14 Inside and Outside Strategies to Advance Health Equity within Local Public Health Practice

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Introduction

Below is a list of 14 internally- and externally-focused strategies that health departments should implement to advance health equity practice. We developed this list by reviewing what leading public health voices have written about health equity over the last several years and identifying and summarizing common themes across those resources. This is also infused with our own understanding of what it takes to advance health equity based on our research and capacity-building work with local public health departments.

Underlying these practices is our understanding of why inequities exist and what we must do to overcome them. In short, health inequities — systemic, avoidable, unfair, and unjust differences in health outcomes — result in a large part from inequities in the social determinants of health, such as housing, employment, and education. Inequities in the social determinants are the result of social factors such as structural, institutional, interpersonal, and internalized forms of racism, classism, sexism, heterosexism, and able-ism, as well as differences in power between various social groups. These social factors also directly result in health inequities. Those who currently hold power — through influence on elected officials, the political agenda, and people’s understanding and interpretation of the world — benefit from inequity and use the various forms of oppression to maintain power. Conversely, those who suffer from inequities often lack power and face oppression.

To advance equity, therefore, health departments must act at this fundamental level to eliminate oppression and build power among those facing inequities. Doing so requires both inside and outside strategies. On the inside, leadership and staff of health agencies must first build their understanding of equity, power, and oppression and then act on that understanding. But by itself a health agency will never have enough power to advance equity, so outside relationships are also necessary. Health agencies must build relationships and work closely with community groups and others that can use their democratic rights to advocate for change and hold the agency and others in government accountable to their needs.

We believe that advancing health equity requires ‘strategic practice.’ There is not a recipe or a toolkit that will provide a health department with step-by-step instructions as they build their capacity to advance health equity. Instead, doing so takes a combination of both hard and soft skills that must be molded to the local context, practiced and refined, and adapted as the context shifts. There is no quick fix that will get a health department where they need to be; advancing health equity requires ongoing work and dedication.

Our goal here is to further enumerate a set of strategic practices — focused internally and externally — that health departments can implement to advance health equity. Importantly,
doing just one or two of these will not achieve the outcomes to which we all aspire. And the inside and outside strategies are not independent; they must be used together, strategically, through an intentional and adaptive processed to achieve our goals.

Human Impact Partners will continue to refine these strategies, provide examples of how they are being implemented, discuss barriers to implementation and potential solutions, and develop a set of self-reflective questions health departments can use to evaluate their current practice and identify next steps. We must also identify how we define and measure progress on implementation of these strategic practices, both in the short and long term.

**Inside strategies: Internally focused practices to advance health equity**

1. **Focus on addressing the “causes of the causes of health inequities” – oppression and power**

   Health inequities typically are the result of inequities in the social determinants of health (e.g., housing, transportation, education). Inequities in the SDOH are typically the result of social and political inequities, which include uneven distribution of power and the various forms oppression used to maintain power. To advance equity, public health must, through our work, discuss and address:

   - Building power, including empowering communities facing inequities, changing what is on the political agenda, building cross-organization and cross-sector alliances that advance social justice, and changing narrative and worldview; and
   - Addressing forms of oppression based on institutional and structural racism, income/SES, gender, sexual orientation, and ability.

2. **Prioritize improving the social determinants of health through policy change**

   Health inequities typically are the result of inequities in community conditions – the social determinants of health such as housing, transportation, and education. Therefore health equity practice must influence SDOH-related policies that are outside of traditional public health, rather than only responding to the symptoms of inequities by providing services. Policy change can be accomplished through a number of tactics, including research, advocacy, capacity building, and partnerships. Health Impact Assessment and Health in All Policies are approaches that can aid in this work when they include a specific equity focus.

3. **Build understanding of and capacity to address equity across the organization**

   Health department staff across the organization must develop the knowledge to support health equity practice. Health departments must therefore implement organizational development strategies that build both theoretical understanding of equity, oppression, and power and practical skills focused on how staff can advance equity in all their work.

4. **Support leadership, innovation, and strategic risk-taking to advance equity**

   In conservative political environments as well as progressive ones, advancing health equity is difficult because those who benefit from the status quo often hold power and are opposed to changes that advance equity. Health departments need leadership – at the top and throughout
the organization – willing to take on those challenges. Health equity work requires health departments to support leadership development, innovation, and strategic risk taking. Health departments must also encourage a culture of learning and experimentation as health equity practice needs to be responsive to the social and political context and evolve as that changes.

5. Change the narrative of what leads to health
Disease, risk factors, the biomedical model, and individual behavioral change dominate the current narrative about what public health is. Health departments must actively work to change this narrative to expand the understanding of what creates health – the social determinants and equity – both within the department and with community, agency, and elected partners. This also includes expanding the definition of what public health can – and must – do. This work involves harnessing the power of popular culture at one end and developing communications plans and messages at the other – all to clearly and consistently express and translate the concepts included in health equity.

6. Commit the organization and its resources to advance equity
Health departments must institutionally commit to advancing health equity as a primary focus of their missions. This commitment must be reflected across the agency and be fostered and supported in all activities. Importantly, it must be reflected in budgeting decisions; resources, including categorical funding and new grants, must be used creatively and targeted to work that advances health equity.

7. Use data, research, and evaluation to make the case
Public health departments often pride themselves on their data, research and evaluation capacities. These strengths must be leveraged to advance health equity. This can take many forms: using data about inequities to identify priorities and then holding the department and others accountable to advancing health equity; developing reports that focus on health equity; partnering with other agencies to identify and share data about the social determinants of health; providing community-level data and profiles; collecting and reporting data disaggregated by race, ethnicity, income, gender, neighborhood, etc.; working with community members to identify indicators of interest and using those to measure progress; using qualitative methods (surveys, interviews, focus groups) to ground-truth and bring to life quantitative data and to lift community voice; and making data available to communities so they can use it as a form of power to advance equity.

8. Change internal practices such as hiring and contracting
Health departments must change internal policies and practices across programs to advance equity and to remove barriers to advancing equity. This includes: increasing workforce diversity by revising hiring practices and through retention, promotion, and training; building cultural competence and humility throughout the organization; revising policies and practices that prevent working on social determinants of health and on addressing power and oppression; revising administrative processes, including contracting and RFPs, to support health equity goals; building equity goals into continuous process improvement; and focusing on health equity as part of accreditation.
Outside strategies: Externally focused practices to advance health equity

9. Build partnerships with communities experiencing health inequities in ways that intentionally share power and decision making and allow for meaningful participation

Strong, strategic, long term, and trusting relationships with community partners are vital to advancing health equity and to transforming public health practice so it can most effectively advance equity. These relationships must recognize each others strengths, be rooted in shared values and interests, share decision making, and allow for authentic participation by those facing inequities. Health departments must intentionally:

- Build the capacity and power of communities facing inequities to gain control over the factors that affect their lives and advance change;
- Provide data and research to support community partners, including research conducted through CBPR methods; and
- Conduct advocacy in support of community partners and their work, using the health department’s standing as experts as well as lifting up the voices of those facing inequities in all stages of policy and program development and at all levels of decision making.

10. Build alliances and networks with community partners to protect against risk and build power

Health departments also play a convening role that can be used to advance health equity. Alliances and networks that include community partners and other agencies, convened and led by the health department or others, can collectively and powerfully take action to advance equity, for example by increasing awareness, advocating for policy and systems change, and ensuring accountability. These alliances can also protect the health department from the political risk or pushback associated with advancing equity by providing a base that can advocate on behalf of the work of the health department with elected officials and other leaders. They can also create openings for the health department to expand the boundaries of their work, beyond traditional public health activities.

11. Build alliances with other agencies

Because many of the decisions about social determinants of health related policy are made by other agencies, health departments must develop long term and multi-sector partnerships to advance health equity. These include agencies responsible for housing, transportation, labor, education, and criminal justice. An equity-focused Health in All Policies approach may be useful.

12. Engage strategically in social justice campaigns and movements

In addition to supporting community partners generally, health departments must specifically and strategically support social justice campaigns and movements that advance equity with research, advocacy, and capacity building. These campaigns may be initiated and led by community partners, rather than the health department, and advancing health equity may or may not be the explicit focus of the campaign/movement.
13. **Change the administrative and regulatory scope of public health practice**
In order to be able to take enforceable actions on social determinants policy, health departments must expand the scope for which they are responsible. This should include expanding the statutory authority they hold.

14. **Join broader public health movements to advance equity**
The more health departments work together with each other and other partners and align their strategies and actions, the more successful they will be in advancing equity. The movement for health equity must also align with and support social justice campaigns and movements less explicitly focused on health but that would advance equity goals. Health departments can learn from each other and use each other’s work to justify their own equity work, building capacity and mitigating risk by doing so.
Sources

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