

More work needed to improve equity in public health

August 2 2023, by Tim Poor



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A new study by researchers at the Prevention Research Center at Washington University in St. Louis and the National Association of Chronic Disease Directors (NACDD) surveyed public health departments in the U.S. to understand current health equity-related work practices and identify ways to bolster equity-focused work in chronic

disease prevention and control efforts.

Recently published in the *Journal of Public Health Management and Practice*, the study identifies areas of progress on equity, gaps in practice, and where to target technical assistance, capacity building efforts, and accreditation planning. The study is among the first on the important subject of [health equity](#) in public [health](#) practice.

"There is an urgency in addressing health equity and our data suggest considerable room for enhancing health equity practices in state and territorial public health," conclude the authors, led by Ross Brownson, the Steven H. and Susan U. Lipstein Distinguished Professor at the Brown School. "Public health departments play critical roles in addressing these disparities via sustained efforts to improve health equity."

Researchers surveyed 600 chronic disease prevention practitioners from around the U.S. in July and August of 2022, gathering data on staff skills, work practices, priorities and values, and partnerships and networks. They found that self-reported staff skills regarding equity, such as knowing the causes of inequity, were high, but that departments were lacking in ways to track progress, in hiring staff who represent disadvantaged communities, and in ways to engage community members to improve equity.

According to John Robitscher, CEO of NACDD, "NACDD prioritizes health equity and recognizes the significance of this study for their collective efforts. We must address health [disparities](#) to strengthen public health policy, systems, and practice at every level."

The study's other findings include:

- Only one-third of respondents said their work units have systems

for tracking health equity. Effective tracking will require the creation and use of systems both within and outside health departments, invoking the public-health adage, "what gets measured, gets done."

- The [data](#) showed the value of working across sectors and agencies to address pressing health issues, such as food insecurity. But practices for addressing health equity were consistently less common in health departments' partnerships and networks. Many of these practices can be improved by applying principles from participatory engagement with partners.
- A more comprehensive focus on health [equity](#) will require an acceleration in the types of evidence-based programs and policies being implemented in health departments, along with the skills needed for deploying them.
- For individuals, organizations, and partners, capacity can be strengthened via ongoing training and mentoring, use of tools, technical assistance, assessment of readiness to change, peer networking, and incentives. Many of these capacity-building activities in public health [practice](#) are not consistently available or adequately evaluated.

More information: Ross C. Brownson et al, Understanding Health Equity in Public Health Practice in the United States, *Journal of Public Health Management and Practice* (2023). [DOI: 10.1097/PHH.0000000000001763](#)

Provided by Washington University in St. Louis

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