

What does health equity mean to you?	What are some examples of the absence of health equity in the area that you work or the population you serve?
It means that everyone is on a level playing field with regard to affordability, availability, accessibility of good health and quality of life.	The people who are receiving health services are at a disadvantage relative to the people who are making decisions about how to serve them. This leads to an absence of health equity. (Example- Congress has a nice healthcare plan while ordinary citizens do not have the same benefits)
Having equal opportunities for affordable healthcare and healthy affordable food.	affordability of housing, healthcare, medications, etc. Even the working class can't afford deductibles and copays. If you get sick and can't work you lose everything and suffer because of it.
Health equity is not equality. It is important that populations receive adequate resources for their needs so that all have the opportunity to be healthy.	Lack of resources (educational materials, screening) for people of color; Abundance of UV tanning facilities targeted towards college students.
Ensuring that everyone has the opportunity to be healthy, regardless of where they live, their race, their gender, and their sexual orientation.	lack of healthy restaurant options in rural areas
Everyone does not have the same access to health screenings, doctors, resources	Patients who live in rural areas and towns without a medical provider nearby
equal access to healthcare despite income, class, or background	Rural cancer patients with private insurance sometimes don't receive transportation support that Medicaid patients do
At its core, to me it means that everyone, regardless of gender, sexual orientation, race, ethnicity, income, educational attainment, etc. is able to access resources required to optimize health and well-being.	There are challenges for accessing cancer screening for those who are uninsured and underinsured. Resources are extremely limited for this group and stakeholders are engaged to identify innovative ideas to address this issue, but it remains a challenge.
Equal opportunities to live a long and healthy life.	Variable access to CRC screening and either screening or diagnostic colonoscopy based on insurance and immigration status
Acknowledging and addressing the disparities in healthcare for marginalized populations, and ensuring everyone has access to quality healthcare	Being ineligible for insurance due to immigration status, certain procedures not being covered by insurance (especially Medicaid), a lack of affordable specialty care for uninsured patients and patients with Medicaid
The ability for all people at access health care when recommended/needed regardless of their income or social status.	In some instances, women who should be getting a screening mammogram aren't able to afford it and there is a lack of programs to help those who don't qualify due to immigration status.
everyone has access to quality, non-judgmental, affordable health care	lack of sex education in public schools, few transportation options, lack of medical appointments during non-traditional work hours, lack of affordable child care
We need a lot more work in the state as well as national to equalize the disparity that exists in the health community	As a nonprofit for cancer survivors and caregivers and the fact that we provide emotional healing for any and all of the cancer community in the state at no charge we have not had to deal with these issues.
Health equity means that everyone has access to quality clinical care, safe neighborhoods, healthy food, and quality education opportunities. No one should be treated differently when it comes to pursuing a healthy life, and no one should lead a less healthy life simply because of their zip code.	African American women are 40% more likely to die of breast cancer than white women. Breast cancer outcomes, in general, differ based on income-level, zip code, and race/ethnic group. It is distressing to see numbers and hear stories like that when we have technology and resources for all women to access quality care.
Understanding the great need for all to have equity and equality in our health system.	In our nonprofit organization we do not have the disparity of equity in our programs that we offer to all of our participants for cancer survivors and caregivers.
The absence of health disparities across different populations	income, language, race, gender, education, health coverage & social disparities
The ability of everyone to have their health needs met	People that have high deductible health insurance plans

What does health equity mean to you?	What are some examples of the absence of health equity in the area that you work or the population you serve?
Everyone has the necessary skills, knowledge, and opportunities to pursue a healthy life	Differential access to screening services based upon income level and/or insurance type Differential access to qualified medical professionals based upon geography Differential understanding of medical system based upon educational level or language barriers
businesses/organizations and community members working together on improving access to social resources.	Rural communities tend to have less resources than greater metro areas. Location of service can deter someone from receiving services.
having access to quality care for mental, behavioral, medical, etc. no matter gender/race/religion/etc.	AI/AN historically have faced social injustices by removal, relocation, termination, assimilation, sterilization, etc. This historical trauma affects the health of AI/AN.
In general it means fairness. It means that income, race, orientation, etc. do not factor into ones ability to have a chance at a healthy happy life.	We serve a geographically isolated part of Colorado. Last year, we had mobile mammography services come to that geographically isolated area. It was very successful. This year the mobile services were cancelled and we were told they would no longer be traveling great distances. Limiting the services to the metro areas of the state where mammography services already exist.
Ensuring that all people haccess to equal quality of life services: health care and coverage, education, housing, employment and pay, nondiscrimination.	employment and health care discrimination as a result of disease and age; both lead to financial burden and crisis, disrupting value systems.
Bring health resources to all who need them.	The lack of individual responsibility!
Leveling opportunities to access health care, recruiting minorities in health care fields, recognizing the impact of stress minority populations experience due to racism, and mobilizing communities to engage in honest discussions about the legacies of racism.	Uninsured immigrant populations who lack residency status often do not have access to health care services.
Serving the American Indian Alaska Native community, our population continues to have the worst health outcomes, due to social, economic, and political injustice. Lack of resources, access to care and basic amenities are common within our population. Health Equity would mean to illuminate the barriers in achieving positive health outcomes and distribute resources fairly where resource are needed most. Eliminate the bureaucratic barriers in achieving health equity in our population. Make an investment in our public health system and infrastructure. Provide resources to assist in meeting the needs of our community. Remember that we are a very small percentage of the overall population, yet we are indigenous people trying to be healthy in body, mind and spirit. Invite us to the table to discuss our inequities and how we can improve the health outcomes within our community.	Access to care, lack of resources including lack of housing and transportation. Our community is burdened by the cost of being unhealthy. AI/AN are plagued in poverty, therefore, choosing to neglect their health. Individuals that do not qualify for Medicaid cannot afford to put food on the table, therefore, affording health plans through the health exchange is not possible.
Treating every the same . Period.	Education is a big factor and it is related to socio-economic conditions. I see lower income patients do not have the knowledge to seek out appropriate care and/or live well to prevent chronic disease