

State and Territorial Health Agencies and Health Equity

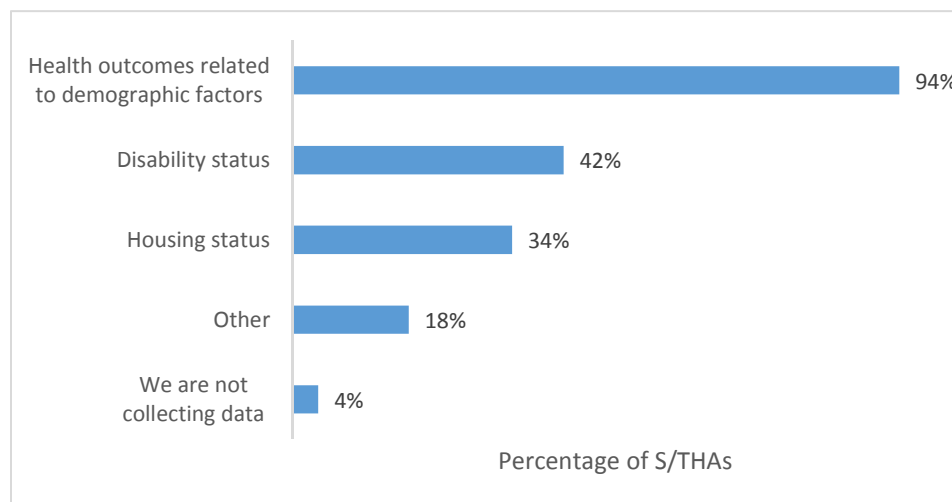
Achieving health equity is a central priority driving the public health agenda and guiding the work of the Association of State and Territorial Health Officials (ASTHO). Health equity means addressing avoidable inequalities for all groups so that all people and communities feel empowered to achieve the highest level of health without disadvantage based on socioeconomic status or historical injustice.

ASTHO’s organizational vision is for state and territorial health agencies to advance health equity and optimal health for all. ASTHO’s health equity and social determinants of health program is housed in the ASTHO Center for Population Health Strategies (CPHS) as one of its three pillars. CPHS aims to address the social determinants of health and advance ASTHO’s Triple Aim of Health Equity by supporting states in their own efforts to improve population health. This issue brief provides information on S/THAs’ work to advance health equity.

Health Equity Language, Data, and Partnerships

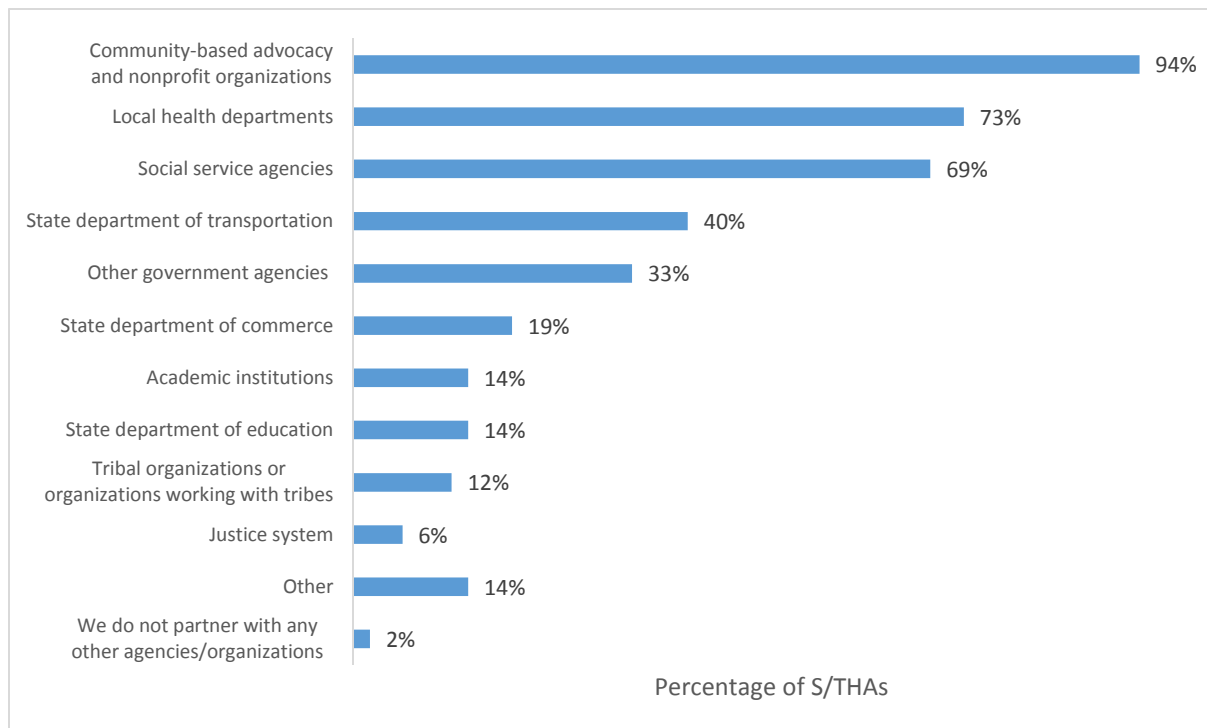
Almost all S/THAs collect data on health inequities, most often regarding health outcomes related to demographic factors (94%) and disability status (42%) (**Figure 1**).

Figure 1: Health Inequity Data Collected by S/THAs, 2017 (N=50)



Along with collecting data, S/THAs work with a variety of partners on health equity programs and policies (**Figure 2**). “Other” responses include advisory councils, private clinics, hospitals, and businesses.

Figure 2: Agencies or Organizations that S/THAs Partnered with for Health Equity Programs or Policies, 2017 (N=51)



State and Territorial Health Agency Resources

Despite increasing demands on S/THAs to address the numerous factors that contribute to health inequalities, in 2017, many S/THA total¹ budgets either remained the same (46%) or decreased (31%) from their 2016 levels. In 2018, 39 percent of S/THAs expect their budgets to decrease from 2017, while 36 percent of agencies expect their budgets to stay the same. In addition, when asked to predict which services would be affected by a potential CDC budget reduction, 40 percent of S/THAs indicated that chronic disease programs, often directed toward underserved communities, would be affected. An additional 4 percent of S/THAs specifically noted that their health equity programs would be affected. Due to the breadth of services provided by S/THAs, continued funding for public health is critical.

Data Source

This data is from ASTHO's 2017 Forces of Change survey, an annual survey completed by the state and territorial health agencies that comprise ASTHO's membership. ASTHO is the national nonprofit organization representing public health agencies in the United States, the U.S. Territories, and the District of Columbia, and over 100,000 public health professionals these agencies employ. The full 2017 Forces of Change Survey Report can be accessed at <http://www.astho.org/Research/Forces-of-Change/>.

Acknowledgements

For more information about the Forces of Change Survey, please email ASTHO's Research and Evaluation team at profile@astho.org. For more information about ASTHO's work on health equity, visit <http://www.astho.org/Programs/Health-Equity/>. This brief was supported by grant or cooperative agreement number NU38OT000161, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services. Support for this publication was also provided in part by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

¹ Agencies were asked to report on total budgets, and response options did not distinguish between usual funding streams and congressional emergency supplemental appropriations.