

# Integrating Equity into Public Health Practice

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**P**ersonal health and longevity are closely associated with social and economic position. Throughout our lives, socioeconomic status determines both opportunity and environment, affecting our ability to practice healthy behaviors. The wide range in socioeconomic status across the US population is mirrored by dramatic health disparities, including those in obesity rates.

Most public health interventions to address health disparities have focused on health care access and quality. However, with the growing recognition of the socioeconomic influence on health disparities comes the realization that progress toward eliminating health inequities requires expanding the scope of public health practice to include a social justice perspective.

To identify how its public health programs can reduce health inequities by addressing their root causes, the Washington State Department of Health Office of Community Wellness and Prevention has implemented a three-step process that involves education, planning, and action.

## Getting started

Although reducing or eliminating health inequities is a mandate of many public health funders, scant guidance exists on how to go about this work or even what the work entails. In 2003, the Chronic Disease Prevention Unit (CDPU) reviewed key points from the Centers for Disease Control and Prevention's *Community Guide to Preventive Services* to better understand how social determinants drive health inequities. The unit also examined its current programs and identified health inequities as a cross-cutting issue for all the unit programs (diabetes, asthma, heart disease, and nutrition and physical activity).

The growing awareness of the importance of health equity work was seen in the statewide *Diabetes Strategic Plan* issued in 2005. Among the Plan's objectives was to address social determinants and reduce inequities in health outcomes. To provide baseline information to address this objective, CDPU issued *Washington State Diabetes Disparities: A Review of Washington*

*State Data*. The report summarized current research on the linkages between social structure, equitable distribution of social resources, and inequities in diabetes outcomes, as well as an in-depth assessment of existing state data. The report also included a review of potential policies and strategies to address root causes of health inequities, such as early childhood development programs for poor families, nutritional assistance for low-income mothers and infants, and improvements to the work environment.

In late 2006, CDPU was ready to begin planning an expanded approach to address health inequalities in chronic disease. A small group of staff met with managers of other programs (tobacco, cancer, and Women, Infants and Children nutrition assistance) in the Community Wellness and Prevention Office to invite them to participate and gain their support. The planning group pointed out that by intentionally working across programs, they could develop a common integrated framework. These discussions resulted in agreement to participate and a commitment to share the cost (\$10,000) of the project.

## Structure of the process

The CPDU project was modeled after work done in Michigan as described in the National Association of County and City Health Officials document *Tackling Health Inequities Through Public Health Practice: A Handbook for Action* ([www.naccho.org/topics/justice/](http://www.naccho.org/topics/justice/)).

The objectives for the CDPU health inequities project were to:

- Learn about social and economic factors driving health inequities and create a common understanding among staff
- Brainstorm what public health professionals can and should do to address the social determinants of health
- Create an action plan to address health inequities in a more upstream fashion

To meet these aims, the project planners coordinated four half-day educational sessions between October 2007 and January 2008 for Community Wellness and Prevention staff to

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1) examine socioeconomic determinants of health; 2) understand how social hierarchy gives rise to unequal distribution of resources; 3) see how inequality creates health-damaging chronic stress for everyone, but particularly for those of lower socioeconomic status; and 4) learn about effective practices for reducing socioeconomic inequities that lead to health disparities.

The sessions consisted of lectures, multimedia presentations, and experiential exercises led by experts in health equity and representing the fields of medicine, public health policy, community psychology, and health education. The speakers included practical strategies to address health inequities from a public health standpoint.

Although participation in the educational sessions was voluntary, upper management encouraged participation. As a result, of the 104 public health staff in the Community Wellness and Prevention programs, between 20 and 40 people attended each session.

Sessions I and II covered the mechanisms linking social conditions to health inequities, with the first speaker emphasizing the effect of political and economic trends, and the second emphasizing the biologic effect of chronic stresses associated with lower social position. (*See a table of the objectives and key concepts covered in each session in the online article at [www.nwpublichealth.org](http://www.nwpublichealth.org).*) By the end of these sessions, many participants felt overwhelmed or discouraged by the magnitude, complexity, and intractability of social, economic, and political processes driving health inequities.

Session III used experiential exercises to communicate the power dynamics of social class and identify developmental stages in creating change. Session IV offered academic and grassroots perspectives on effective strategies. By the end of the final session, participants had grown more confident and comfortable with their accumulated knowledge and could see how strategies arising from practice-based evidence could be incorporated into community initiatives to address health inequities.

A half-day structured dialogue in the week after the final presentation allowed participants to process the new material together, generate diverse ideas for interventions, and achieve consensus on next steps.

## Road map for change

In February 2008, Community Wellness and Prevention staff participated in a half-day facilitated session to brainstorm on how to translate their new understandings into public health practice. As a result, they identified 36 concrete activities grouped into seven major categories:

- **Internal environmental scan:** Integrate efforts across programs
- **Leadership:** Advocate that agency senior management lead efforts to address root causes
- **Workforce development:** Institute trainings to increase staff knowledge and skills
- **Partnerships:** Identify, engage, and support state and local partnerships with multiple agency and community sectors
- **Implementation:** Design new programs or modify existing ones to better address social determinants of health
- **Communication plan:** Develop, coordinate, and disseminate consistent messages regarding root causes of health inequity
- **Assess and evaluate:** Assess, plan, and evaluate initiatives to address health inequities in a strategic manner

A subsequent action-planning session identified next steps to incorporate social determinants into public health practice. For example, the group decided to secure endorsement from Community Wellness and Prevention management for incorporating the health equity action plan into existing efforts to integrate chronic disease into program planning.

## Lessons learned

Carefully introduce the issue of integrating social determinants into public health programming. Senior management may be wary of changes that are promoted from the bottom up, and bureaucracies are not adept at rapid change. It is helpful to frame the issue as good public health practice, present the research evidence, and show how integrating social determinants into program planning fits with the organization's strategic plan.

Identify internal champions early and involve them as much as possible in getting buy-in from other program managers and staff. To institutionalize the process, it is necessary to include staff time and support funds in the organization's budget.

Finally, as in all efforts, flexibility and humor go a long way in developing and implementing such fundamental changes as the meaningful infusion of social determinants into public health programs.

The effort to infuse health equity into an agency's work is worthwhile and has potential for helping public health agencies meet their goals for preventing illness and promoting health for all citizens. The results of the Community Wellness and Prevention Office's efforts to infuse health equity into the agency's planning and programs is still underway, but by laying the foundation for a shared integrated approach, the staff is confident that it can sustain this effort into the future. ■



### Authors

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### Resources

Community Guide to Preventive Services.  
[www.thecommunityguide.org](http://www.thecommunityguide.org)  
 National Association of Chronic Disease Directors, Health Disparities Interest Group.  
[www.chronicdisease.org/i4a/pages/index.cfm?pageid=3310](http://www.chronicdisease.org/i4a/pages/index.cfm?pageid=3310)  
 Unnatural Causes.  
[www.unnaturalcauses.org](http://www.unnaturalcauses.org)  
 NACCHO. Health Equity and Social Justice program activities. [www.naccho.org/topics/justice/](http://www.naccho.org/topics/justice/)