

Guidelines for Achieving Health Equity in Public Health Practice



BASED ON THE MODIFICATION OF THE ESSENTIAL SERVICES OF PUBLIC HEALTH 1-5, 8, 10

PURPOSE

The purpose of the *Guidelines for Health Equity in Public Health Practice* is to identify the needs of LHDs and their constituents and to ensure that they have a means by which to evaluate the effectiveness of their practice in achieving health equity. These guidelines are meant to serve as advice and not performance standards. In addition, they are designed to increase awareness of and draw attention to health inequity, provide a method for evaluating accountability, and enable local health departments (LHDs) to gain a portrait of their capacity to address health equity. The intent is to equip LHDs with the tools they need to set priorities, compare themselves to other agencies, and educate elected officials and other institutions that influence health about what they can accomplish.

Three essential criteria exist for the *Guidelines for Health Equity in Public Health Practice*: (1) they should maintain a focus on root causes of health inequity; (2) they should be feasible; and (3) they should inspire alternative ways of thinking more comprehensively about organizing public health practice.

The phenomenon of health inequity requires that public health professionals move from an improvisational approach to one that is comprehensive, and in doing so, return to a larger social context that has defined the origins of public health. In devising guidelines, our assumptions are that building internal capacity and capability requires (1) shifting the philosophy and culture regarding how the work of public health is done; (2) developing strong relationships with community organizations within a Community-Based Participatory Research Model; and (3) generating strategies for reforming public health policy to enable action and remove constraints to broadening the focus of public health.

1. MONITOR HEALTH STATUS AND TRACK THE CONDITIONS THAT INFLUENCE HEALTH ISSUES FACING THE COMMUNITY

Obtain and maintain data that reveal inequities in the distribution of disease. Focus on information that characterizes the social conditions under which people live that influence health.

Compile comprehensive data on health resources and health threats (e.g., schools, parks, housing, transportation, economic wellbeing, environmental quality) through relationships or partnerships with relevant state and local agencies.

Identify specific population subgroups or specific geographic areas characterized by (1) either an excess burden of adverse health or socioeconomic outcomes; (2) an excess burden of environmental health threats; and (3) inadequacies in human resources that affect human health (e.g., quality parks and schools).

Support research that explores the social processes and decisions through which inequalities of race, class, and gender generate and maintain health inequities.

2. PROTECT PEOPLE FROM HEALTH PROBLEMS AND HEALTH HAZARDS

Prevent the further growth of environmental inequities and social conditions that lead to inequities in the distribution of disease, premature death, and illness.

Play a leadership role in reducing or mitigating existing social and economic inequities and conditions that lead to inequities in the distribution of disease, premature death, and illness.

3. GIVE PEOPLE INFORMATION THEY NEED TO ACT COLLECTIVELY IN IMPROVING THEIR HEALTH

Lead or participate in health impact assessments of policies, programs, or plans relevant to living conditions that affect health. (Note: relevant to items 2, 4, 5, and 10).

Make available to residents data on health status and conditions that influence health status by race, ethnicity, language, and income.

Conduct and disseminate research that supports and legitimizes community actions to address the fundamental environmental, social, and economic causes of health inequities.

Develop or support mass media educational efforts that uncover the fundamental social, economic, and environmental causes of health inequities.

4. ENGAGE WITH THE COMMUNITY TO IDENTIFY AND ELIMINATE HEALTH INEQUITIES

Enhance residents' capacity to conduct their own research and share departmental information, based on the principles of Community-Based Participatory Research and the National Environmental Justice Advisory Council's community collaboration principles.

Learn about the values, needs, major concerns, and resources of the community. Respect local, community knowledge and scrutinize and test it.

Promote the community's analysis of and advocacy for policies and activities that will lead to the elimination of health inequities.

Promote and support healthy communities and families through progressive practices in existing service delivery and programs based on principles of social justice.

Support, implement, and evaluate strategies that tackle the root causes of health inequities, in strategic, lasting partnerships with public and private organizations and social movements.

Engage in dialogue with residents, governing bodies, and elected officials regarding governmental policies responsible for health inequities, improvements being made in those policies, planning initiatives, and priority health issues related to conditions not yet being adequately addressed.

Routinely invite and involve community members and representatives from community-based organizations in strategic planning processes and promotion of health.

Provide clear mechanisms and invitations for community contributions to LHD planning, procedures, and policies.

Assist in building leadership among affected residents and respect their existing leadership, thereby honoring their capacity.

Provide technical assistance to communities with respect to analyzing data, setting priorities, identifying levers of power, and developing strategies.

Engage with the public health system and related institutions in comprehensive planning.

Use grant funding to support community-based programs and policies.

Connect with relevant social movement organizations.

5. DEVELOP PUBLIC HEALTH POLICIES AND PLANS

Advocate for comprehensive policies that improve physical, environmental, social, and economic conditions in the community that affect the public's health while recognizing that health policy is social policy.

Enable residents to sustain their advocacy activity and support their capacity to become involved in regulatory activity.

Support revisions of statutes that govern LHDs and other regulations and codes to ensure non-discrimination in the distribution of public health benefits and interventions.

Promote public investments in community infrastructure that sustain and improve community health, such as education, childhood development, mass transit, employment, healthy design in the built environment, and neighborhood grocery stores.

Focus on policies related to primary prevention and the improvement of social and economic conditions and not just remediation of conditions.

Monitor relevant issues under discussion by governing and legislative bodies.

8. MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE

Develop an ongoing process of education and structured dialogue for all staff across departments and divisions that (a) explores the evidence of health inequity and its sources; (b) explains the nature of the root causes of health inequities and the ways in which practice may be changed to address those root causes; (c) examines the values and needs of the community; and (d) assists in providing core competencies and skills that build the ability to do what is necessary to achieve health equity.

Make sensitivities to and understanding of root causes of health inequities part of hiring, including willingness to learn, cultural humility, creativity, and listening skills.

Develop an assessment of and training to improve staff knowledge and capabilities about health inequity.

Conduct an internal assessment more generally of a LHD's overall capacity to act on the root causes of health inequities, including its organizational structure and culture.

Recruit the public health workforce from those who have been disproportionately affected and also those with the education, training, and experience to address inequitable social and environmental conditions.

Hire staff with the skills, knowledge, and abilities to take part in community organizing, negotiation, and power dynamics and the ability to mobilize people, particularly those from communities served.

Recruit staff with culturally and academically diverse backgrounds, with knowledge of the population they serve in relation to racial, ethnic, class, and gender characteristics as well as social and economic conditions in the jurisdiction.

Mentor and inspire staff to address health inequities in their local jurisdiction.

Establish greater flexibility in job classifications to tackle the root causes of health inequity.

Develop relations with high schools and colleges to ensure that diverse groups of youth will strive towards joining the public health workforce.

Develop anti-racism training as part of building a competent workforce.

10. CONTRIBUTE TO AND APPLY THE EVIDENCE BASE OF PUBLIC HEALTH AND RELEVANT FIELDS

Develop public health measures of neighborhood conditions, institutional power, and social inequalities that lead to prevention strategies focused on the social and environmental determinants of health.

Include knowledge based on social and economic context, subjective understandings, history, and social experience that goes beyond quantifiable data from epidemiological investigation when informing decision making and action.

Stay current with the literature on health equity, synthesize research, and disseminate findings as they are applicable to staff and community.

Evaluate and disseminate knowledge of findings and efforts related to health equity.

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This document is a work in progress that will be reviewed and tested over time. It will eventually include indicators. A final version is due in late fall of 2009.

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