About the Health Equity Guide

HealthEquityGuide.org is a resource with inspiring examples of how health departments have concretely advanced health equity — both internally within their departments and externally with communities and other government agencies.

This website includes:

- A set of Strategic Practices to advance health equity in local health departments
- Key actions health departments can take to advance their current practice towards health equity
- 25+ case studies from local health departments that describe how they advanced the strategic practice, factors that enabled the work, impacts, and advice for others
- 150+ resources from allied organizations and others to advance the strategic practices

Human Impact Partners developed this resource in consultation with national health equity leaders and with support from The California Endowment.

We're in Pursuit of Transformational Systems Change

HealthEquityGuide.org is organized around a set of Strategic Practices that can be used to advance health equity in local health departments. These strategic practices are rooted in a theory of change that to systematically dismantle the patterns of othering and exclusion in government practice, we must pursue a wall-to-wall transformation of how local health departments work internally, with communities, and alongside other government agencies.

This inside/outside approach requires health departments to build internal capacity and a will to act on the social determinants of health and health equity. It also requires developing relationships with and mobilizing communities and government to advocate for action on health equity.

Used collectively, these strategic practices can help local health departments systematically address power imbalances, racism, and other forms of oppression which are at the root of health inequities.

Health Departments Can Lead the Way

This website is geared towards local health departments who are bought into the need to prioritize health equity, and who understand the social determinants of health, but are seeking information on how to best move that work forward. Health department leadership — including commissioners, division and branch directors, executives, senior program managers, and supervisors — may be best positioned to implement these practices. However, we believe that a wide range of staff have the power to start conversations and initiate changes that move in this direction.

Why Lead with Race?

We lead explicitly — though not exclusively — with race because racial inequities persist in every system across the country, without exception. We can't find one example of a system where there are no racial disparities in outcomes: Health, Education, Criminal Justice, Employment, and so on. Baked into the creation and ongoing policies of our government, media, and other institutions — unless otherwise countered — racism operates at individual, institutional, and structural levels and is therefore present in every system we examine.

We also lead with race because when you look within other dimensions of identity — income, gender, sexuality, education, ability, age, citizenship, and geography — there are inequities based on race. Knowing this helps us take a more intersectional approach, while always naming the role that race plays in people's experiences and outcomes.

Advancing health equity requires addressing all areas of marginalization and understanding the interconnected nature of oppression. However, there is benefit to starting with race as we can harness tools, frameworks, and resources to address these inequities. As noted by our GARE colleagues, "As local and regional government deepens its ability to eliminate racial inequity, it will be better equipped to transform systems and institutions impacting other marginalized groups."

Examples of Health Departments Leading with Race

- The Boston Public Health Commission (MA) developed an Anti-Racism Advisory Committee, is requiring all staff to participate in racial justice and health equity training, and is creating accountability mechanisms to ensure that their workforce reflects the city's population.
- Cuyahoga County (OH) commissioned a report to examine how institutional racism in housing policy 60 years ago shaped neighborhood opportunities and health outcomes along racial lines today. They are also creating an Eliminating Structural Racism Subcommittee in their Community Health Improvement Plan consortium.
- Public Health Madison & Dane County (WI) worked to build internal and external collective understanding and capacity to address racial equity resulting in the creation of an internal health and racial equity team; a strategic plan with explicit equity goals; and application of racial equity analyses to Madison programs, policies, and plans.
- New York City launched their Race to Justice initiative which is building staff skills to address racism, implementing policies to lessen the impact of structural oppression, and strengthening collaborations with communities across the city.
- Santa Clara County (CA) is developing internal infrastructure to advance racial and health equity by hiring staff to lead department-wide efforts, developing a public health workforce training program, and pilot testing the application of racial equity tools.

View key resources and other case studies of health departments working to advance racial and health equity at: https://healthequityguide.org/about/why-lead-with-race/

Not everything that is faced can be changed. But nothing can be changed until it is faced.
~ James Baldwin