

One of the central priorities driving the public health agenda is to achieve health equity. ASTHO defines health equity as “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.”¹ State and territorial health officials (S/THO) can play a critical role in setting and moving forward a health equity agenda across the health agencies’ many programs, departments, and leadership staff. The leadership role of S/THO can bring visibility to an important issue.

Economic Burden and Premature Death

Health inequities cause premature death and create economic burdens for the United States.² Between 2003 and 2006 the combined direct costs of health inequalities and premature death in the United States were \$1.24 trillion. Eliminating health inequalities would have reduced indirect costs by more than \$1.2 trillion.

Health equity means addressing avoidable inequalities for all groups, with a focus on those who have experienced socioeconomic disadvantage or historical injustice, so that all people and communities feel empowered to achieve the highest level of health.

Addressing health equity and reducing disparities can positively impact employment and education.³ A healthy and educated workforce is a more productive workforce.⁴ Adopting a life course approach to understand health inequities can lead to better policies and programs. The life course framework conceptualizes health outcomes as the culmination of the individual’s entire life course before the health outcome. We have an ethical obligation to support the attainment of human capabilities by all.

Role of the State and Territorial Health Official (S/THO)

- Use your leadership position as a bully pulpit to explain health equity and disparities to stakeholders and constituents.
- Show up, ask questions, and be present at health equity meetings.
- Elevate your state Office of Minority Health/Health Equity into a leadership role.
- Bring together partners to create a multi-sector approach around health equity.

By leading their state or territorial health agencies to pursue the following five strategies, state and territorial health officials can provide direction to achieve health equity.⁵

Strategy 1: Build organizational structures and supports to promote health equity.

- 1) Increase workforce diversity in your state or territorial health agency through recruitment, retention, promotion, and training policies.
- 2) Include health equity language in your agency’s RFPs and contracts.
- 3) Develop communication plans to ensure that your agency will disseminate clear, accurate, and consistent health equity messages for all populations.
- 4) Increase the capacity of community based organizations in your state or territory to do health equity work.
- 5) Improve coordination, collaboration, and opportunities for soliciting community input on decisions that impact them.

Strategy 2: Identify the issues using both qualitative and quantitative data.

- 1) Use tools such as [America's Health Rankings](#), [County Health Rankings and Roadmaps](#), and GIS to identify inequities in communities. Complement quantitative data collection with a variety of qualitative methods (surveys, interviews, focus groups) to verify community-identified health priorities.
- 2) Highlight the most striking inequities through clear, consistent, and widespread messages to decision-makers, affected communities, partners, and the general public.
- 3) Collect data on social determinants of health (SDOH) by race, ethnicity and language, place, poverty status, and SDOH indicators, like housing, transportation, agriculture, labor, and education.
- 4) Develop special issue reports focusing on health disparities and recommendations to achieve health equity in your state.

Strategy 3: Promote leadership teams, coalitions, and community engagement.

- 1) Invest resources to build strong and trusting relationships with community partners.
- 2) Include voices of the populations identified as experiencing health inequities in all stages of program development and create meaningful opportunities for community engagement.
- 3) Build and support partnerships among public, nonprofit, and private entities to provide a comprehensive infrastructure that will increase awareness, drive action, and ensure accountability in efforts to achieve health equity across the lifespan.
- 4) Build capacity at all levels of decision-making (both within the department and in the community) to promote and sustain community solutions for ending health inequities.

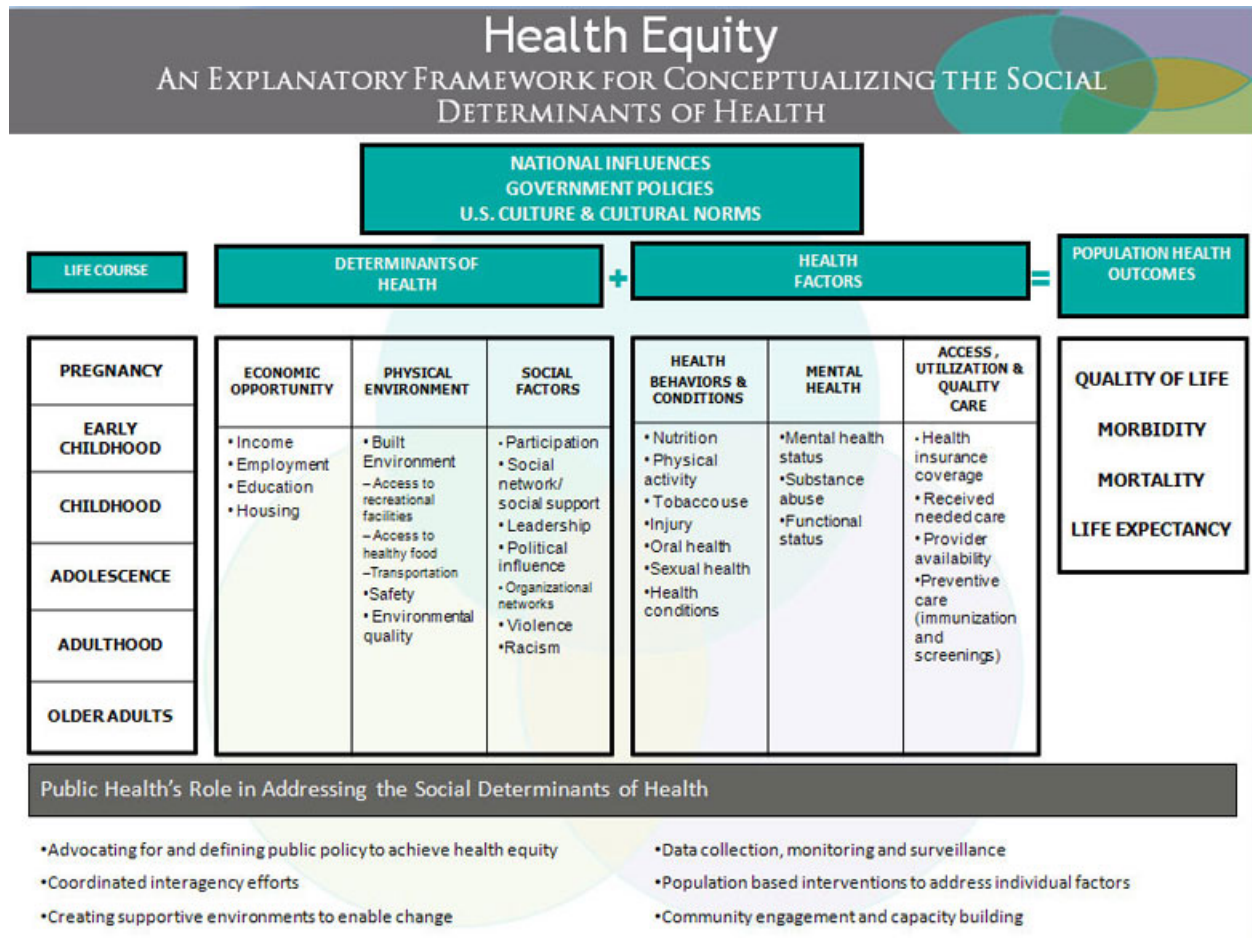
Strategy 4: Select, design, and implement strategies that promote health equity and eliminate disparities across the state or territory and within local communities.

- 1) Apply the [Equity Impact Review Guide](#)⁶ to evaluate the strength of a plan or policy to reduce health inequities and not make them worse.
- 2) Work with targeted communities to choose evidence-based interventions that are effective for racial and ethnic populations as well as geographically isolated or low socioeconomic status populations, LGBT groups, and people with disabilities.
- 3) Ask communities to identify health indicators they want to focus on and the measures of progress that will be meaningful to them in achieving health equity.
- 4) Develop multi-sectoral collaborations with agencies such as the state or territory departments of labor, transportation, education, and housing to change the conditions in people's lives.
- 5) Promote higher quality, culturally competent public health and healthcare services for all populations.

Strategy 5: Evaluate and monitor health equity activities for effectiveness.

- 1) Create tools and add to current tools to measure whether strategies are having differential impact across the population groups and areas experiencing the greatest health disparities.
- 2) Apply the following measures to evaluate whether your state/territory is reaching its goals: rates of high school graduation, home ownership versus renting, income gap narrowing, moves to mixed income neighborhoods, and policies that counter institutional racism.

On the next page is the Colorado Health Equity Model⁷, a visual framework for understanding the concepts in the above strategies.



Colorado Health Equity Model

The Colorado Health Equity Model is a conceptual framework designed to foster a deeper understanding of how the social determinants of health influence health disparities. Defined by the CDC, the social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. The Model recognizes that these social determinants vary at every stage of the life course and have profound impacts on our health factors and ultimately our population health outcomes. The five interconnected areas of the model are defined as:

- **Life course perspective:** how populations are impacted differently during the various stages of life;
- **Social determinants of health:** societal influence, such as economic opportunity, physical environment and social factors that play critical roles in the length and quality of life;
- **Health factors:** components of health behaviors and conditions, mental health and access, utilization and quality of health care;
- **Population health outcomes:** measures of quality of life, morbidity, mortality and life expectancy; and,
- **National influences:** how populations are shaped by a wider set of forces such as governmental policies and U.S. cultural norms.

Selected Resources

[ASTHO's Health Equity Case Studies](#): Examples of states using the strategies in this document to promote health equity.

[America's Health Rankings](#): United Health Foundation provides each state's rankings in various social determinants of health, such as high school graduation, children in poverty, air pollution, lack of health insurance, and low birth weight.

[County Health Rankings and Roadmaps](#): The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings rank the health of counties in the United States and confirm the critical role that social determinants of health such as education, jobs, income, and environment play in people's health.

[Kaiser Family Foundation Disparities Policy Page](#): Information and resources on policies that effect health disparities.

[Roots of Health Inequity](#): A web-based course for the public health workforce on health inequities.

[Unnatural Causes: Is Inequality Making Us Sick? Toolkit](#): This toolkit provides resources to help schedule a community screening event of *Unnatural Causes*, an acclaimed documentary series broadcast by PBS and now used by thousands of organizations around the country to tackle the root causes of our socio-economic and racial inequities in health. It includes facilitation tips, sample agendas, and other resources to plan a successful screening event that gets people engaged in the issues.

References

¹ Office of Minority Health. *National Stakeholder Plan to Achieve Health Equity*.

<http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>. Accessed 7/19/2013.

² TA LaVeist, DJ Gaskin, P Richard. *The Economic Burden of Health Inequalities in the United States*. Washington, DC: Joint Center for Political and Economic Studies. 2009. Available at <http://www.jointcenter.org/research/the-economic-burden-of-health-inequalities-in-the-united-states>. Accessed 3/21/13.

³ Commission on Macroeconomics and Health. *Macroeconomics and health: investing in health for economic development*. Geneva: World Health Organization. 2001.

⁴ Mackenbach JP, Meerding WJ, Kunst AE. *Economic implications of health inequalities in the European Union* (unpublished manuscript). Rotterdam: Department of Public Health.

⁵ Strategy headings were developed within CDC's Office of Noncommunicable Diseases, Injury, and Environmental Health, National Center for Chronic Disease Prevention and Health Promotion, Office of Minority Health and Health Equity.

⁶ Washington State Department of Health. *Health Equity Impact Review Guide*. Available at <http://here.doh.wa.gov/materials/equity-impact-guide>. Accessed 6/26/13.

⁷ Colorado Department of Public Health and Environment (2013). For more information contact the NACDD Health Equity Council: gailbrandt@chronicdisease.org