



Seven Elements of Health Equity Practice

In 2014 the National Association of County and City Health Officials (NACCHO) described seven elements of public health practice to achieve health equity. The recommendations are the result of recent discussions of leading US public health practitioners with experience and expertise on tackling health inequities. Below are descriptions of the Elements, and examples of how some local health departments are acting on NACCHO's recommendations.

Elements of Health Equity Practice	Examples from USA Health Departments
<p>Focus on the causes of social inequalities and not just the health consequences of those inequalities.</p>	<p><i>Minnesota reported on the associations of improvements in health with increases in income.</i></p>
<p>Develop alliances to create openings for participation in policy decisions that directly affect the social inequalities</p>	<p><i>The Equity and Social Justice Initiative in Seattle-King County obligates the health department to work with other agencies in the County to advance health equity. "Health In All Policies" is a concept that provides legitimacy to public health working in other "non-health" arenas.</i></p>
<p>Develop relationships with communities that are based on mutual recognition of each other's strengths and leadership capabilities, are long-term rather than situational and are based on shared interests in directly confronting social inequalities</p>	<p><i>The Kansas City Health Department provides space in their facilities for community organizations to help cultivate relationships informed by regular interaction and reaffirmation of shared interests.</i></p>
<p>Participate strategically in campaigns initiated and led by others</p>	<p><i>Alameda County, CA is involved in campaign initiated and led by community activists on gentrification and displacement in West Oakland. The health department was able to make explicit the connection between displacement and health inequity, and develop a strategic alliance.</i></p>
<p>Build a base that can help create openings to participate in activities that would otherwise be politically constrained. This is one strategy to protect against political risk sometimes associated with health equity practice.</p>	<p><i>The San Francisco Department of Public Health worked with the Living Wage Coalition, an organization promoting increase in the minimum wage. Working with the Coalition provided the health department an opportunity to inject public health data and approaches into a major policy debate to help build greater consensus to advance health equity.</i></p>
<p>Adopt organizational development strategies that incorporate health equity principles into categorical programs as well as new and creative practice.</p>	<p><i>Ingham County (Michigan) organizes dialogues including public health staff and community to illuminate how class, racism, and other forms of oppression are root causes of health inequities. The transformation of the organizational culture to better understand how a health department can more effectively contribute to achieving social justice is an important foundation for health equity practice.</i></p>
<p>Develop and communicate a public narrative that articulates the relationship between health inequities and the underlying social inequalities. Such a narrative is not circumscribed by diseases, risk factors, or populations.</p>	<p><i>The Minnesota Department of Public Health created a Narratives Strategy Team. Together, community partners and health department staff uncover where the individual-based public narratives dominate discussions of health. The team creates alternatives to the prevailing narrative that health is generated by a visit to the doctor and that it is the individual's responsibility to engage in 'healthy behavior.'</i></p>

(Excerpted from "Framework and Practices to Advance Health Equity at the Cook County Department of Public Health" July 2015) Source: National Association of County and City Health Officials. (2014) *Expanding the Boundaries: Health Equity and Public Health Practice*. Washington, DC: NACCHO pp 40-49.