

The Elements of Health Equity Readiness: Building A New Model for Public Health - A Case Study of Kentucky and Wisconsin

Abstract

“*Health equity readiness*” is a new concept for local and state health departments in the United States. While this is an area of increasing interest and growing significance, parameters, metrics, and analytical tools to determine the health equity readiness of a state or local public health unit are in short supply.

There are at least two examples of assessing “health equity readiness” from outside the US. One is a “Health Equity Audit” (HEA) assessment tool from the U.K. Department of Health. The second is an Australian guide to assist health departments in conducting health impact assessments.

At least four overarching theories undergird the concept of health equity readiness: 1) theories on the role of the public service practitioner (government service broadly defined, not specifically defined as “public health”); 2) the frameworks and theories supporting the concept of health equity; 3) the research on social movements and agenda setting; and, 4) the concept of civic capacity and community organizing.

A health equity readiness assessment in Wisconsin was a comprehensive effort that included: development and piloting of a measurement instrument plus qualitative methods of assessment; an opportunity for application; analysis of the data and findings; and recommendations.

Both the City of Milwaukee Health Department and the Louisville Metro Health Department have created Centers for Health Equity. Louisville opened a Center in early 2006, and Milwaukee announced its Center later that year. The fact that both organizations effectively employed different strategies in the start-up phase is noteworthy. The programming for each Center is also instructive.

In this presentation, we discuss conceptual and methodological issues involved in determining the health equity readiness of a public health department. We identify methods for teaching health equity principles and practices to health department staff. Further, we examine how two local health departments approached the establishment of units to address health inequities, analyzing in particular the start up phase and their external programming.

Learning Objectives:

At the conclusion of this presentation, participants will

1. Understand the basic elements of Health Equity Readiness
2. Identify options for assessing health equity readiness, utilizing the example of one state health department’s experience

3. Ascertain how a local health department might begin to address health equity, utilizing two real-world examples
4. Discern the components of internal and external public health equity work
5. Identify methods for training the workforce on health equity principles and practices

Key Words:

- Health Equity
- Health Disparities
- Workforce Training
- Health Equity Readiness
- Local Public Health
- State Health Department