

05-02

STATEMENT OF POLICY

Health Equity and Social Justice

Policy

The National Association of County and City Health Officials (NACCHO) supports the incorporation and adoption of principles of social justice into everyday public health practice in order to eliminate the root causes of health inequities.¹ Based on those principles,² NACCHO encourages local health departments to act directly, with allies, on structures of inequality associated with class, race, gender, and sexual orientation, as they are bound with imbalances in political power. As part of that work, NACCHO specifically encourages the transformation of public health practice to include the following:

- 1) Develop, track, and regularly present indicators that (a) measure social health and well-being, including inequities in population health status, similar to the national presentation of economic indicators; and (b) identify the institutional sources of decision-making cumulatively generating health inequities (e.g., investment in local infrastructure by neighborhood; distribution of city fiscal resources by neighborhood; bank loans, lending practices, and foreclosures by neighborhood; political influence).
- 2) Recruit a racially/ethnically diverse workforce.
- 3) Engage in anti-racism training for and dialogue with the public health workforce.
- 4) Support local policies that begin to address root causes, such as paid sick leave and living wage.
- 5) Support the use of Health Impact Assessments across all policy realms.
- 6) Develop long-term relationships with communities based on mutual trust and a recognition of each other's strengths, leadership capacities, and common interests in confronting the social inequalities at the root of health inequities and social injustice.
- 7) Support research that explores the generation of social and economic inequality and the power arrangements or mechanisms that increase social and economic inequality.
- 8) Establish a movement-building strategy by creating alliances with constituents, community organizers, and relevant institutions as a means toward changing the structures and processes that generate health inequities.
- 9) Develop a public narrative that articulates the relationship between health inequities and the underlying social inequalities.

Justification

Inequality in the United States is at the highest level since before the Great Depression and the United States has the worst health in the industrialized world.³⁻⁵ The social etiology of disease suggests that patterns of inequity in the distribution of disease and illness correspond to patterns of political, social, and economic inequality. For example, rates of disease and illness for people with low income and living in poverty are worsening across almost all categories and geographic



areas in the United States.⁶ Twenty-one percent of our children live in poverty.⁷ Blacks have at least 2.5 times the infant mortality rate of Whites.^{8,9} Immigrants tend to have their health worsen the longer they live in the United States.¹⁰ These health inequities are systematic, patterned, unjust, and actionable.¹¹ The most egalitarian countries in the world, with the least amount of economic hierarchy, have the best health—Japan, Sweden, Australia, etc.¹² They are also the ones that place more resources on the foundations of health, on setting the prerequisite conditions for health that will last for generations.

Health inequities pose serious consequences and exact great social costs. Health inequity limits people's ability to gain access to the resources they need. People are less likely to achieve their full human capabilities, such as obtaining well-paid employment or participating in community social and political life.¹³ Quality of life simply declines. Psychological stresses weaken the immune system. More generally, when people lack access to decision-making and the ability to participate in everyday life, their health suffers.

Beyond exploring the description of the association between social and economic conditions and health outcomes, contemporary research documents how institutions, imbalances in power, and political conditions create inequities in health outcomes among different population groups.¹⁴⁻¹⁷ That is, it emphasizes the importance of the root causes, the macro-level influences associated with social injustice: class, race, and gender oppression, based on imbalances in political power and the cumulative effect on health equity. The World Health Organization's Commission on the Social Determinants of Health has encouraged such exploration. The first words from their Final Report are "Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death." In its final recommendations, the Commission urges governments to "tackle the inequitable distribution of money, power and resources."¹⁸

The greatest advances in health status and life expectancy in the early 20th century resulted from major social changes associated with reform movements that led to the introduction of factory and housing codes, the eight-hour work day, improvements in the standard of living, removing slums, providing for proper sewage disposal, guaranteeing a minimum wage, the abolition of child labor, the right to free trade unions, and the introduction of safe-food laws.^{19, 20}

Historically, public health played a central role pushing for reforms as an organized response to the negative consequences of industrial capitalism, and so did members of the medical profession. Advances in the public's health were primarily the result of major social changes and political equality that advanced health and well-being, not mainly those associated with economic growth or in medicine or technology.²¹ The history of public health has always been closely associated with social justice movements designed to achieve social equality and democracy. As health departments "collectively...define and engage in a public health practice that directly confronts the sources of social inequalities, rather than conceding them as the context in which health department programs carry out their work, [they can] reclaim an important legacy in the history of public health."¹

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Record of Action

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