



NATIONAL ASSOCIATION OF  
**CHRONIC DISEASE DIRECTORS**  
Promoting Health. Preventing Disease.

# Social Justice Framework

FOR PUBLIC HEALTH PROFESSIONALS





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- NACDD Social Justice Thought Leader Round Table Participants
- Think Equity, LLC
- The millions of Americans standing up and speaking out for social justice

**Prepared by the National Association of Chronic Disease Directors in collaboration with Think Equity, LLC.**





# Executive Summary

Dear Members,

Throughout the United States, grassroots advocacy and activism have inspired a cultural shift within the field of public health to prioritize health equity and social justice practices. As a result, public health organizational leaders, such as the Centers for Disease Control and Prevention (CDC) and well-known philanthropic foundations, have been allocating resources to programs and projects addressing the social determinants of health (SDOH), health disparities, and racial equity.



Health equity seeks to correct the systems purposefully established to limit the advancement of communities that have been historically oppressed and marginalized; this includes exclusionary and exploitative policies dating as far back as the 1600s and inclusive of policies that violated basic human rights like the Indian Removal Act of 1830, Japanese American Internment Camps during World War II, over 50 years of Jim Crow Laws as a response to the end of slavery, and, most recently, the use of detention centers for refugees, asylum seekers, and immigrants at the U.S.-Mexican border (ACLU, 2023).

These exclusionary and exploitative policies represent only a fraction of the policies that generate inequities in communities, inequities that have significant social and economic costs. While it is imperative to examine the factors that impact disparities, it is equally as critical to understand and address the avoidable, unfair, and unjust aspects of inequities. Intentionally integrating social justice principles into public health practice allows public health to address and eliminate such inequities, identify and correct systems of oppression, and, ultimately, end and prevent such cycles of violence.

## The National Association of Chronic Disease Directors (NACDD) resolves that social justice is critical to public health.

There must be a collective reckoning that current public health practice has moved away from its origins rooted in social justice. NACDD strives to develop and implement systems that allow communities experiencing marginalization and oppression the opportunity for a healthy life free from the burdens of chronic diseases. The mission of NACDD is to improve the public's health by strengthening state and national leadership and expertise for chronic disease prevention and control. NACDD promotes social justice and well-being so that communities can build healthier futures.

NACDD partnered with Think Equity, LLC, a consulting firm based in Savannah, Georgia, to develop a framework to guide the work of the Association and provide its Members with a blueprint for embedding social justice into the work of chronic disease programs within State and Territorial Health Departments.

This report serves to:

1. Present a social justice framework for public health professionals at local, state,

- and territorial levels to guide their work, strengthen public health practice, and improve population health outcomes in the U.S., especially in communities that have been historically marginalized and continue to experience inequities because of social injustice;
2. Describe the contextual background used to inform and transform the field of public health by rooting practice in social justice theory; and
3. Provide a review of the literature to highlight frameworks—within and outside the public health field—that incorporate the concept of social justice.

### NACDD's Social Justice Framework for Public Health Professionals (hereafter referred to as NACDD's Social Justice Framework) includes the following pillars:

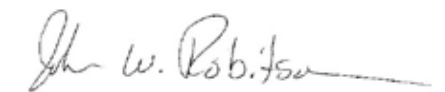
1. Ethical and Social Responsibility
2. Personal and Communal Intentionality
3. Centering Intersectionality
4. Prioritizing Multi and Interdisciplinary Partnerships
5. Reflexivity and Data Processes

This framework and its pillars aim to define principles and guidelines that address SDOH and promote health equity, bringing the public health

field closer to achieving social justice. This framework also serves as a response to the increased demand for a greater understanding of the role that societal constructs, such as racism and classism, play in creating and widening inequities between groups of people and a desire to develop actionable frameworks to guide public health professionals in their mission to eliminate disparities and achieve equity. Many health equity frameworks in public health are grounded in social justice (e.g., environmental, reproductive, global, and mental health); however, there are currently no frameworks designed specifically for public health practice that center social justice. The distinction between a health equity and social justice-centered framework is significant as the goal of public health should be justice. In public health, equity is both a pathway to achieving and an outcome of social justice.

NACDD's Social Justice Framework is a *CALL TO ACTION* for public health to ensure all people have access to a just, fair, and healthy life.

In Good Health,



John W. Robitscher, MPH  
Chief Executive Officer  
National Association of Chronic Disease Directors

# Organization Overview

Since 1988, NACDD has become a recognized public health leader in improving the public's health by strengthening state-based leadership and expertise for chronic disease prevention and control in communities, states, territories, and at the national level. As a model anti-racist organization, NACDD promotes social justice and well-being so that communities can build healthier futures and envisions a world where all people reach their full health potential, free from chronic disease burdens.

A 501(c)(3) non-profit, NACDD's core membership is comprised of 59 State and Territorial Health Department Chronic Disease Directors and their staff who protect the public's health through primary and secondary prevention efforts and work "upstream" on root causes of chronic conditions. In addition, through innovative leadership development, policy implementation, and capacity building, NACDD unites more than 7,000 chronic disease professionals across the U.S. working in health departments, non-profits, academia, cross-sector public health partner

entities, and the private industry to promote health and reduce the burden of chronic disease. As a national professional association, NACDD advocates, educates, and provides technical assistance (TA) to inform programming and grow chronic disease prevention, knowledge, leadership, and capacity among its Membership. NACDD offerings include:

- Professional development courses, assessment tools, and other resources.
- Thought leadership opportunities and visioning conferences.

- TA to states, territories, communities, and partners to reduce the burden of the leading causes of preventable illness, disability, and premature death.
- National and state-based advocacy efforts to support chronic disease work in states, localities, and in communities.
- Program evaluation guidance and support.
- Fiscal agency, logistics, and public health crisis support.


NACDD has a longstanding commitment to advancing health and racial equity. The NACDD Health Equity Council has worked with Members and partners to develop peer learning communities, resources, tools, trainings, webinars, and podcasts focused on addressing chronic disease disparities and confronting the root causes of inequities in the distribution of disease and illness. NACDD also promotes strategies to advance racial equity and social justice in public health practice and organizational structure. In 2020, after the murder of George Floyd, NACDD formed the Racial Equity, Diversity, and Inclusion (REDI) Alliance, a platform for staff and consultants to come together and forge a path toward racial equity within the Association.

## **NACDD has a longstanding commitment to advancing health and racial equity.**

In 2020, NACDD created knowledge centers, or Centers of Excellence, to better develop and disseminate expertise and meet the expanding needs of practitioners in the field. The first of these Centers, the Center for Public Health Leadership, identifies, incubates, and disseminates innovation to build the forward-looking capacity of organizations, the workforce, and current and future strategic leaders. In 2021 and 2023, NACDD launched its second and third Centers of Excellence. The Center for Advancing Healthy Communities (2021) aims to foster healthy communities for all by advancing health equity and eliminating social barriers to health. The Center for Justice in Public Health (2023) was established to ensure social justice becomes a cornerstone

of public health. In partnership with one another and the other Centers within the Association, the Center for Advancing Healthy Communities and the Center for Justice in Public Health are working to create accountable spaces for public health to be more equitable and usher in an ethos that can be embraced and tailored to fit the needs of communities that have historically been overlooked and underserved. This commitment to focus on equity and infuse social justice principles across all programming, policies, and practices reflect NACDD's directional shift toward becoming a leading anti-racist public health organization.

[Learn more about NACDD.](#)

A photograph of two men in a hallway. The man on the right, wearing a light purple shirt and glasses, is holding a tablet and gesturing with his hands as if explaining something. The man on the left, wearing a light blue shirt, is looking at him. The background shows a hallway with a window and a plant.

**“Social justice is the communal effort dedicated to creating and sustaining a fair and equal society in which each person and all groups are valued and affirmed...”**

- John Lewis Institute for Social Justice

# The NACDD Social Justice Framework for Public Health Professionals

**NACDD’s Social Justice Framework is comprised of the following five pillars:**

1. Ethical and Social Responsibility
2. Personal and Communal Intentionality
3. Centering Intersectionality
4. Prioritizing Multi and Interdisciplinary Partnerships
5. Reflexivity and Data Processes

These pillars further expound on John Lewis’ definition of social justice by focusing on systems that devalue humanity, considering the legacy of injustices that remain, and fostering individual and communal action. While there are no frameworks explicitly highlighting social justice as a key concept for public health practice, those that focus on overall health and wellness do exist and were used as a guide to develop NACDD’s Social Justice Framework. These frameworks are summarized in

[Appendix A](#). To contextualize the framework, NACDD adopted a list of terms and working definitions from public health professionals and organizations, which can be viewed in [Appendix B](#).



# The Five Pillars

## PILLAR #1

### Ethical and Social Responsibility

Ethical and Social Responsibility are concepts mentioned in the Theory of Justice: Implications for Physical Therapy Ethics and Clinical Practice (Edwards, 2011). Edwards highlights that people deserve respect and fairness. To promote social justice, all health professionals must acknowledge and understand how racist, sexist, homophobic, and anti-immigration rhetoric is anti-public health. Edwards further postulates that racism, sexism, homophobia, opposition to universal health care, and anti-immigration practices are linked to negative health outcomes; engaging in these practices works against the mission of public health. In public health, ethical and social responsibility entails recognizing the historical cycle of oppression birthed and cultivated on U.S. soil. Additionally, it is the ethical and social responsibility of

public health professionals to acknowledge and understand the difference between experiences of oppression, discrimination, and prejudice and the impact those experiences have on health and overall well-being.

## PILLAR #2

### Personal and Communal Intentionality

Personal and Communal Intentionality encourages public health professionals to engage in a purposeful and thorough understanding of the environments in which people are born, raised, and live. The TERRA framework (Butterfield et al., 2009) highlights the relationship between environment, income, culture, physical-spatial, overall access to resources, and health. Differences in SDOH represent inequities among certain groups and place some communities, such

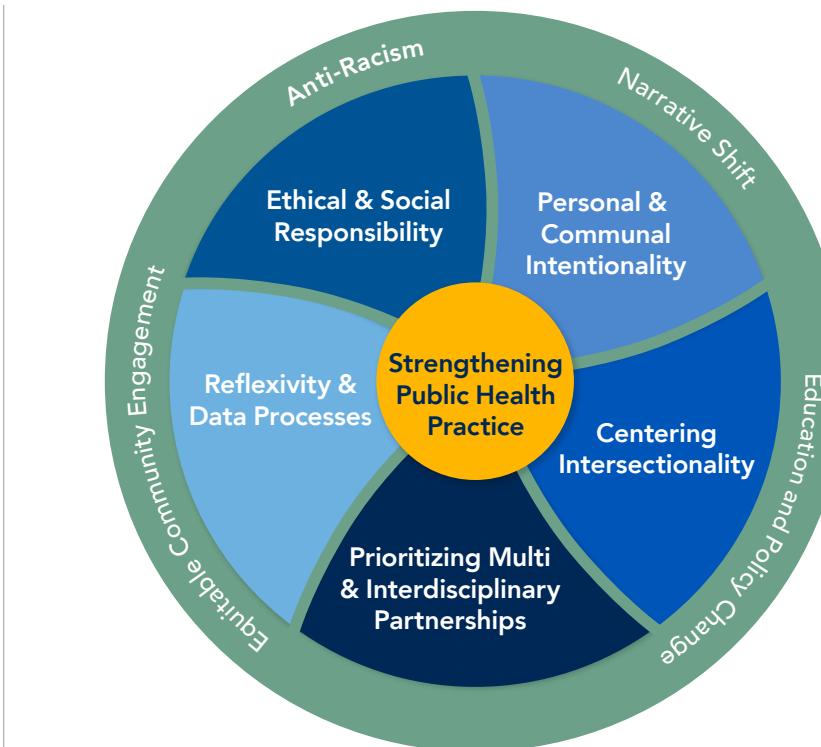
as rural communities, people from racial and ethnic minority backgrounds, and individuals from low-socioeconomic backgrounds, at a higher risk of negative health outcomes. While it is important to prioritize groups at higher risk, it is also important to recognize that barriers to health stem from practices, policies, and structures purposefully built to exclude and harm (e.g., racism, sexism, etc.). Research demonstrates the cause and effect of inequitable practices and policies; however, it has not been met with a remediable and equitable response. Individual and collective action that intentionally centers community voice and incorporates lived experience is critical to achieving social justice. Although an individual or organization may not intend to cause harm, when a project or program is developed, implemented, evaluated, or publishes results, the impact can be negative. To avoid a diluted version of social justice and promote growth, public health professionals can gather with their community to reflect upon and develop strategies that address personal and organizational limitations. Acknowledging limitations

alone is insufficient to advance social justice and promote community health; committing to intentional personal and communal action can serve as a catalyst for embedding social justice in public health practice.

## PILLAR #3

### Centering Intersectionality

Centering Intersectionality arises in Bowleg's 2012 article and, like Pillar 2, it promotes the celebration of people's identities. Intersectionality promotes inclusivity for communities experiencing multiple forms of oppression. Although this framework was established in the field of law and does not recognize that identities – both of privilege and oppression – can be transitory, health professionals have adapted intersectionality to promote health equity. The health of individuals and communities that experience intersectional forms of discrimination is often overlooked. It is important to recognize that identities must be celebrated and not simply exist within the context of a minority group or in a setting that puts them at greater or increased risk of oppression. Public health professionals are



NACDD's Social Justice Framework for Public Health Professionals

responsible for ensuring the needs of communities facing overlapping and intersecting forms of oppression are met. This can be achieved by developing, implementing, evaluating, or publicizing efforts that promote inclusivity or adopting strategies that ensure people who are disproportionately experiencing racism; sexism; homophobia; or oppression because of a person's outward appearance, assigned and perceived gender, sexual identification/sexual orientation, documentation and immigration status, larger

body size, low-socioeconomic status, age, disability status, or religious affiliation/identification are prioritized in public health projects, programs, and interventions.

## PILLAR #4

### Prioritizing Multi and Interdisciplinary Partnerships

Public health relies on collaboration and partnership because a person's health

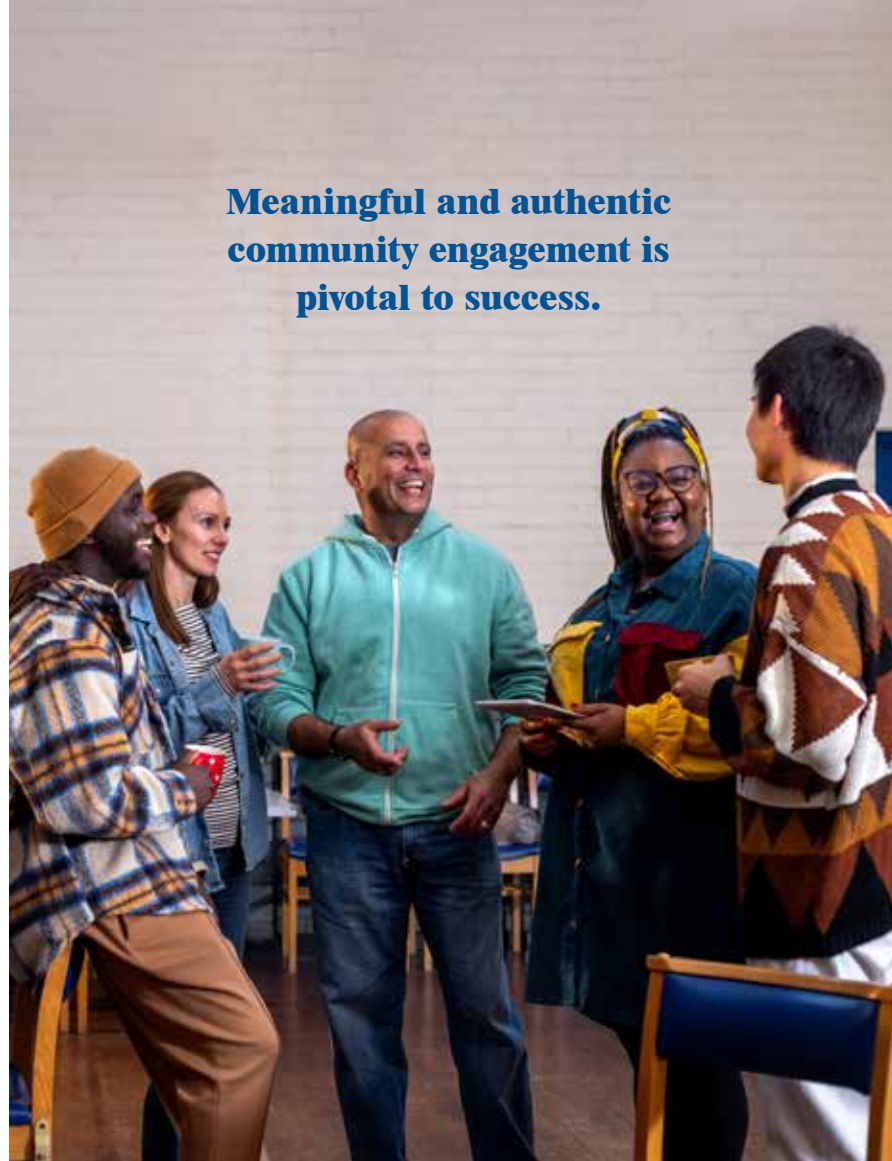
**While it is important to prioritize groups at higher risk, it is also important to recognize that barriers to health stem from structures purposefully built to exclude and harm.**

is influenced by factors outside of what is considered “health” (e.g., financial stability, citizenship status, climate change). Although interdisciplinary collaboration within healthcare (public health professionals, nurses, doctors, therapists, other allied health professionals, etc.) is important, multidisciplinary partnerships between public health professionals and professionals outside of the health field (e.g., law, economics, technology) have successfully facilitated the design and implementation of public health strategies. Further, partnerships with organizations prioritizing sustainable practices that focus on the community’s needs must be nurtured and emphasized. Meaningful and authentic community engagement is pivotal to success. Through an ongoing community engagement process, public health can more effectively and respectfully respond to the needs of communities nationwide.

#### PILLAR #5

### Reflexivity and Data Processes

Although previous frameworks do not highlight the inclusion of social justice in the data collection, analysis, and dissemination process, various health professionals have reported on the significance of including reflexivity while collecting data (Arora et al.,



**Meaningful and authentic community engagement is pivotal to success.**

2022; Bowen et al., 2022). Reflexivity can be defined as the practice of being self-aware and acknowledging personal biases when developing scholarship (Arora et al., 2022). Although reflexivity is generally practiced among public health professionals conducting qualitative research, all public health professionals can engage in reflexivity. Part of the reflexivity process also includes determining which data collection method – qualitative, quantitative, or both – can best tell the story of people’s lived experiences and inform the development of

relevant programs and policies. It is important for public health professionals to engage in reflexivity by building inclusive teams (teams upholding diversity regarding race, gender, sexual orientation and more) and together identifying and dismantling harmful data practices. Harmful data practices include, but are not limited to, collecting, analyzing, and disseminating data that may cause stigmatization towards individuals or communities, blame survivors, promote microaggressions, or promote exclusivity.

## The Cross-Cutting Components of the NACDD Social Justice Framework

### Anti-Racism

Anti-racism is the foundation upon which the NACDD Social Justice Framework is built. Anti-racism, defined by the American Medical Association and the Association of American Medical Colleges Center for Health Justice, is “the active process of naming and confronting racism by changing systems, organizational structures, policies and practices, and attitudes so that power is redistributed and shared equitably.” Racism exists across a spectrum and impacts nearly every institution including public health. One’s thoughts, beliefs, values, and ideals can implicitly or explicitly perpetuate racism and racist practices. Additionally, acknowledging and examining the ideologies that continue to permeate institutions, systems, and structures (i.e., principles, practices, policies, laws, cultural values), and intentionally committing to anti-racism ideals and principles, is necessary to successfully embed social justice into public health practice.

### Equitable Community Engagement

Through equitable engagement and the development and fostering of meaningful and trusting relationships with the community, public health professionals can better identify, understand, and address the root causes of health challenges, inequities, and injustices that are prevalent and pervasive in society. Equitable community engagement facilitates identifying and utilizing existing assets within communities when receiving feedback on public health programming and policies. It also fosters resiliency through increased access to resources; opportunities to co-create the programs, interventions, and policies that will impact lived experience; and the ability to engage, influence, and possess informed decision-making power. Through a social justice lens, community engagement allows for a balance of power in which individuals from historically marginalized and

underrepresented backgrounds can leverage their voices to highlight health and social inequities, their root causes, and the pathways to eliminate them. Through equitable and thoughtful community engagement, public health professionals and community members can gain or strengthen the leadership skills needed to become agents of change for their communities.

**Public health professionals have the power and responsibility to shift the narratives that have historically upheld social injustice.**



## Shifting Narratives

In 2017, the CDC released [Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century](#). The report calls for a “new era of public health” that supports non-traditional public health functions and the skills to foster cross-sectoral collaboration (CDC, 2017). Public health professionals were challenged to shift the focus of their work to addressing SDOH and the root causes of inequities through partnership, collaboration, and collective impact. This shift in focus carries with it the need to examine and expand the language used to address the challenges experienced in communities and the root causes of and solutions to those challenges. As the profession evolves and understanding of challenges deepens, the narrative surrounding these issues must also evolve.

**Expanding public health language will provide a pathway for a much-needed paradigm shift, allowing public health practice to become transformative, restorative, inclusive, and liberating.**

Public health professionals have the power and responsibility to shift the narratives that have historically upheld social injustice. Words, such as under-resourced, non-compliant, and vulnerable, are often implicitly accompanied by social stigma and create barriers to inclusive and innovative solutions that address health inequities and outcomes for communities impacted by social injustice. Shifting away from language that implies individual blame and responsibility to language that recognizes collective community and systemic responsibility is necessary when applying a social justice lens in public health practice. Expanding public health language will provide a pathway for a much-needed paradigm shift, allowing public health practice to become transformative, restorative, inclusive, and liberating.

## Education and Policy Change

Social justice issues and public health challenges are intrinsically interwoven; therefore, public health professionals working in health departments across all levels have a social responsibility to raise awareness on policies that connect concepts of social justice to public health practice. For example, social issues, such as minimum wage, the widening racial wealth gap, education, housing, employment discrimination, and voting, deeply and profoundly impact health. Proximity to the communities most impacted by social injustice allows public health professionals to identify and communicate the root causes of social inequities that impact health outcomes and identify possible policy solutions. Furthermore, because one of the major roles of public health professionals across health departments is convening partners, there is an increased opportunity to work with traditional and non-traditional partners to advance social policy that holistically improves the health of communities.

**Public health professionals working in health departments across all levels have a social responsibility to raise awareness on policies that connect concepts of social justice to public health practice.**







## The Social-Ecological Model and NACDD’s Social Justice Framework

As some seek to meaningfully reckon with this country’s racist history, there are others content on erasing it altogether. As this dichotomy of thought unfolds, public health professionals are faced with the challenging task of providing socially and culturally relevant care to whole populations while intentionally centering the lives, voices, and practices of those experiencing the greatest burdens. The social-ecological model (SEM)

does not provide pathways to understand the complex role of historical oppression or the ever-evolving living conditions within society that influence health; however, it is helpful in illustrating the integration of NACDD’s Social Justice Framework into public health practice. SEM is widely used by public health professionals to understand and highlight how individual, interpersonal, community, and societal

structures influence the health behaviors and outcomes of individuals (Krug, 2002; CDC, 2022). Applying this model is helpful when examining various, multi-faceted health topics and developing complementary solutions across all levels of society. The following table illustrates examples of steps that can be taken to operationalize the five pillars of NACDD’s Social Justice Framework across all levels of the SEM.

### A Crosswalk: Operationalizing NACDD’s Social Justice Framework using the SEM

Individual Level	Operationalization of Pillars
Ethical and Social Responsibility	Identify how personal identities impact power dynamics within and outside of the workplace and be willing to address those dynamics to mitigate harm.
Personal and Communal Intentionality	Create a space where the personal experiences of marginalization are openly discussed within the organization and the established boundaries of those impacted are respected and honored.
Centering Intersectionality	Plan and participate in forums, webinars, and community events where intersectionality is consistently discussed and unpacked.
Prioritizing Multi and Interdisciplinary Partnerships	Identify service gaps in public health work and determine ways to leverage partnerships with individuals in social networks to address identified gaps and meet the community’s needs.
Reflexivity and Data Processes	Cultivate self-awareness and cultural humility when engaging with co-workers and the community.
Interpersonal Level	Operationalization of Pillars
Ethical and Social Responsibility	Respect and uphold boundaries set by co-workers and other individuals (e.g., respecting work hours, personal experiences, etc.).
Personal and Communal Intentionality	Create “brave spaces” to discuss how good intentions can have negative impacts; establish group norms and boundaries before discussions occur.
Centering Intersectionality	Uphold team accountability for developing, implementing, and evaluating programming inclusive of communities that have been and continue to be marginalized/colonized/oppressed.
Prioritizing Multi and Interdisciplinary Partnerships	Describe the pros and cons of partnering with organizational- versus community-level partners within team settings
Reflexivity and Data Processes	Strategize with team members on engaging with diverse populations and avoid labeling communities that have been and continue to be marginalized as “difficult to reach populations.”

Organization Level	Operationalization of Pillars
Ethical and Social Responsibility	Establish work policies that define and promote personal and organizational accountability.
Personal and Communal Intentionality	Develop or adopt organization-wide working definitions for SDOH, health disparities, health equity, anti-racism, power dynamics, and social justice.  Establish a culture where feedback and criticism can be respectfully given and accepted.  Identify sustainable practices within the organization's programming and determine if those practices promote social justice.
Centering Intersectionality	Reallocate funds to intentionally address social justice, anti-racism, and health equity in programs and services.  Amplify voices from communities that have been and continue to be marginalized by hiring individuals from those communities or promoting those individuals into positions of leadership.
Prioritizing Multi and Interdisciplinary Partnerships	Prioritize partnerships with organizations that promote social justice, health equity, and sustainable practices.
Reflexivity and Data Processes	Increase or create access to educational, engaging, and appropriately tailored resources for all staff members.



Community Level	Operationalization of Pillars
Ethical and Social Responsibility	Attend community events organized by coalitions and activists to further understand health needs and barriers.
Personal and Communal Intentionality	Properly compensate participants, interns, volunteers, and students for their work; this includes critically examining how a participant's time sharing their lived experience is valued.
Centering Intersectionality	Address power dynamics and allow communities to retain power by amplifying community voice, especially of those who have carried the greatest burden of social injustice.
Prioritizing Multi and Interdisciplinary Partnerships	Engage in traditional and nontraditional partnerships to reduce barriers to achieving social justice.
Reflexivity and Data Processes	Understand and discuss how different data collection methods (e.g., surveys, interviews, quantitative research, qualitative research, focus groups, etc.) might limit the social justice goals of public health.
Policy Level	Operationalization of Pillars
Ethical and Social Responsibility	Join or create groups to strategize against injustices; historically, grassroots movements have been key to fighting different forms of oppression.
Personal and Communal Intentionality	Establish and uphold people-centered policies (e.g., community, employees, volunteers).
Centering Intersectionality	Develop policies highlighting the harmful effects and consequences of engaging in hazing culture, hierarchical culture, and respectability politics* within the workplace or community.
Prioritizing Multi and Interdisciplinary Partnerships	Create pathways to readily access and consult with social justice leaders to identify, limit, and prevent the weaponization of respectability politics.
Reflexivity and Data Processes	Ensure reports informing policy and practice are equitably disseminated into the community.

\*Respectability politics are a continuum of behaviors and attitudes that reproduce dominant norms, and strategies for producing a counter narrative to negative stereotypes placed upon subordinated groups (Harris, 2003).



# Guidance for Moving Forward in Public Health Practice

Integral to promoting the well-being of all people, public health professionals are tasked with ensuring that the field of public health is continuously improving and evolving. This task can be daunting because of barriers like bureaucracy limitations, harmful laws and regulations, staff hierarchy, or politics in the workplace. Public health professionals have successfully overcome such challenges through persistence, resilience, cultural humility, and collaborative strategies.



## Develop a shared language.

Operationalizing the pillars of NACDD's Social Justice Framework begins with establishing a shared language (e.g., shared vision, shared definitions) with co-workers, teammates, community members, partners, and funding agencies that center social justice.



## Assess current practices.

Health departments across all levels must acknowledge how public health has been complicit in upholding social injustice while simultaneously seeking to acknowledge, understand, and rectify those injustices within their communities. NACDD's Social Justice Framework can be leveraged when applying for grants; designing, implementing, and evaluating projects/ programs; collecting and disseminating data/information; establishing partnerships; awarding funding; and other organizational practices (e.g., hiring and promotion practices).



## Establish a narrative shift.

By understanding and applying the five pillars of NACDD's Social Justice Framework, public health professionals can begin to establish a narrative shift that nourishes meaningful community engagement, challenges power dynamics, elevates education and policies promoting equitable health outcomes, and, ultimately, strengthens the field of public health. To begin this process, professionals must first understand and accept the priorities, necessities, and culture of individual communities.



## Employ multiple resources.

This framework is one of many resources for public health professionals and is best used when paired with other resources prioritizing social justice. Such resources include, but are not limited to, the shared stories of community members, the Office of Disease Prevention and Health Promotion's [Vital Conditions for Community Health and Well-Being Framework](#), and the CDC's [10 Essential Public Health Services](#).

# Limitations

NACDD's Social Justice Framework is limited by the lack of performance measures available to assess the five pillars adequately; for this reason, pairing this framework with other resources that elevate social justice in public health is necessary. The literature search that informed NACDD's Social Justice Framework also excluded frameworks developed for communities outside of the U.S., written in a language other than English, and not published in journals. Expanding the inclusion criteria in the future may generate additional information about the intersection of social justice and public health.

# Background

## Methods

This report defines the term framework as a conceptual model that "refers to global ideas about individuals, groups, situations, and events of interest to a discipline" (Fawcett, 1989). Additionally, social justice is defined as "the view that everyone deserves equal rights and opportunities — this includes the right to good health." (APHA, n.d.)

For the development of NACDD's Social Justice Framework, a literature search was conducted by Think Equity, LLC on PubMed, PsycINFO, and Academic Search Complete using the following terms: "Social Justice," "Theoretical Framework," "Conceptual Model," "Health Model," and "Framework." These search terms were input into databases between May 2022 – June 2022 and yielded 2,410 articles. Inclusionary criteria consisted of (1) frameworks explicitly stating the prioritization or use of social justice to improve or advance health, and (2) frameworks centering the American population. There were no time restrictions on publication dates. Exclusion criteria consisted of (1) studies published in a language other than English, and (2) studies not published in journals.



Additional inputs into the development of NACDD's Social Justice Framework include feedback from NACDD staff, consultants, board members, partners, and the Closing the Gaps: From Wealth to Health Thought Leader Round Table (TLRT) to ensure relevance to the work of NACDD, its Members, and everyday public health practice. In October 2022, NACDD convened over 30 thought leaders nationwide to participate in a TLRT focused solely on social justice. Specifically, the TLRT examined the impact of the racial wealth gap on Black Americans and other communities of color and developed related recommendations for action for public health professionals. The first of many conversations to be led by NACDD, several ideas and themes generated from the TLRT are integrated into the pillars that make up NACDD's Social Justice Framework.

## Literature Review

### Origins of Public Health

The history of public health can be traced back to the Paleolithic and Mesolithic Ages, in which modern humans began cohabiting in social structures and relied on each other for survival (Tulchinsky & Varavikova, 2014). However, it was only in the second half of the nineteenth century that the conceptualization of America's public health system began gaining momentum. With the end of the Civil War, the beginning of the Industrial Revolution, and, consequently, the increase of urbanization, there was an increase in humanitarian idealism and belief in scientific theory (Blake, 1948). The need to contain diseases and reduce mortality led

American pioneers to establish a public health system founded on social justice (Krieger & Birn, 1998).

### Public Health and Social Justice

The union between public health and social justice can be traced to the 1800s. Black physicians used evidence-based practices to show that poverty and surviving slavery caused Black individuals to experience poor health outcomes (Krieger, 1987). This health research was conducted before the conception of America's public health system and possibly due to America's social and political evolution, sometimes referred to as the "Age of Reform" (Feldmeth, 1998; Krieger & Birn, 1998). The "Age of Reform" included white

**.. anti-racism and pro-feminist movements paved the way for improved public health practices such as the desegregation of hospitals, reproductive rights, and funding of AIDS medication...**

women broadly gaining the right to vote, the expanding of protection laws against child labor, the abolition movement, and prison reform (Feldmeth, 1998). Sojourner Truth, an abolitionist and women's rights activist, delivered her "Ain't I a Woman" speech in 1851. This speech continues to impact public health practice today by highlighting the importance of



Public health dispensary, 1920. Library of Congress Prints and Photographs Division 1/15/20. <https://www.loc.gov/resource/npc.02988/>



# Public Health and Social Justice Key Milestones

## 1800s

Black physicians used evidence-based practices to show that poverty and surviving slavery caused Black individuals to experience poor health outcomes

## Late 1800s

Public health within the U.S. began prioritizing epidemiology; as such, bacteriology, immunizations, and filtering water systems were at the forefront of public health programming

## 1920s

Public health moves away from a progressive agenda (i.e., social, economic, and political reform) due to popularized conservative beliefs

## 1974

National Commission for the Protection of Human Subjects identified core ethical principles for human subjects' research

## 1994

10 Essential Public Health Services framework originally released by the CDC (*updated in 2020*)

## 2007

WHO published a conceptual framework to explain how "social, economic, and political mechanisms give rise to a set of socioeconomic positions..."

acknowledging that people can experience multiple forms of oppression (e.g., racism, sexism, homophobia, immigration status, judgments on body size, socioeconomic status). After the Civil War, there was an increase in child labor reform that aimed to improve the quality of life for children (Schuman, 2017). Prison reform in the late 1800s separated children and adult prisons and limited the time incarcerated individuals were allowed to work (U.S. History, n.d.).

Similarly, anti-racism and pro-feminist movements paved the way for improved public health practices such as the desegregation of hospitals, reproductive rights, and funding of AIDS medication (Hoffman, 2003). These examples of activism heavily influenced how Americans viewed public health (Krieger & Birn, 1998).

Moreover, these examples showcase how public health relies on an interdisciplinary approach engrained in social justice to meaningfully impact health outcomes in communities that have been economically and socially marginalized.

### The Shift from Social Justice in Public Health Culture

Fairchild, a public health historian, argues that public health moved away from a progressive agenda (i.e., social, economic, and political reform) due to conservative beliefs popularized in the 1920s (Fairchild et al., 2010). Although public health was initially rooted in social justice, American public health professionals began disassociating with social responsibility and adopting germ theory as the foundation of public health (Institute of Medicine, 1988). By the late

1800s, the field of public health in the U.S. began prioritizing epidemiology; as such, bacteriology, immunizations, and filtering water systems were at the forefront of public health programming (Institute of Medicine, 1988). This paved the way for what is now called the "Ten Great Public Health Achievements" of the twentieth century including increased family planning protocols, incorporation of fluoride into drinking water, and identifying tobacco as a health risk (CDC, 1999). These achievements also led to the recognition of the pivotal role that the government plays in public health (Institute of Medicine, 1988). Public health continued to make strides throughout the twentieth century by implementing nationwide health surveys, evidence-based practice, risk assessments, computer systems, and social marketing



Black clients listening to visiting public health official, Southeast Missouri Farms. La Forge, Missouri, 1938. <https://www.loc.gov/item/2017737158/>

(Fielding, 1999). However, the decentering of social justice led to unethical practices led by American researchers including the Tuskegee Study, the Guatemala syphilis experiments, the Puerto Rico Pill Trials, and the collection of HeLa cells (Turner, 2012; Rodriguez and García, 2013; Davis, 1978). In response, the National Institute of Health (NIH) began requiring researchers to undergo training when interacting with human participants, and the

Collaborative Institutional Training Initiative (CITI Program) was developed. In 1974, the federal government convened a National Commission for the Protection of Human Subjects to identify core ethical principles for human subjects' research and to make recommendations regarding their institutionalization. Most recently, the Health Insurance Portability and Accountability Act (HIPAA) became legislation (CITI Program, 2022).

Due to the Cold War and the resulting cultural opposition to socialism, community-based work was dismissed, even though this method showed promising results in Asia and Latin America (Cueto, 2004). Instead, American culture embraced a primary healthcare model. Although the 1900s was a time of innovation within the field of public health, the shortcoming of having public health primarily led by physicians, engineers, biologists, and chemists became evident with the level of disease burden Americans continue to face (Fielding, 1999; Institute of Medicine, 1988). Violent acts in the name of public health continued, as seen with the 22-year maltreatment of Mexican immigrants in the Bracero Program; the testing of medications and surgical procedures on Native

American/Indigenous children and adults with trachoma by the U.S. Public Health Service; the ongoing sterilization of Black, Latina, Asian, Pacific Islander, and Native American women; and, most recently, the treatment of families seeking asylum amidst the 2020 COVID-19 pandemic (Larkin-Gilmore, 2017; Molina, 2011; Bowen et al., 2022).

### Public Health, Social Determinants of Health, and Health Equity

Although the ideology behind the concept of SDOH began well before the 21st century, it began gaining in popularity after WHO met in 2005 at the Commission on Social Determinants of Health (WHO, 2007). In 2007, WHO published a conceptual framework to explain how “social, economic, and political mechanisms give rise to a set of socioeconomic positions, whereby populations are stratified according to income, education, occupation, gender, race/ethnicity, and other factors; these socioeconomic positions in turn shape specific determinants of health status (intermediary determinants) reflective of people’s place within social hierarchies; based on their respective social status, individuals experience differences in exposure and vulnerability to health-compromising conditions” (Solar & Irwin, 2007; WHO, 2007). The framework also

defined health equity as “the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically” (Solar and Irwin, 2007; WHO 2007).

Over the past 25 years, public health began prioritizing SDOH and addressing health inequities; however, throughout the years, there has been a lack of communication between health professionals and community members, confusing the purpose and definitions of SDOH and health equity (Islam, 2019). Furthermore, multiple frameworks have been developed aiming to reduce and eliminate SDOH and promote health equity (OASH, 2022; RHIhub, 2022; Braveman et al., 2011), but few, if any, unpack and address the concept of social justice and its role in dismantling health disparities. For example, one of the most notable and influential health frameworks is Healthy People 2030, which groups SDOH into the following five categories: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context (OASH, 2022). The framework defines health disparities as “a particular type of health difference that is closely linked with social, economic, and/or environmental

### Public health professionals have an opportunity to be more intentional with the terminology and language used to describe issues and solutions related to health.

disadvantage” (OASH, 2022). Like most health frameworks, Healthy People 2030 aims to increase health equity but does not mention the importance of engaging with interdisciplinary fields that publicly and internally prioritize health equity. Additionally, very few frameworks explain how public health and disciplines outside the health field can work together to promote health equity.

The 10 Essential Public Health Services, originally released in 1994 and updated in 2020, is one of the most widely recognized frameworks designed to improve public health practice and “promote the health of all people in all communities” (CDC, 2023). While the original framework centered on research and system management with little to no mention of equity, the updated

version centers equity. It offers pathways to a more equitable, sustainable, and just approach to public health practice. This shift in focus is more inclusive and aligns with the needs of both communities and current public health practice. It also provides a solid foundation upon which the future of public health practice can be built.

### Re-prioritizing Social Justice in the Field of Public Health

Although SDOH, health equity, and health disparities are terms closely related to the concept of social justice, public health professionals have an opportunity to be more intentional with the terminology and language used to describe issues and solutions related to health. Despite social justice being the foundation for public health, the term “social justice” was rarely referenced on state public health departments’ websites and in state plans (OASH, 2022). Furthermore, there has been a call for reintroducing social justice as the core of public health (Wallack, 2019; Donohoe and Gordon, 2014).

The onset of the COVID-19 pandemic, the murder of George Floyd, and the growth of the Black Lives Matter movement revived a demand from the American public to prioritize social justice within the field of public health. This call to action has motivated influential public health institutions to release

statements labeling racism as a public health crisis. In addition, organizations, such as APHA, identified mass incarceration and voting rights as social justice issues that impact public health (APHA, 2021; Paine,

2021). Considering these events, it is imperative for social justice to return to the forefront of public health practice to ensure the health of the American people and those living within U.S. borders.

## Results

A total of 10 peer-reviewed articles published between 1988 and 2021 met the inclusionary criteria. Frameworks referenced in the articles were formulated within the fields of nursing, environmental health, medicine, physical therapy, social work, health sciences education, and public health. Seven of the articles (Butterfield et al., Edwards et al., Medina et al., Dever et al., Paton et al., Pham et al., and Vanidestine et al.) provided different definitions for a social justice construct but did not explicitly center it. Edmonds et al., Bowleg et al., and Swope et al. provided no formal definition for social justice. A summary of the articles can be found in [Appendix A](#).

### This framework, along with the intentional implementation of social justice constructs in public health, can begin the forward movement to end social injustices that negatively impact people and create a world that views health as a right and not a privilege.

All of society will benefit from the application of NACDD’s Social Justice Framework and its five pillars: ethical and social responsibility, personal and communal intentionality, centering intersectionality, prioritizing multi and interdisciplinary partnerships, and reflexivity and data processes. Creating and implementing programs that consider all people and authentically include community voices will generate the rich data needed to improve programming and policies, and, ultimately, eliminate the nation’s injustices through improved housing, jobs, transportation, education, and, most importantly, health.





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# Appendix A: Summary of Articles

First Author/ Year	Field of Study	Name of Framework	Definition(s) of Social Justice
Dever, 1988	Public Health	Social Transformation Model	Authors use Rawls definition of justice and state "all primary social goods, liberty and opportunity, income and wealth, are the bases of self-respect and are to be distributed equally unless and unequal distribution of any or all of these goods is to the advantage of the least favored."
Butterfield, 2009	Nursing and Environmental Health	TERRA framework	Authors describe environmental justice as including the following three dimensions: "(1) reconceptualizing the "environment" to include the sociocultural context in which environmental health risks occur; (2) recognizing preexisting social networks as a strengths-based approach to working with politically marginalized groups; and (3) engaging community-based organizations and citizens alongside scientists in the research process."
Pham, 2010	Medicine and Public Health	Conceptual framework for health-transitional justice impact evaluation	"Transitional justice, a set of policies designed to address the effects of war on traumatized communities and bring justice, lies at the nexus of public health, conflict, and social reconstruction."
Edwards, 2011	Medicine/ Physical Therapy	Theory of Justice: Implications for Physical Therapy Ethics and Clinical Practice	"Justice is the principle that people should be treated fairly."

First Author/ Year	Field of Study	Name of Framework	Definition(s) of Social Justice
Bowleg, 2012	Public Health and Law	Intersectionality	No definition provided.
Medina, 2014	Social Work and Public Health	Modified WHO Framework	"According to a social justice framework, basic freedoms must be equally distributed throughout society (Rawls, 1971). This framework draws from egalitarian principles that every member of society be guaranteed the same rights, opportunities, and access to goods and resources."
Swope, 2019	Social Science	The housing and health disparities conceptual model	No definition provided.
Vanidestine, 2019	Social Work and Public Health	Theoretical model of how health and social welfare professional conceptualize "race," racism, and whiteness	"Social justice inquiry refers to an intentional and critical view of such concepts as inequities, power imbalances, privileging processes, and their influence on achieving just outcomes or not."
Paton, 2020	Health Sciences Education	"Master's House"	Authors define the concepts of coloniality, gender and sexuality, and racism to explain social justice.
Edmonds, 2021	Public Health	MOTIF Innovation Framework	No definition provided.

# Appendix B: Working Definitions

The following definitions are used to ensure a mutual understanding of complex concepts concerning public health.

## Anti-racism

“The active process of naming and confronting racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably.”

*Advancing Health Equity: Guide to Language, Narrative and Concepts by American Medical Association (AMA) and the Association of American Medical Colleges (AAMC) Center for Health Justice, 2021*

## Cultural humility

“is active engagement in an ongoing process of self-reflection, in which individuals seek to examine their personal history/background and social position related to gender, ethnicity, socio-economic status, profession, education, assumptions, values, beliefs, biases, and culture, and how these factors impact interpersonal interactions.”

*Centers for Disease Control and Prevention (CDC)*

## Framework

A conceptual model that “refers to global ideas about individuals, groups, situations, and events of interest to a discipline.”

*Fawcett, 1989*

## Health Disparities

“a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”

*Healthy People 2030*

## Health Equity

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

*Robert Wood Johnson Foundation (RWJF)*

## Microaggressions

“everyday verbal, nonverbal, and environmental slights, snubs, or insults -- whether intentional or unintentional -- that communicate hostile, derogatory, or negative messages to individuals based solely upon their marginalized group membership. Microaggressions repeat or affirm stereotypes about a minority group, and they tend to minimize the existence of discrimination or bias, intentional or not.”

*National Institute of Health (NIH)*

## Public Health

“Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing, and responding to infectious diseases.”

*CDC Foundation*

## Power dynamics

“Social processes and institutions have evolved to maintain associated structural inequities (i.e., poverty, environmental hazards, and health care access) that make injustices experienced by marginalized groups appear normal or routine. The power to sustain systems of privilege and advantage over oppressed people is often exercised covertly through ‘benign, abstract and inconsequential language’ designed to evade or obscure critical dialogue about the sources of structural inequality.”

*Wallerstein et al., 2019*

## Social Determinants of Health

“social, economic, and political mechanisms give rise to a set of socioeconomic positions, whereby populations are stratified according to income, education, occupation, gender, race/ethnicity,

and other factors; these socioeconomic positions in turn shape specific determinants of health status (intermediary determinants) reflective of people’s place within social hierarchies; based on their respective social status, individuals experience differences in exposure and vulnerability to health-compromising conditions.”

*World Health Organization (WHO)*

## Social Justice

“the view that everyone deserves equal rights and opportunities — this includes the right to good health.”

*American Public Health Association (APHA)*

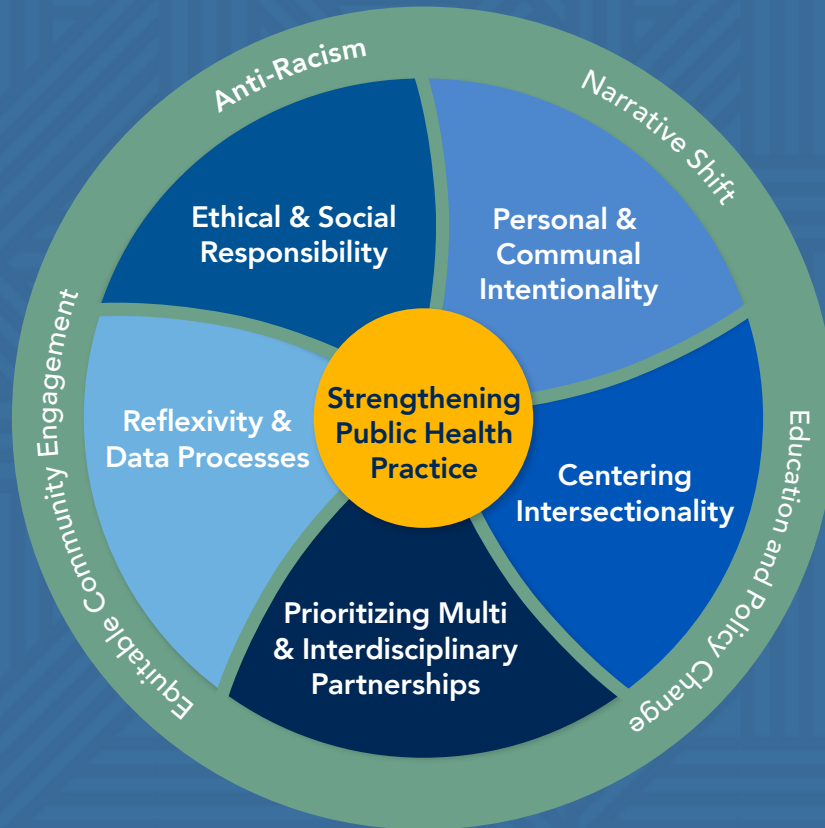
## Systemic racism

“is racism that is pervasively and deeply embedded in systems and structures such as laws, written or unwritten policies, and widespread, deeply rooted, established practices, beliefs, and attitudes that produce, condone, and perpetuate widespread unfair treatment of people of color.”

*Robert Wood Johnson Foundation (RWJF)*



# NACDD's Social Justice Framework for Public Health Professionals



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