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 and violence associated with race, class, gender, sexual orientation, and other markers of social identity 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 wellbeing, 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., uneven investment in local infrastructure by neighborhood; inequitable distribution of city fiscal resources by neighborhood; discriminatory lending practices, foreclosures by neighborhood; discriminatory law enforcement policies for minor offenses; and political influence).
2) Recruit a racially/ethnically diverse workforce that is representative of the communities being served.
3) Engage in anti-racism training for and dialogue with the public health workforce. Training should help the workforce not only understand inequities, but also develop the skills to change the way they do their work and the way they can publicly advocate for health equity.
4) Support and develop local policies that address root causes, such as paid sick leave, land-use, and living wage.
5) Support the use of Health Equity Impact Assessments for all policies and embed equity across an agency's existing and prospective decision-making, so that it becomes a core value and one criterion to be weighed in all decisions.
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 explore the power dynamics that enable decisions that increase social and economic inequality.

8) Work with social movements and build 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, and reclaims the legacy of social justice.
10) Work with local, state, and federal institutions to provide flexible funding that allows public health agencies and organizations to pursue work that advances health equity.

Justification

Inequity 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, 22] For the first time since World War II, the United States life expectancy declined 1.5 years from 78.8 in 2019 to 77.3 in 2020. [23] Overall, US life expectancy has not seen the gains that other countries have made since the 1980s, and we continue to have persistent differences in life expectancy by racial/ethnic group, income level, housing status, and more. [23-28]

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. Emerging research has been able to link social policies of racism with negative health outcomes, even when those policies no longer exist, demonstrating the long-term impact of historical decision-making. For example, a recent study saw a significant correlation between rates of lynching and life expectancy, and other studies have demonstrated the negative impact of Jim Crow laws on health outcomes like infant death and breast cancer. [29-31]

Rates of disease and illness for people underpaid and forced into poverty are worsening across almost all categories and geographic areas in the United States, disproportionately affecting immigrants, people of color and women.[6] Fourteen percent of our children live in poverty.[7, 32] Black people have at least 2.5 times the infant mortality rate of Whites.[8] A significant relationship exists between the stresses of racism itself and low-birthweight outcomes.[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] therefore, they are not inevitable, random, or accidental. The eradication of these inequities depends on a commitment to broad social and policy change. 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 that marginalize, exploit, and exclude whole classes of people. Health inequity limits the ability of people 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 and imbalances in power create inequities in health outcomes among different population groups.[14-17] That is, it emphasizes the importance of the root causes, associated with social injustice: race, class, and gender oppression, based on 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 advances in medicine and 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

Proposed by Health Equity and Social Justice Workgroup
Approved by NACCHO Board of Directors March 16, 2005
Updated November 2012
Updated February 2015
Updated July 2018
Updated February 2022