DIRECTORS OF HEALTH PROMOTION AND EDUCATION
ACHIEVING HEALTH EQUITY POLICY BRIEF

Issue:

Despite the existence of considerable economic resources and technological advances in health care to prolong life, not all U.S. residents have the same opportunity to achieve a state of health as defined by the World Health Organization (WHO). Health disparities are differences in health outcomes between groups that reflect social inequalities.[1] The ability to achieve and maintain the best health possible depends upon a group's demographic composition, where they live, and available resources. This inequality in health is the result of the dynamic interaction of many factors such as income, poverty status, discrimination, race/ethnicity, and educational factors that exacerbate these differences.[2] These disparities are social injustices and are evident in the 83,000 deaths that occur each year as a result of racial and ethnic health disparities.[3]

Health Equity exists when everyone has the opportunity to attain their full health potential.

The concept of health equity frames our understanding of differences in health outcomes among diverse populations. Health equity brings to the forefront key social justice approaches to improving health and steers away from consideration that health differences are caused primarily by individual, genetic, or behavioral differences in groups. Many avoidable differences in population health are a direct result of unequal economic and social conditions, which are systemic and curable. These systemic health conditions in communities can be alleviated by improving the social, economic, environmental and physical conditions where people live, work and play. The Directors of Health Promotion and Education (DHPE) posits that addressing these inequities that impair individuals and thus populations from reaching their optimal health outcome must be eliminated.

DHPE seeks to create policies, systems and environments that make healthy communities. DHPE understands that multiple circumstances and systems influence individual, family,

community, societal and population health. These systems, often referred to as social determinants of health, directly impact health outcomes of individuals and communities where they live, work and play. Policies and interventions influence the distribution of these social determinants to different social groups, including those defined by socioeconomic status, race/ethnicity, sexual orientation, sex, disability status and geographic location. Social justice influences these multiple systems and interactions through equality. Inequitable distributions of these social determinants lead to health disparities. Conversely, equitable distributions of these social determinants lead to health equity and healthy communities. Therefore, one definition of health equity is that "everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances". [4]

Background:

In recent years, "social determinants of health, health disparities and health inequalities" have been familiar concepts to the public health workforce. One of the two overarching goals of *Healthy People 2010* is: Eliminate health disparities[5] and *Healthy People 2020* strives to improve health for all groups through addressing social determinants of health and health disparities. Additionally the Affordable Care Act emphasizes access, health equity, and the elimination of health disparities.

Between 2003 and 2006, the combined costs of health inequities and premature deaths in the US were $1.24 trillion.

"Recognition of health disparities has been documented since the early 20th century. In spite of decades of awareness, most of the gaps in life expectancy, infant mortality and disease incidence between racial and ethnic groups have remained the same, while others have further widened. It is estimated that 83,000 deaths occur each year as a result of racial and ethnic health disparities."[6] Between 2003 and 2006, the combined costs of

health inequalities and premature deaths in the US were $1.24 trillion.[7]

Concern for social determinants of health began much earlier in international settings. More than 30 years ago, WHO's Alma Alta conference acknowledged the link between health and living and working conditions.[8] The Healthy Cities model that grew out of the concepts in the Ottawa Charter for Health Promotion[9] is an approach that seeks to change power relations related to health and poor health by empowering citizens.[10]

In August 2008, WHO's Commission on the Social Determinants of Health issued its final report.[11] That report contained three overarching and achievable recommendations to address health inequities worldwide:

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money and resources
3. Measure and understand the problem and assess the impact of action

Role of DHPE:

DHPE is a proactive organization that ensures its membership has the necessary information and tools to successfully meet current and emerging public health challenges. Health disparities and health inequities are extremely complex and cross many different sectors thus requiring an interdisciplinary approach. With this in mind, DHPE supports efforts made by state agencies and addresses health disparities. To advance this valuable work in pursuit of health equity, DHPE offers the following strategies:

- Advocate for policies that promote equity.
- Provide national leadership in promoting strategies to achieve equity.
- Build capacity of DHPE members and within state agencies to effectively address equity issues.

…Mobilizing a nationwide, comprehensive, and sustained approach to combating health disparities and to move the nation toward achieving health equity.

- Support state health agencies with making structural enhancements to their organization for integrating sustainable equity solutions into their health promotion activities and priorities.
- Foster relationships between health promotion units and state offices of minority health.
- Educate the key decision makers and stakeholders on equity and the relationship to health disparities and outcomes.
- Provide new public health professionals with learning and employment opportunities to apply cutting edge strategies to address social determinants of health.
- Foster collaboration with national organizations within and outside of the health sector to promote equity.
- Develop and disseminate information and tools to support the replication of promising practices and policies that address equity.
- Employ crosscutting technology to maximize the use of data to identify communities at the lowest level of geography to devise solutions.
- Employ policy, system and environmental change strategies and tactics to achieve equity.

Role of State Health Promotion Directors:

Achieving equity builds on the principles and practices of health promotion and education. Health promotion plays a critical role in setting and implementing an equity agenda. Many scholarly approaches to health equity have been published. For example, the National Association of County and City Health National Association Health Officials provided leadership for public health practice through its publication, *Tackling Public Health Inequalities through Public Health Practice: A Handbook for Action*. [12] The handbook identifies two main purposes:

1. To provide a conceptual framework, raise questions, and spur thought for exploring the

nature and causes of health inequity and what to do about them, and

2. To offer a knowledge base, resources, case studies, and suggestions for transforming everyday public health practice, departmental structure, and everyday culture in ways that may advance the reduction of health inequities.

The handbook recommends the following actions for local public health agencies to ensure that health inequities are adequately addressed.[13] Some of these recommendations are adapted for applications at a state level. DHPE encourages action on those recommendations most salient to health promotion practice:

- Identify local policies and arenas that affect social determinants of health.
- Target community conditions at the lowest level of geography, not just diseases.
- Focus on barriers like statutory authority, limits and policies.
- Examine public and organizational policy, rules and regulations, which will facilitate or inhibit working upstream.
- Seek involvement in decision-making, policy decisions in related agencies.
- Conduct regular community forums and foster collaboration.
- Increase the voice and influence of affected communities, e.g., promoting community, population health vs. individual health.
- Convene; integrate/assume leadership by bringing together stakeholders and institutions that can change social conditions.
- Include social justice in meetings and media presentations.
- Find ways to express and translate ideas of equity—relying on popular culture, cultural activism
- Discuss racism, class exploitation, and gender inequality.
- Award grants related to eliminating inequity—in traditional grants and new grants.

C. Kochtitzky, Associate Director for Program Development at CDC, and D.E. Dennis-Stephens, Health Equity Officer at CDC, identified two broad areas to focus on in advancing health equity[14]—data collection and workforce training. For measuring health inequities, new kinds of datasets on social/civic, economic and environmental disparities need to be developed and analyzed.

In the same presentation, Kochtitzky and Dennis-Stephens identified eight critical new areas for public health professional education:

1. Ethics
2. Policy & Law
3. Cultural Competence
4. Communication
5. Community-based Participatory Research
6. Informatics
7. Genomics
8. Global Health

Appearing in a documentary series on health inequalities, UNNATURAL CAUSES, Dr. David Williams of the Harvard School of Public Health says, "Housing policy is health policy. Educational policy is health policy. Antiviolence policy is health policy. Neighborhood improvement policies are health policies. Everything that we can do to improve the quality of life of individuals in our society has an impact on their health and is a health policy."[15]

DHPE recognizes the keen insight of Dr. Williams further supporting the notion that these critical new areas must be applied simultaneously to achieve optimal health of communities. DHPE agrees with the WHO that health equity can be achieved in this lifetime. Our challenge is

to ensure that the organizations, coalitions and businesses in which we support work in tandem to make necessary changes to advance equity.

Definitions:

Health inequalities, health disparities and health inequities are interconnected complex issues. These terms are pervasive and often misunderstood by many in the public health community, despite their direct effect on negative health outcomes. Moreover, these issues require comprehensive formative research and data to properly characterize the extent of the problem and ameliorate the differences in health outcomes. In order to develop comprehensive and proactive responses to achieve health equity, it is important to first understand the similarities and nuisances of key basic concepts. DHPE relies on the following definitions for work related to health equity:

Health inequalities refer to summary measures of population health associated with individual- or group- specific attributes (e.g., income, education, or race/ethnicity). [2]

Health disparities are defined as differences in health outcomes and their determinants between segments of the population, as defined by race, ethnicity, socio-economic status, gender, sexual orientation and geographic attributes.[2]

Social Determinants of Health are root causes of health disparities and are comprised of complex, integrated and overlapping social structures and economic systems.[2] Determinants of health include, but are not limited to, food supply, housing, economic and social relationships, transportation, education, structural racism and access to quality health care. These factors determine wellness and longevity.[4] Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.[3] Thus,

equalizing the distribution factors contributes to health equality.

Health inequities are "a subset of health inequalities", especially as they relate to social determinants that are modifiable and associated with social disadvantage.[2] Health inequities also reflect a social justice mindset that the existence of modifiable conditions which lead to negative health outcomes are unjustifiable, ethnically unfair and against the highest values of a progressive and humane society.

Health Equity exists when everyone has the opportunity to "attain their hull health potential" and no one is "disadvantaged from achieving this potential because of their social position or other socially determined circumstance."[3]

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