# Community Planning with a Health Equity Lens: Promising Directions and Strategies

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evidence review

## Summary

- Community planning has the potential to reduce health inequities. Applying an equity lens to community health planning can encourage greater focus on the process, the implications, and suggested outcomes.

- Health inequalities are unavoidable; health inequities are differences in health outcomes that are avoidable.

- Efforts to create vibrant and healthy communities, cities, and neighbourhoods are prominent in a number of world initiatives. For healthy community planning to be supported and carried out in a meaningful way, a sustained political commitment is required.

- While the impact of equity focused tools on health equity outcomes has not been well documented, such tools have demonstrated success in identifying issues not previously considered in planning and in changing the way programs are implemented.

- The strength of community planning processes is their engagement of community members. Available data suggest six ways an equity lens can be applied to community planning for health: involve community members in the planning process; target specific populations in planning; monitor and evaluate outcomes; use equity focused tools; use incentives or policy levers; consider social determinants of health and how different determinants intersect.

## Introduction

Across Canada and worldwide, the local community is gaining stead as a site of health promotion and intervention.[1,2] This document examines ways in which local community planning initiatives not only address health but can also make equity in health a priority. The starting point of planning initiatives may be health oriented and driven by public health professionals or other community issues that impact upon health, such as: urban development, transportation, poverty, homelessness or food security. However, regardless of the starting point, paramount consideration should be given to how these initiatives promote equity or use an equity lens to consider the ways in which actions and their consequences are experienced and distributed among different population groups.

There is a wealth of evidence on existing unfair inequalities in health.[3] Community planning has great potential to reduce these inequities, not only by impacting social and environmental determinants of health but also by building participatory decision-making opportunities to empower communities.[4] The purpose of this document is to review literature that describes

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community planning efforts to promote health equity and to outline the ways in which an equity lens has been and can be applied to community planning for health. The document provides policy-makers, public health professionals, and community stakeholders with examples of practices and tools to promote health equity in their work. It also highlights the barriers to community planning and some of the ways these barriers might be overcome. Since the focus is on process of community planning and its implications for health equity, various outcomes that may arise from community planning processes (e.g., changes to the built environment, delivery of health services) are not presented.

## Background: Local action for health equity

While health inequalities are unavoidable, health inequities or differences in health outcomes are avoidable and unfair. Inequities are systematically patterned by socioeconomic status; health worsens with declining social position.[5] Health inequities are shaped by social determinants of health including, but not limited to: income distribution, access to education, housing, early childhood development, and environmental factors.[6]

The local level is one place to act upon social determinants of health. Efforts to create vibrant and healthy communities, cities, and neighbourhoods are prominent in a number of initiatives: the World Health Organization's (WHO) *Healthy Cities* program; area-based interventions in the United Kingdom; *Healthy Communities* networks in Quebec, Ontario, British Columbia, and New Brunswick; local initiatives in countless other communities. In addition, several European countries include local-level planning and implementation as a main component[7] of national strategies to reduce health inequity and the WHO Commission on Social Determinants of Health recommends participatory and collaborative local decision-making as a way to build healthier cities.[3]

Local efforts often involve community planning to bring together representatives from different sectors, in an effort to develop a coordinated approach to community policies and services. For example, in several areas of England, local partnerships are responsible for community budgeting; funds are pooled from various departments and programs and allocated to address locally identified priorities such as education or child development.[8] In New Zealand, the Public Health Advisory Committee has recommended that local councils undertake community planning processes where local governments, residents, and agencies work together to create healthy environments.[9] Recently, Ontario's Ministry of Health Promotion and Sport has begun to support *Healthy Communities* partnerships, where multisectoral groups from a locality create community plans to address health promotion priorities.[10]

A recent review of health inequities research (1986 to 2006) revealed that while there is a large knowledge base on health inequity, it provides relatively little guidance on actions local governments can take to reduce these inequities.[1] At the same time, the impact of local initiatives on population health is often inadequately monitored and difficult to determine, because of the complexity of interventions and the long-term nature of their impacts. However, research on processes and immediate outcomes of efforts to reduce health inequity provide direction for future work.[11,12] The following sections describe community planning, summarize research on health and equity-focused planning efforts, and provide an analysis of six ways an equity lens has been, and can be, applied to community planning initiatives. The document concludes with a discussion of gaps in current policy and a checklist for community planning with an equity lens.

## Community planning

For the purposes of this review, community planning is defined as a process that: addresses the needs of a local area; brings together stakeholders from many sectors of society (e.g., government, residents, non-governmental organizations, service providers); plans for, and promotes, the future well-being of an area. Often, community planning will take on one aspect of an area's well-being, such as poverty-reduction, health, land use and development or early childhood development. Comprehensive community initiatives use a similar process by bringing together service providers, community leaders, and people with real-life experiences to address complex local problems.[6] Community planning can take on many different forms and target different issues, depending upon local circumstances. However, there are some core principles of community planning; it should be participatory, incorporate the diversity of the community, build community capacity, use robust research methods, and plan for concrete action.[13]

Community planning is a form of governance, as opposed to government. Governance is the combined actions taken by individuals and institutions to plan and manage a community. In cities, governance increasingly involves a variety of stakeholders beyond government actors alone.[1] It is a multisectoral decision-making process that can be longer term and more comprehensive than government processes.[2] Governance through community planning represents a novel way to address multi-faceted issues at the local city or neighbourhood level.[6] However, the power held by community planning bodies varies, depending on whether they are empowered to make decisions or whether they hold a consultative role. But, community planning has great potential for health equity because it is able to look holistically at the social determinants of health in a community, while also providing an avenue for empowerment of people.[2]

## Community planning initiatives that address health equity: Review of literature

The literature reviewed in this document covers topics of local planning processes and health equity. It comes from the fields of health promotion, population health, and urban health, as well as publications from jurisdictions where community planning has taken place or is being promoted. It consists of evaluations, policy analyses, and reviews of various equity-focused planning processes (e.g., the WHO's *Healthy Cities* approach). The search methodology relies largely on academic literature databases; therefore, many community planning efforts, that do not produce published documents or academic articles, were excluded. Although initiatives reviewed here do not provide an exhaustive representation of community planning initiatives, they do comprise a diverse array and provide examples of what has been done in specific cases and some promising practices for future work.

The literature reviewed below demonstrates that community planning initiatives can target health inequities in different ways, through both the process and outcomes of planning. The initiatives often take place in materially disadvantaged or deprived communities. They may target specific areas where particular health issues are prominent or they may be directed at population groups who bear an unfair burden of disease. In this way, they aim to improve living conditions or health in these areas or groups and reduce disparities with others. For example, in England, community planning has been targeted in the regions of the country with poorer health outcomes and higher levels of deprivation. These areas received funding from the national government and were required to form local partnerships involving representatives from the local government, health service, police, community, and business, then create action plans to address inequities in health.[14]

Other community planning processes are based on an ethic of health for all and prioritize equity as a value of their programming. One prominent example of this type is the *Healthy Cities* program of the WHO, where participating cities and towns develop city health plans and are required to create healthy public policy (i.e., policies in any sector that take into account impacts on health) with equity as a primary principle.[15] Other cities and regions have taken on health inequity independently. The Hague and London have citywide programs on health inequity,[16,17] Ohio has a tobacco control alliance aimed at reducing tobacco-related disparities in the state,[18] and Detroit has used community planning to develop diabetes programs for African-American and Latino residents.[19]

Table 1 presents the way in which equity is addressed in community planning for health. A useful way to categorize the literature is by using those articles that evaluate specific initiatives and those that review community planning processes (e.g., comprehensive community initiatives, urban environment planning). The table outlines actions and impacts of the planning processes studied, the social determinants of health they address, and the challenges and successes of the planning processes.

**Table 1.** *Research reviewed on health equity in community planning*

**Evaluations of planning initiatives**

| Community planning process | Actions and Outcomes | Social determinants of health | Gaps and challenges | Success factors |
|---|---|---|---|---|
| WHO *Healthy Cities* approach to address social determinants of health, including *Healthy Cities Europe* and *Healthy Cities Israel*; creation of City Health Development Plans and City Health Profiles[15,20-22] | Brought attention to determinants of health; equity targets set; programs to support vulnerable groups; equity audits of policies; monitoring health inequity at the sub-city level | Addressed upstream determinants of health; provided programs on lifestyle, healthcare, employment, housing; stratified health indicators | Lack of a clear definition of equity; lack of access to data; little power at the local level to impact socioeconomic disparities; lack of monitoring | Indicators to quantify differences between groups; strong political support; community participation |
| *Neighbourhood Renewal Program* in disadvantaged areas of England - aim to reduce inequity between other areas of the country[14] | Quantitative targets to reduce inequities; action plans to prioritize disadvantaged neighbourhoods and groups | Programming for healthcare, employment, education, and community development | Poor leadership; deficiencies in consultation of local people | n/a |
| *Partnership for the Public's Health, California*[23] - 39 partnerships in different communities with a goal of improving community health | n/a | Aim to influence policy on the social determinants of health | Lack of resident engagement; lack of clear purpose or vision; challenges working with community | Working with a small or well-defined community; open communication and information sharing; strong leadership; community input |
| Community health impact assessment of local planning, San Francisco[24] - health impact assessment and creation of a healthy community vision | Focus on impacts on low-income residents; equal opportunities for lay people and experts to participate; studied sub-populations | Studied impacts on access to affordable housing, jobs | Difficult to see how the process would influence policy | Providing a forum for citizen participation; generating a broad consensus |

| Community planning process | Actions and Outcomes | Social determinants of health | Gaps and challenges | Success factors |
|---|---|---|---|---|
| *Sustainable Health Action Research Program* (SHARP), Wales[25-28] - government initiated action research; partnerships for health programs in several communities | Target to reduce health inequalities; area-based interventions | Interventions to build social capital and reduce social exclusion | Difficult to define *community*; complex to work in new partnerships; assumption that local level action alone can reduce inequity | Targeting well-defined groups; building upon existing relationships; minimizing barriers to participation |
| Broward County, Florida coalition to address racial and ethnic disparities in HIV[29] | Research on HIV prevalence and services; development of interventions | Focus on race and ethnicity | Difficult to cover broad geographic area and diverse communities; mandated responsibilities limited what actions were possible | Accessible discussion groups; community participation; stratified data |
| *Ohio Tobacco Control Alliance*[18] - aim to eliminate tobacco-related disparities among underserved populations | Identified underserved populations; formed a cross-cultural working group; developed action plan; collected tobacco use and awareness data | n/a | Difficult to obtain quantitative data on underserved populations | Knowledge of cultural attributes; relationship with department of health |
| Obesity planning in New York City and London[30] - citywide planning to reduce childhood obesity in New York City and London | Modifications to environments; educational outreach; increased services/resources. | Actions in non-health areas included transportation, food, schools, greenspace, housing | Unequal power among levels of government, private interests, and community interests | Connecting obesity efforts to other city plans and commitments |
| *Leeds, Grenville and Lanark Health Forum and Health Improvement Plan*, Ontario[31] - goal to evaluate the determinants of health and implement interventions | Brought multiple agencies together; created and carried out plan; advocated to the local, national, and provincial governments | Committees on behavioural and socio-economic determinants of health | Loss of funding partway through the process halted the activities of the Health Forum and objectives were not fully met | Having a dedicated health planner whose job it was to coordinate the activities of the Health Forum |

| Community planning process | Actions and Outcomes | Social determinants of health | Gaps and challenges | Success factors |
|---|---|---|---|---|
| Community planning for diabetes programs, Detroit[19] - aim to reduce health disparities in diabetes among African-American and Latino residents | Planning focus groups with African-American and Latino residents | Recommended education for service providers, family support groups, and increased access to nutritious foods | n/a | Recommendations were grounded in the everyday realities of local residents |
| *The Hague Program on Health Inequalities*[17] | Program in 6 deprived neighbourhoods; participatory approach | Programs in city planning; programs for youth and for residents on social security | n/a | Presenting clear information (e.g., epidemiological data); linking equity to shared values and existing priorities; powerful leaders |

## Reviews of planning processes

| Community planning process | Actions and Outcomes | Gaps and challenges | Success factors |
|---|---|---|---|
| Land use planning[32] | Local environment impacts on physical activity, diet, social networks, and pollution; land use planning can reduce inequalities in access to housing, services, and transportation | Silo nature of local governments and public health | n/a |
| Innovative local governance practices[33] | Redistributing governance power to weaker actors | Potential for socially marginal actors to be ignored; lack of money and skills at the local level | n/a |
| Municipal policy and planning[1] | Health impact assessments; actions to improve social, economic, and built environments | Research provides relatively little guidance for municipal governments on how to reduce inequity | n/a |
| Comprehensive Community Initiatives in Canada[6] | Focus on poverty reduction; provision of responsive and effective services to most disadvantaged individuals and communities | Have been successful in impacting individuals and communities, but have had limited population-wide impacts | Poverty given higher priority in policy agenda; formation of broad coalitions |

| Community planning process | Actions and Outcomes | Gaps and challenges | Success factors |
|---|---|---|---|
| Health promotion partnerships working at the local level[34] | Partnerships with a high level of community representation and involvement led to greater impacts on health | n/a | Meaningful power sharing with lay people; mechanisms to involve local people in planning |
| Urban HEART planning tool (Health Equity Assessment and Response Tool)[35] | Planning tool designed to address inequity; used to assess health outcomes and determinants and identify interventions. | n/a | Provides a set of standardized indicators; easy to use tool |
| Healthy communities initiatives in the United States[12] | Goal to improve community health was achieved to varying degrees in different initiatives | People most affected by a problem are usually marginalized in planning processes | Community-wide buy-in; community involvement; addressing community-driven priorities; understanding of local culture |
| Urban environment planning[9] | Recommendations: to place health equity at the center of urban governance and planning; to involve people whose needs might be otherwise ignored | n/a | Community engagement |
| WHO Healthy Settings and Healthy Cities initiatives[11] | Making a moral and political argument for reducing inequity; changing power relations through participation and empowerment | Need for capacity building; participation often lacking; higher level governments reluctant to give up power to local level; long length of time needed for participatory planning; lack of policy coherence; fragmentation of sectors | n/a |

# Community planning with a health equity lens: Strategies for action

The reviewed research (see Table 1) indicates a number of different ways that community planning for health can address equity. The following six methods

and strategies to apply an equity lens are drawn from examples in the literature:

## 1. People involved in the planning process

Community planning is most successful and has the greatest potential to promote health equity when it involves community members in setting priorities.[12,34] Community engagement is a way to build greater knowledge of local issues and increase community

consensus around interventions.[9,24] Participation from community members or engagement of stakeholders from disadvantaged groups is a way to better represent the voices of those who are less powerful or frequently excluded from decision-making. This can be a way to mitigate the negative health equity impact of existing governance structures that uphold distribution of resources, such as power, money, and knowledge.[33]

However, including affected community members in planning has proved difficult and people most affected by a problem are frequently marginalized in planning processes.[12] In England, local strategic partnerships are expected to be inclusive of key stakeholders, but have been found deficient in consulting local people.[14] Similarly, localities using Healthy Cities or Healthy Settings approaches use the rhetoric of participation, but often lack it in practice.[11] For this reason, some organizations (e.g., BC Healthy Communities) focus on building the capacity of citizens to participate and the capacity of governments to design meaningful processes of participation.

Other initiatives have worked to overcome a lack of participation by minimizing barriers to involvement, through providing childcare or setting meetings to accommodate different work schedules.[25] Others have been creative with location of planning discussions; a Florida county held HIV-prevention discussion groups outside nightclubs, in barbershops, and with an HIV support group.[29] In working with diverse groups of people, it is important to understand local history, culture, values, and politics[12]; such underlying influences may have as much of an impact on participation as logistical barriers, such as scheduling and location.

## 2. Populations targeted in planning

Actions set forth in community plans can explicitly target certain subpopulations.  In England, action plans for the Neighbourhood Renewal program were expected to prioritize the most disadvantaged areas and groups.[14] In obesity planning in New York City, public health offices channelled resources and programs to communities where the burden of disease was highest. In London, obesity targets were specifically set to reduce health disparities.[30] Other opportunities include providing services in different languages or education in culturally relevant practice.[19,36]

## 3. Monitoring and evaluating outcomes

In assessing and evaluating a community's health, equity can be highlighted. Clear evidence on existing health inequalities can be a strong motivator for action.[17] Data that is stratified by subpopulation or area allows programs to be targeted where they are needed.[29] Community plans can also evaluate or monitor their equity impact; for example, England's Neighbourhood Renewal program required that local planning groups demonstrate positive effects on black and minority ethnic populations.[14]

Data used for monitoring health outcomes should be equity focused and differentiated by neighbourhood, income, education, ethno-cultural background or other determinants of health.[36] Often, data on income, education, or employment may be difficult to obtain; proxies may have to be used (e.g., neighbourhood income, social benefits).[21] In the European Healthy Cities Network, cities monitor health inequities at the sub-city level, often by neighbourhood or by vulnerable groups, such as children, seniors or immigrants.[21] Local context plays a role in which populations are monitored; in a community health impact assessment in eastern San Francisco, impacts on day labourers and domestic workers were studied[24]; in Healthy Cities programs in Ireland and Israel, the health of different religious groups was measured.[22]

## 4. Use of equity focused tools

There are a number of tools that have been developed to highlight equity considerations in planning processes. They are designed to be easy to use with a goal of identifying inequities, determining how proposed programs may affect inequity, and how inequity can be reduced. Some of these tools include health equity impact assessment, the Urban Health Equity Assessment and Response Tool (Urban HEART), and health equity audits.[35,36]

The Urban HEART tool focuses on different population subgroups and highlights inequalities that are masked when whole population averages are used to assess health; it also accounts for the impacts of non-health sectors on inequity.[35] Health equity audits are a similar tool that has been a requirement of planning for local partnerships in England.[37] Other community planning partnerships have used health impact assessment to highlight equity concerns.[21,24,38,39]

While the impact of equity focused tools on health equity outcomes has not been well documented, such tools have demonstrated success in identifying issues not previously considered in planning and in changing the way programs are implemented.[40]

### 5. Incentives or policy levers

There are several ways to motivate action on health equity. Reducing health inequities may be a requirement for receiving funding or participating in a program.[36] For example, the Healthy Cities Network in Europe requires members to create health development plans that address equity concerns.[15] Commitments to equity can be highlighted in the terms of reference when planning partnerships or in international declarations, such as city mayoral support of the WHO's Action for Equity in Europe.[21]

Local action can be motivated by commitments at the national level, such as the program to reduce health inequalities in England or through the support of powerful local leaders.[17,21] National or local targets to reduce inequity can be a driving goal for local planning; however, targets must be selected carefully because they can serve to highlight certain issues (e.g., geographical inequity) while suppressing others (e.g., gender inequity).[28]

### 6. Consideration of social determinants of health and how they intersect

Since health inequities are driven by social and environmental conditions, planning processes, that take into account the social determinants of health and their intersections, are better positioned to promote equity. This may involve linking health planning to other factors in the local domain. For example, obesity planning in New York City and London, England included consideration of the roles of transportation, land use, and education resulting in such interventions as improved school lunches, calorie labeling in chain restaurants, and increased green spaces.[30] The intersection of different determinants is also important in addressing equity; for example, local social networks may be particularly important for certain groups, such as young single parents or the elderly.[32]

Planning groups have also considered broader socio-economic determinants of health. In an Ontario health unit, a planning forum wrote to the federal and provincial governments advocating more equitable policies on child benefits and disability pensions,

because they recognized that these determinants had great impact on local health inequities.[41]

## Gaps in current policy

While community planning has great potential to address determinants of health equity, there are several barriers when putting them into practice. Funding structures, both from government sources and independent funding agencies, are most often geared towards needs-based, short-term selective issues or single programs. Typically, planning processes are not eligible for funding.[2,11] Infrastructure for planning groups is often lacking as well, including adequate time to develop relationships, resources to promote community participation, and data on different population groups.[2,22] There are some exceptions, such as the Ontario Ministry of Health Promotion and Sport's recent support of *Healthy Communities* partnerships which involves funding, partnership support, and training.[10] Sustained funding and infrastructure could be enablers of healthy community planning, allowing for a progression from planning to implementation, monitoring, and adaptation.[14]

Currently, most Canadian government structures are not well equipped for community planning processes. Separation between different departments makes it difficult to work across sectors. An additional barrier is the perceived and actual lack of power held by city governments, as compared to provincial and national governments. This may result in cities not having jurisdiction to act, or claiming to be powerless to act.[2] Cities may need to turn to provincial or federal governments for funding (e.g., school lunch programs in New York City's obesity planning) or to capitalize on political circumstances (e.g., London and Vancouver using the Olympics as a lever to create a *health legacy*).[30] A further problem is the instability created when government priorities change from term to term. For example, the Health Action Zone initiative in England was designed as a seven-year program where local partnerships developed and implemented plans to reduce health inequalities; over the seven year duration, the program was continually interrupted and reoriented as health ministers changed and the health system was restructured.[42] For healthy community planning to be supported and carried out in a meaningful way, a sustained political commitment is required.[2,20] One way to achieve this is to shift power to governance structures, such as planning groups that have a longer term focus and a broader base than governments have.[2]

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When new planning structures are formed, it can be complex to learn to work in new ways and establish credibility and trust.[26] Community planning has more potential for impact when the community in question has well-developed community organization and preformed interrelationships.[18,25] Once community planning groups are established, efforts to reduce health inequities can be hindered by the limitations of local action.[11] Without the ability to influence broader factors, such as income inequality, local processes may not be able to have durable impacts on health equity. For this reason, creating links with national and provincial actors and priorities may help to strengthen local initiatives.

## Building on strengths

Despite the barriers that the current political infrastructure poses to community planning for health equity, several of the initiatives reviewed show ways in which planning processes overcome policy gaps. Because they are necessarily collaborative, planning groups provide a forum for relationships to be built among different government sectors and levels and community stakeholders. Support for collaborative work can be seen in many local planning actions, including departments pooling their budgets in England,[8] the Ontario Ministry of Health Promotion and Sport's requirement that new healthy community partnerships involve multiple organizations,[10] and the WHO *Healthy Cities* program focus on health in all policies. While government's departmentalized nature poses a barrier to integrated action for health equity, community planning processes provide an inroad for relationship building and collaboration across sectors.

The strength of community planning processes is their engagement of community members. The most common success factor, cited in the literature on planning processes, was meaningful community involvement and engagement. The power created when community members come together has potential to influence policy and governance. One example of this was in San Francisco, where pressure from community groups led the public health department to work with the urban planning office to consider the health impacts of local development projects. Consequently, two housing developments projects were modified to include more affordable housing.[24] In this way, involvement of community may allow planning initiatives to wield greater influence.

Strong leadership on equity issues is another way in which policy may be influenced. The prominence of the World Health Organization has likely been a factor in the success and growth of its *Healthy Cities* program. In other cases, local actors may be able to drive policy. In The Hague, two local councillors were vocal in their commitment to reduce health inequalities; their leadership played a large role in the creation of a citywide program to tackle health inequity in the face of political resistance.[17]

## Conclusion

Community planning is a promising direction to improve health and promote equity, but only if it is done well. This report highlights six different ways that community planning can prioritize health equity: 1) involving community members; 2) targeting specific groups; 3) monitoring and evaluating outcomes; 4) using equity-focused tools; 5) using incentives or policy levers; and 6) considering the social determinants of health.

In combination, these strategies incorporate both a focus on specific populations and an emphasis on equity as a principle. This combination is important in insuring that inequities are not inadvertently increased in community planning initiatives. For example, a process may be participatory, but if it is not explicitly focused on equity, it may not reach specific groups (e.g., youth, homeless people, immigrants). Similarly, when equity is highlighted, it may lead to greater engagement of community members. For example, conducting a health equity impact assessment necessitates community involvement, as it requires understanding population-specific impacts of a program and data on different populations.

Community planning processes can bring attention to the social determinants of health, create forums for citizen participation, reflect a broad-based consensus, and integrate knowledge from a range of experiences.[15,38] While gaps in policy do create challenges for community planning of health equity, the initiatives reviewed here indicate important steps in overcoming these challenges. They allow for the building and strengthening of relationships, not only among different sectors and governments, but also with communities involved. Such initiatives also play an important role in putting equity on the political agenda. Participatory planning that prioritizes disadvantaged groups and addresses the social determinants of health is well positioned to reduce unfair health inequalities. Planning that makes equity an explicit priority demonstrates a commitment to this effort.

**An Equity Lens**

Equity in health is achieved when everyone has equal opportunities for good health. Using an equity lens means considering the ways in which our actions and their consequences are experienced by and distributed among different groups in our societies.

**Checklist for Community Planning with an Equity Lens**

- *Put equity on the agenda:* Be loud and clear in identifying why equity is a concern;
- *Involve community members:* Use a participatory planning process that includes diverse voices;
- *Drive equity goals:* Make a commitment by setting targets to reduce unfair differences in health outcomes and maintaining strong leadership;
- *Monitor inequity:* Collect information on population subgroups to monitor impacts and insure that inequity is not inadvertently increased;
- *Make equity explicit:* Use a clear definition of what equity means and use planning tools that highlight equity issues.

## Acknowledgments

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