

Equity Driven Promotion of Optimal Health Outcomes

Policy Statement

POSITION

As a commitment to advancing health equity and achieving optimal health for all, state and territorial health agencies (S/THAs) are encouraged to prioritize health equity by embedding equity into organizational policies and engaging in authentic community partnerships.¹ S/THAs can demonstrate a commitment to health equity through sustained annual funding to uphold and build upon current health equity infrastructure.

BACKGROUND

ASTHO defines health equity as the point at which everyone has a fair and just opportunity to be as healthy as possible in a society that values each member equally through focused and ongoing efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of disparities in health and healthcare.² State and territorial health agencies use health equity strategies for [meaningful engagement](#) with diverse stakeholders and communities to promote policies and practices founded upon equity. Therefore, it is critical to have clear health equity policies that can be informed by and tailored specifically for the communities S/THAs serve.³

Achieving health equity requires a commitment to addressing the root causes of health and social inequities,⁴ and communicating consistent messaging and delivering unequal allocation of resources that ensure equitable outcomes.^{3,5} Disinvestment in low-income communities, both rural and urban, lack of disability accommodations limiting access and quality of life, discrimination against marginalized populations,⁶ as well as structural racism⁶ have resulted in inequities in the fundamental drivers of health that encompass education, housing, transportation, employment, and economic opportunities, and can result in a decrease in life expectancy.^{4,6} The COVID-19 pandemic highlighted these deep-rooted inequities that have long persisted in the United States, illustrating disproportionately higher rates of severe illness and death from COVID-19 among racial/ethnic minority groups, homeless populations, incarcerated populations, low-income and geographically and socially isolated.⁷

In 2021, the CDC awarded \$2.5B to state, local, US territorial, and freely associated state health departments to address reducing health disparities related to COVID-19 and advancing health equity.⁸ With this historic funding, jurisdictions expanded their health equity infrastructure and increased support to historically underserved communities. As the federal funding ends in July 2024, it is critical that public health agencies maintain the momentum in the pursuit of health equity by continuing to strengthen relationships with communities, build workforce infrastructure, and improve data collection to eliminate long-standing health inequities, and ensure sustainable funding.

The U.S.'s experience of the COVID-19 pandemic and the continuing aftermath has taught us that striving for health equity benefits all. Best practices have shown that health equity is not a zero-sum game, and that by focusing support on those who need it most and creating conditions that enable equitable access to resources, regardless of social position the community reaps the benefit.⁹ Conversely, ignoring the challenges faced by marginalized populations can hinder national economic growth, prosperity, and well-being.¹⁰ To achieve health equity and optimal health for all, a long-term commitment is needed to take strategic action.

SUMMARY OF RECOMMENDATIONS:

- Promote health and equity in policies and foster intersectoral collaboration to develop cross-sector relationships.
- Re-imagine community engagement to foster meaningful relationship building.
- Develop a culturally competent health workforce and environment that reflects the communities served.
- Center equity within all relevant data practices.
- Advocate for sustainable and flexible long-term investments in health equity.

RECOMMENDATIONS/EVIDENCE-BASE:

ASTHO recommends the following strategies to achieve health equity:

Promote health and equity in policies and foster intersectoral collaboration to develop cross-sector relationships.

- Prioritize the needs of marginalized communities in agency systems, strategic documents (i.e., state health improvement plans, state health assessments, strategic plans), practices and quality improvement initiatives.¹¹
- Develop inclusive policies that support the needs of socially marginalized communities including rural, urban, island territories and jurisdictions, gender minorities, racial/ethnic minorities, and people with disabilities.
- Integrate and articulate [health and equity considerations](#) into policy making and programming across sectors, and at all levels, to improve the health of all communities and individuals.
- Establish a health equity strategic framework in all states and territories.

Reimagine community engagement to foster meaningful relationship building

- Establish and maintain relationships with communities by building trust, promoting community involvement in decision-making, and co-creating solutions with community members to strengthen community resilience and build social capital.
- Foster community leadership across sectors to encourage structural support (i.e., compensating people with lived experiences, job opportunities, equitable governing board composition) to strengthen the sustainability of health equity initiatives.¹²

Develop a culturally competent health workforce and environment that reflects the communities served

- Promote a culture shift in which health equity is integrated in health agency culture, programs, and standard operating procedures allowing for intra-state collaboration through hybrid work options.¹³
- Advocate and provide dedicated annual funding to expand the capacity of state offices of minority health and health equity to lead statewide health equity efforts.
- Recruit, retain, and train a diverse and culturally competent workforce that reflects the communities being served (e.g., community health workers, Promotores de salud, and health navigators).
- Increase representation and bolster the workforce pipeline through the development of internships, fellowships, apprenticeships, and other pathways to a public health career.
- Provide agency-wide opportunities for equity-centered leadership development and skill building in health equity, meaningful community engagement, and Diversity, Equity, Inclusion and Accessibility approaches with employee accountability.
- Create a work environment that fosters acceptance, belonging and psychological safety.

Center equity within all relevant data practices

- Collect and standardize disaggregated, longitudinal socioeconomic and demographic data (i.e., age, race, ethnicity, geographic location, disability, sexual orientation, gender identity), and the social determinants of health to increase consistency in data analysis and data accuracy to better identify and address health disparities nationally and across island jurisdictions.¹⁴
- Increase data collection, data availability, and local and regional data analysis for smaller populations, such as American Indian and Alaska Native and island jurisdictions, as well as other socially marginalized populations that have been under researched to improve representation and data visibility.¹⁵
- Examine historical and structural context, root causes, and socioeconomic factors that contribute to health inequities to avoid unintentionally perpetuating stereotypes when reporting on health disparities.¹⁶
- Amplify lived experiences and community voices in the data by incorporating qualitative data, partnering with communities on data collection and sharing, and supporting community data ownership, which includes recognizing indigenous data sovereignty.^{16, 17}
- Expand data sources to include community resiliency factors like social connectedness, positive governmental involvement, and the presence of long-standing, trusted community-based organizations as additional determinants of health.

- Ensure that all collected data has the appropriate level of security to protect privacy regarding demographics including, but not limited to, race, ethnicity, and sexual orientation/gender identity.

Advocate for sustainable and flexible long-term investments in health equity.

- Establish a health equity in all policies institutional approach with consideration of a corresponding budgetary line item.
- Encourage organizational contractual agreements to include a health equity component as a requirement for new funding opportunities.

POLICY APPROVAL HISTORY

Population Health and Informatics Policy Committee Approval: May 24, 2023

Board of Directors Approval: June 22, 2023

Policy Expires: June 30, 2026

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

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