FOREWORD

The Bay Area Regional Health Inequities Initiative (BARHII) is pleased to offer this Organizational Self Assessment Toolkit for use in local health departments throughout the nation to assist in their development of a greater capacity to address health inequities.

The context for this toolkit might require some perspective. For starters, why "health inequities," when the term "health disparities" is used much more widely in the United States? The elimination of health disparities, for example, is one of two overarching goals of Healthy People 2010. The United States, however, appears to be alone in the use of the term "health disparities." The World Health Organization, using language more common in Europe, Canada and global public health organizations, has urged that all member states ". . . develop and implement goals and strategies to improve public health with a focus on health inequities . . . (and) to take into account health equity in all national policies that address social determinants of health."[1]

What is the difference, and why does it matter? The Oxford English Dictionary defines disparity as "the quality of being unlike or different," while inequity is "the lack of equity or justice; unfairness." What we see in the distribution of preventable illness and premature death is not mere difference, but rather patterns that reflect underlying social inequities. BARHII, for example, produced a report, *Health Inequities in the Bay Area*, documenting that people who live in poor neighborhoods in the nine-county San Francisco Bay Area can expect to live on average ten years less than people who live in affluent neighborhoods. These social inequities have been well documented in the United States and elsewhere, and explored in the award-winning Public Broadcasting System series, *Unnatural Causes: Is Inequality Making Us Sick?* [2]

Moreover, approaching "health disparities" one disease or population at a time, which characterizes much of public health funding and programs, restricts public health practice to clinical management and prevention or targeted health education. When public health practice focuses on social determinants of health, on the other hand, it ceases to be about one disease or one population. When trying to reduce asthma hospitalization rates among African American children, for example, providing improved clinical management, teaching children and parents about medications and avoiding triggers can be tailored; however, when the focus is on ports, trains, buses and trucks as sources of diesel air pollution, it is no longer specific to individuals with a health condition—it is about the people who live in the neighborhoods most subject to those conditions, and all the health problems that emerge from them.

The challenge of health inequities requires an understanding of how underlying social inequities shape the conditions that affect our health. Inequities based on class, race and gender in the distribution of power and resources, and in the priorities of institutional policies and practices, define the ways in which social determinants of health contribute to health inequities, and to the strategies local health departments would employ to confront them. The work of the Ingham County, Michigan, health department, which is particularly noteworthy in this regard, engages staff at all levels in constructive dialogue about how these larger social forces define the terrain in which public health must now negotiate.[3]

This is the direction in which BARHII and others are trying to move public health practice. A renewed understanding of the social etiology of disease, and how social determinants of health contribute to an inequitable distribution of the burden of disease, require a collective re-thinking of the mission and practice of public health. They also pose a major challenge to the public health workforce, often led by individuals trained in bio-medical

[1] Sixty-second World Health Assembly Recommendations, *Reducing Health Inequities Through Action on the Social Determinants of Health*, World Health Organization, May 22, 2009

[2] See, for example, Commission on Social Determinants of Health, Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health, World Health Organization, 2008; Richard Wilkinson and Kate Pickett, *The Spirit Level: Why More Equal Societies Almost Always Do Better*, Penguin Books, 2009; John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health, *Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S.*, www.macses.ucsf.edu ; Commission to Build A Healthier America, *Beyond Health Care: New Directions to a Healthier America*, The Robert Wood Johnson Foundation, www.commissionhealth.org/; California Newsreel, *Unnatural Causes: Is Inequality Making Us Sick?*, www.unnaturalcauses.org; Bay Area Regional Health Inequities Initiative, *Health Inequities in the Bay Area*, www.barhii.org ; Alameda County Public Health Department, *Life and Death from Unnatural Causes: Health and Social Inequality in Alameda County*, www.acphd.org.

[3] Doak Bloss, *Initiating Social Justice Action through Dialogue in a Local Health Department: The Ingham County Experience and Beyond* in Richard Hofrichter and Rajiv Bhatia (eds.), *Tackling Health Inequities Through Public Health Practice*, Oxford University Press (Feb. 2010)

sciences, and to the financing, structure and culture of local health departments. This Toolkit is therefore intended not so much to provide measures along some arbitrary standards of progress, but rather to encourage a dialogue among senior managers and staff in local health departments to re-examine their collective understanding of and ability to address the underlying causes of health inequities.

We hope this Toolkit will contribute to the growing momentum urging public health toward a greater focus on social determinants of health and health inequities. On a global scale, the publications and pronouncements from the World Health Organization and important research and practice emerging from Canada and the European Community, and in the United States, the Health Equity and Social Justice Strategic Direction Team of the National Association of County and City Health Officials (NACCHO) and its Local Health Department National Coalition for Health Equity[4] and the powerful influence of *Unnatural Causes: Is Inequality Making Us Sick?* are important forces helping to shape this new direction for public health. This Toolkit coincides roughly with the launching of national public health improvement processes, including the credentialing of the workforce and accreditation of state and local health departments. Accordingly, we hope this Toolkit can contribute to the integration of the link between social justice and health into our mission, practice and forms of accountability. We understand that not all local health departments are in the same situation, or have equal resources to expand the scope of their work. The Toolkit should therefore be used in a manner that reflects local circumstances as the legitimate starting point for dialogue and change.

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[4] Local Health Department National Coalition on Health Equity, National Association of County and City Health Officials, www.naccho.org/topics/justice/coalition.cfm