

Build Power for Health Equity: Strategic Practices for Local Health Departments

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Introduction

Below is a list of 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 process to achieve our goals.

Human Impact Partners is continuing to refine these strategies, provide case studies of how they are being implemented, and develop a set of milestones health departments can use to evaluate their current practice and identify next steps. In July 2017, we will launch a new website – www.healthequityguide.org - with this content.

I. CHAMPION TRANSFORMATIVE CHANGE

A. Confront power imbalances and racial and other forms of oppression used to maintain them

Health inequities typically are the result of inequities in the social determinants of health, which stem from social and political inequities - such as the unequal distribution of power and various forms of oppression used to maintain those power imbalances. Advancing health equity means challenging these power imbalances and forms of oppression, including racism, sexism, classism, homophobia, ableism, and xenophobia, in all aspects of our work - both internally in our departmental policies and practices, and externally in how we work with communities and other government agencies. Doing this work begins to acknowledge the very real context in which people and communities of color and low-income people and communities - who have borne the brunt of these inequities - are able to more meaningfully and authentically partner with health departments to advance health equity.

B. Develop leadership, support innovation, and reward strategic risk-taking to advance equity

In conservative and progressive places alike, advancing health equity is difficult because those who benefit from the status quo often hold power and do not support changes that advance equity. Health departments need leadership – at the top and throughout the organization – willing to challenge this status quo, and to talk and act more explicitly in areas that may be perceived as "controversial." This requires an intentional effort to develop that leadership to advance health equity, support innovation at all staff levels, and reward strategic risk taking. Health departments must also encourage a culture of learning and experimentation that is more responsive to social and political contexts. There is not an established playbook to advance health equity, but developing leadership, supporting innovation, and rewarding strategic risk-taking helps create the conditions for health department staff to think and work differently in ways that can take health equity to a deeper and more meaningful level.

C. Change the conversation about what creates health equity within public health, across government, and in communities

Narratives are values-based meta-stories about how and why the world operates that have the ability to shape public consciousness, including our collective sense of responsibility and possibility. Disease, risk factors, the biomedical model, and individual behavioral change dominate the current public health narrative. Health departments must actively work to change this narrative to expand the understanding of what creates health – the social determinants and equity – both within their departments and with community and government partners. This

narrative shift requires understanding historical and political contexts, and the role of policy, systems, and environmental change in addressing or exacerbating inequities. It 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 of health equity. Changing the narrative changes what is possible and creates momentum for many of the other strategic practices in this resource - including targeting upstream policy change and joining social justice movements.

D. Join with others in public health to build a movement for health equity

With health departments around the country exploring how to better integrate health equity, often taking risks and stepping out of their comfort zone, there is value in aligning with one another and learning from each others' successes and challenges. Being able to point to one another's work and lift up concrete examples can help justify one's own equity work and build one's capacity. Normalizing and operationalizing health equity work in this way will also help mitigate the risk inherent in engaging in upstream policy work, sharing decision-making with communities, talking about power and oppression, and many of the other strategic practices described in this resource. Establishing intentional alliances and networks with others engaged in advancing justice and equity also solidifies a "position" that reflects progressive health equity practice within local health departments. We must develop a common voice in the public health community that stands for specific values, principles, strategies, and tactics. This voice and our collective actions will help us harness the power public health to make positive change.

2. BUILD INTERNAL INFRASTRUCTURE

A. Build understanding and capacity to advance equity across the department and workforce

Health department staff across the organization must develop their knowledge and capacity to advance health equity practice, and leadership should encourage a culture of continuous learning and experimentation. Health departments must therefore implement organizational development strategies that build both theoretical understanding of equity, oppression, and power and practical skills focused on how to apply what they're learning across all policies, programs, practices, and interventions. This can occur through agency-wide trainings, intra-departmental workgroups, peer learning sessions, coaching, and other approaches that create space to reflect and discuss equity-related content. Through this, it is important to ensure that discussions are facilitated well and in ways that are inclusive and respectful of different staff perspectives.

B. Allocate resources to advance equity

Health departments must institutionally commit to advancing health equity as a primary focus/mission of their organization. This commitment must be fostered and supported across all parts of the agency with an expectation that every office and/or bureau strategically direct staff resources to implement policies and practices that advance equity. Internal planning initiatives must integrate an equity perspective. Budgeting priorities and decisions are an important opportunity to align resources across multiple funding streams to advance equity. General

funds, categorical funding, and grant funding can all be leveraged creatively to more optimally advance health equity work.

C. Change internal practices and align internal processes to advance equity

Health departments must align a very wide-range of internal policies and practices across their agencies in order to truly advance health equity - and importantly, to remove barriers to advancing equity. Difficult work must be done to reveal how current policies and practices support or impede equity. This work must occur across all aspects of the agency, for example: increasing workforce diversity by changing hiring practices and through retention, promotion, and training; building the cultural competence and humility of staff - especially those engaged in service delivery; accreditation, performance management, quality improvement; revising administrative processes, including contracting and RFPs, to support health equity goals; aligning funding streams to make the biggest impact on health equity; and assessing programs and activities according to health equity goals and metrics.

D. Prioritize improving the social determinants of health through upstream policy change

Focusing on upstream policy change should be at the heart of a health department's work to advance health equity. Health inequities typically are the result of inequities in community conditions – social determinants of health like housing, transportation, incarceration, jobs and workplace conditions, and education. And differences in these conditions operate at a community- or population-level, meaning that whole segments of the population suffer the consequences of policies that, for example, prioritize profits over health. Therefore health equity practice must clearly target and influence the SDOH-related policies and systems that are often outside of traditional public health culture, narrative, and practice - but that create the conditions for people to be healthy. By focusing on the behaviors that may result from these structural inequities, health departments misdirect enormous resources towards only responding to the symptoms of inequities, never fully eliminating the source of inequities. Policy change can be accomplished through a number of tactics, including building awareness of the connection between issues and health with different audiences; conducting research on those connections and reporting that research publicly; doing direct and indirect advocacy in decision-making contexts; and strengthening staff capacity to identify and focus on upstream factors across the agency's programs. Key to all of this is understanding the priorities of local communities, partnering with them, and directing policy change resources to support their priorities. In addition, health departments must look beyond influencing policy-making at their local level to also influencing state and federal level decisions.

E. Mobilize data, research, and evaluation to make the case for, assess and inform interventions for health equity

Public health departments pride themselves on their data, research and evaluation capacities. These strengths must be leveraged to advance health equity - and importantly to help change the conversation about what creates health and to point to policy, systems, and environmental interventions that improve health equity. There are many different ways to use information in this way, including: using data about inequities to identify priorities and then holding the department and other agencies accountable to advancing health equity; developing reports that highlight health inequities across programs and issue areas; partnering with other government

agencies to identify, analyze, and report data about the social determinants of health; providing community-level data and profiles that show opportunities and challenges; 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 towards their goals; 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 in their own efforts to advance equity.

3. WORK ACROSS GOVERNMENT

A. Build alliances with other government agencies to advance equity

Social determinants of health policy-making is often in the purview of other government agencies who are not trained or bought into the need to think about policy-making consequences on health and equity. These include housing, transportation, planning, education, police, economic development, public works and utilities, and numerous others. To cultivate greater ownership and responsibility among those agencies to consider how their actions can benefit or burden community health, cross-sector agency collaborations are fundamental to advancing health equity policy change. Health departments can also become allies as those agencies are considering how to advance policy change that may be contested by various stakeholders. Health departments must invest staff resources in developing these relationships over the long-term, and equity-focused Health in All Policies approaches are particularly useful in thinking about starting up and fostering these collaborations.

B. Develop a shared analysis with other agencies about government's role in creating health equity

Throughout the history of the United States, government has played a role in both creating AND mitigating health inequities. Our roots in colonialism and slavery; discriminatory laws around education, housing, transportation, employment; and lack of protections for many disadvantaged groups have all contributed to the political, social, and economic marginalization of people of color, immigrants, Native Americans, LGBTQ people, people with disabilities, women, and others - and subsequently to poorer health outcomes for all these groups. It is important to create time and space for government staff to co-learn and reflect on this history, and to develop a shared analysis around the historical role of government in perpetuating othering and exclusion. The goal of this reflection is not to blame or create guilt, but rather to understand how our current systems and structures were developed and our role in changing them. Doing so will help agencies: better understand how they are perceived by communities; be better prepared for the distrust they may confront; and to consider different actions that break from that historical context.

C. Broaden the administrative and regulatory scope of public health and other agency practice to advance health equity

Local health departments have regulatory, administrative, and enforcement oversight over many issues. In some cases, the oversight authority exists (e.g., health analyses in environmental impact review) but the powers are unused or are interpreted in very limited manner. Reading and interpreting public health law to identify ways to take action as a health agency, and then

seeking legal counsel to ensure the interpretation is defensible, is one powerful strategy for leveraging existing but unused health department powers.

In many other cases, the responsibility for social determinants policy - like housing, transportation, planning, labor and employment, criminal justice - lies outside the health department's authority even though policies, programs, and practices in these sectors have known consequences for health and equity. While building alliances with other government agencies is essential for advancing work on health equity, local health departments should not shy away from expanding their regulatory and enforcement power to protect communities whose health might be at risk from unscrupulous employers, landlords, business-owners, and others. By using their statutory authority to compel certain actions from these entities, health departments can ensure communities have safer living and working conditions. Furthermore, health departments can also use this power to draw other government agencies, who might not be initially open to working together, into dialogue and collaboration.

4. FOSTER STRATEGIC COMMUNITY PARTNERSHIPS

A. Build strategic relationships with communities experiencing health inequities in ways that intentionally listen and learn, allow for meaningful participation, and share power and decision making

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 other's' strengths, be rooted in shared values and interests, share decision making, and allow for authentic participation by those facing inequities. Simply seeking feedback or hosting one-way conversations is both insufficient and damaging to building trust and long-lasting relationships. In order to form and nurture these relationships, health departments must intentionally partner in ways that build the capacity and power of communities facing inequities to gain much greater control over the factors that affect their lives. This requires being open to learning about community priorities; allowing time and space to get to know one another; identifying strategic opportunities and avenues for communities to contribute their expertise and knowledge; and sharing resources to develop their skills and capacity to partner with the health department. Most importantly, the Department must demonstrate a willingness to be guided by the needs, interests, and voices of communities most impacted in setting their department priorities, and in policy and program development.

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

Health departments play a convening role that can be used to advance health equity. Community partners and the health department can develop alliances or networks that collectively and powerfully take action to advance equity, for example by increasing awareness, advocating for policy and systems change, and ensuring accountability. These alliances - which can be led by the department or by the community, and be formal or informal - can protect the health department from the political risk or pushback invariably associated with advancing equity. This happens by creating a "base" of support in the community that can advocate on behalf of the health department to elected officials or other leaders who are questioning the

department's work. These alliances can also create openings for the health department to expand the boundaries of their work, beyond traditional public health activities, by showing that there is demand and interest from communities to engage in a wider set of opportunities.

C. Engage strategically in social justice campaigns and movements to advance equity

Recognizing that social determinants policy change is key to advancing health equity, 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 or other government agencies, and advancing health equity may or may not be the explicit focus of the campaign/movement. Health departments can engage, for example, by providing data and conducting research to support community partners; and conducting advocacy in support of community partners' interests, using the health department's standing as experts.

Sources

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