, policies, and practices.
- Partner with prevention scientists to develop and test new interventions that target the potential causes of health inequities.
- Engage policymakers in developing legislation to support interventions that address health inequities.



POLICYMAKERS

- Assess current policies as they relate to health equity.
- Eliminate policies that make it harder for certain groups to access the resources they need to be healthy.
- Implement new policies that have been shown to increase health equity.
- Appropriate funding for the development, implementation, and evaluation of interventions to promote health equity.



FUNDERS

- Fund community-based organizations to engage in activities to promote health equity, such as organizational assessment and change; scientist/practitioner collaboration; intervention development, implementation, and evaluation; and policy advocacy.
- As part of grant proposals, require plans to address health equity.
- Require grantees to collect health equity-related data and include them in progress reports. Provide financial and technical support for high-quality data collection, analysis, and reporting.



This brief is based on Boyd, R. C. et al. (2023). Strategic directions in preventive intervention research to advance health equity. *Prevention Science*, 24, 577-596. <https://doi.org/10.1007/s11121-022-01462-5>

For more information, contact Jennifer Lewis at jenniferlewis@preventionresearch.org.