Addressing health inequities will mean intentionally investing in resources and support in the communities and populations with the greatest need. This approach is not new to public health agencies accustomed to using infectious disease data to guide their investments in prevention and treatment measures to the people and communities at highest risk. Many public health agencies are working to address the full range of factors that shape health outcomes, including education, transportation, housing, and employment opportunities, by working with traditional and novel partners that are primarily responsible for addressing these social and economic factors. Existing relationships with a large array of stakeholders make them well-positioned to advance health equity in the communities they serve.

How Can State and Local Public Health Agencies #PromoteHealthEquity?
By using population-based health data to identify health priorities and disparities; help mobilize groups to address those priorities; and evaluate and monitor the health effects of new policies and changes to the built environment.

- Access nontraditional data sources and share data.
  - Nontraditional data sources on the social determinants of health, like high school graduation rates, poverty levels, affordable housing availability, median family income, unemployment rates, and limited English proficiency could be considered core public health data.
  - To support schools in collecting data on student and community health, public health agencies can make schools aware of existing health needs assessments to help them leverage current data collection and analyses. They could also help schools and school districts in identifying and accessing data on key health indicators to inform school needs assessments and improvement plans.

- Improve engagement with community development partners.
  - Public health agencies and other health organizations could:
    - Build internal capacity to effectively engage community development partners and to coordinate activities that address the social and economic determinants of health.
    - Play a convening or supporting role with local community coalitions to advance health equity.
    - Hire staff who have community development knowledge and experience.
    - Tap into the expertise of community development organizations and community development financing institutions when creating their community health plans.

- Encourage braided funding streams to create new ways to provide services. Creating new ways to provide services is achievable through restructuring how funding is allocated toward improving conditions related to the social determinants of health. Funding streams to remediate problems like lead poisoning, poor housing conditions that exacerbate asthma, and physical risk from poor housing structures can be complicated to apply for and may require several funding sources and applications.

- Public health agencies can act as conveners of and/or partners with other health equity stakeholders.
  - Public health agencies can be the natural conveners of health equity stakeholders including health care systems, community organizations, and health insurance companies. Because they have the data needed to link nontraditional partners’ work and interests to health and to share with them evidence-based approaches, public health agencies can also be partners with and/or conveners of community development organizations, faith-based organizations, businesses, and other governmental agencies (e.g., transportation, housing, education).
Conclusion

As communities and organizations initiate efforts to address health equity, public health agencies have an important role to play during early phases of plan development. Public health agencies can also contribute data, epidemiologic expertise, partnerships, and community engagement capacity in addition to commitments to achieve health equity in their communities.

Example of Action

Seattle & King County Health Department

In early 2008, the Seattle & King County Health Department (SKCHD) was a leader in launching the King County Equity and Social Justice Initiative, which intended to eliminate longstanding and persistent inequities and social injustices by working to provide access to livable wages, affordable housing, quality education and health care, and safe and vibrant neighborhoods. In addition to participating in the creation of a strategic plan for equity and social justice that focuses on investments that address the root causes of inequities, SKCHD facilitated a public–private partnership called Communities Count that tracks social, economic, health, environmental, and cultural conditions important to residents. The qualitative and quantitative data collected through this initiative are accessible to nonprofit and philanthropic organizations, state and local government, service providers, and the public to inform decisions in support of healthier local communities.

Example of Action

Kansas City Health Department

The Kansas City Health Department has played a leadership role in the city’s efforts to achieve health equity by releasing its 2001 Community Health Improvement Plan, which has catalyzed action from government agencies, community groups, nonprofit organizations, and businesses to focus efforts on addressing the social and economic factors that affect health. In addition to highlighting the large disparity in life expectancy between whites and African Americans, the report has facilitated efforts including violence prevention initiatives (including trauma-informed school programs and community-based violence interrupter programs) and policies to encourage urban agriculture to improve access to healthy food and to increase the minimum wage.