Advancing Health Equity through the PHAB Standards

May 31, 2017
Welcome and Introduction
Learning Outcomes

- Explore specific PHAB Standards and Measures which address collaborative efforts to advance health equity
- Describe multiple ways in which health departments collaborate with community partners to promote health equity and a culture of health
- Discuss resources that support health equity work
- Identify strategies currently being implemented through accredited health departments to advance health equity in the populations they serve
Presenters

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PHAB Consultant

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Accreditation Specialist, PHAB

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Director, Community and Family Services, Spokane Regional Health District

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Public Health Officer, County of San Diego Health and Human Services Agency
Webinar Format

- Presentation and discussion
- During the presentation, enter your questions into question box on the control panel to the right of your computer screen
- Questions will be addressed in the discussion period following the presentations
Health Equity in the PHAB Standards and Measures

April Harris
PHAB
Quality Improvement

A goal of public health department accreditation is to promote high performance and continuous quality improvement. PHAB has adopted the following definition of quality improvement: Quality improvement in public health is the use of a deliberate and defined improvement process that is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. Defining Quality Improvement in Public Health. *Journal of Public Health Management and Practice*. January/February 2010).

Domain 9 focuses on the evaluation of all programs and interventions, including key public health processes, and on the implementation of a formal quality improvement process that fosters a culture of quality improvement. Additionally, PHAB has incorporated the concept of quality improvement throughout the standards and measures and throughout the accreditation process. For example, there are several measures that encourage a broad continuous improvement process of evaluation and improvement: (1) plan or develop programs, process, or interventions, (2) implement, and (3) evaluate for improvement. The accreditation process promotes quality improvement through the provision of a Site Visit Report developed by PHAB trained peer Site Visitors that includes opportunities for improvement. Additionally, accredited health departments are required to submit an annual report to PHAB that describes their progress and quality improvement.
**STANDARD 1.4:** Provide and use the results of health data analysis to develop recommendations regarding public health policies, processes, programs, or interventions.

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<th>MEASURE</th>
<th>PURPOSE</th>
<th>SIGNIFICANCE</th>
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<tr>
<td><strong>Measure 1.4.2 T/L</strong>&lt;br&gt;Tribal/community summaries or fact sheets of data to support public health improvement planning processes at the Tribal or local level.</td>
<td>The purpose of this measure is to assess the Tribal and local health department’s development and distribution of health data to inform and support others’ health improvement efforts at the Tribal and local level.</td>
<td>In addition to the Tribal/local health assessment, Tribal and local health departments should provide health-issue specific or program specific data summaries. These will be summaries of data that focus on a particular issue, for example, health behaviors, health equity factors, or the incidence of infectious diseases. It is important that others have access to health data to inform their program planning and activities at the local or Tribal community level. Health data summaries are used to inform stakeholders and partners about the health of the community health issue and to advocate for the health of the Tribe or locality and for the needs identified in the profile.</td>
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**REQUIRED DOCUMENTATION**<br>1. Tribal or community health data summaries or fact sheets

**GUIDANCE**<br>1. The Tribal or local health department must provide summaries or fact sheets of Tribal/community health data that condense public health data. Data summaries may address a combination of public health issues or may focus on a particular health issue regarding the population served.

Tribal or local health data summaries are not the same as a community health assessment. A data summary can be an in several forms. It can be an overview, summary, or synopsis of a particular health issue, such as cancer or obesity. Or, it can address a set of issues, such as health equity or health issues of adolescents. It may also focus on select key indicators of the health of the community, such as health behaviors like tobacco use or healthful eating.

Documentation could be, for example, a summary, fact sheet, brief, overview, a single document of comprehensive data, or a dynamic website with comprehensive data that is updated as data are available (i.e., web-based dashboard).

**NUMBER OF EXAMPLES | DATED WITHIN**<br>2 examples of data summaries | 5 years
STANDARD 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

Health promotion involves a wide range of social and environmental changes that allow and encourage the population to be healthy. Health promotion policies, programs, processes, and interventions are the mainstay of public health improvement efforts. Health promotion can involve health education, communication, working with the media and other stakeholders, social marketing, health equity, behavior change, environmental changes, community mobilization, community development, and policy changes.
**MEASURE**

**Measure 3.1.3 A**
Efforts to specifically address factors that contribute to specific populations’ higher health risks and poorer health outcomes

**PURPOSE**
The purpose of this measure is to assess the health department’s assessment, identification, and efforts to address factors that contribute to specific populations’ higher health risks and poorer health outcomes, or health inequities.

**SIGNIFICANCE**
Differences in populations’ health outcomes are well documented. Factors that contribute to these differences are many and varied and include the lack of opportunities and resources, economic and political policies, discrimination, and other aspects of a community that impact on individuals’ and population’s resilience. These differences in health outcomes cannot be effectively addressed with programs and interventions; they require engagement of the community in strategies that develop community resources, capacity, and strength.

**REQUIRED DOCUMENTATION**

1. Identification and implementation of strategies to address factors that contribute to specific populations’ higher health risks and poorer health outcomes, or health inequity, including:
   a. Analysis of factors that contribute to higher health risks and poorer health outcomes of specific populations and the development of health equity indicators

**GUIDANCE**

1. **The health department must document efforts to address health equity among the populations in the health department’s jurisdiction.** The health department must provide:

   a. The analysis of health inequity, factors that cause or contribute to it, and health equity indicators across communities or neighborhoods. Health equity indicators must be specific to the factors analyzed.

   Factors could be, for example, tax policies, community zoning, public education, transportation policy, and resource allocation.
Domain 4: Engage with the Community to Identify and Address Health Problems

Domain 4 focuses on community engagement. Members of the community possess unique perspectives on how issues are manifested in the community, what and how community assets can be mobilized, and what interventions will be effective. Community members are important partners in identifying and defining public health issues, developing solutions or improvements, advocating for policy changes, communicating important information, and implementing public health initiatives. Public health can broaden its leverage and impact by doing things with the community rather than doing things to the community. Aligning and coordinating efforts towards health promotion, disease prevention, and health equity across a wide range of partners is essential to the success of health improvement. This domain addresses health departments’ establishment and maintenance of community partnerships and collaborations that will facilitate public health goals being accomplished, promote community resilience, and advance the improvement of the public’s health.
### STANDARD 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.

#### MEASURE

**Measure 4.1.1 A**

Establishment and/or engagement and active participation in a comprehensive community health partnership and/or coalition; or active participation in several partnerships or coalitions to address specific public health issues or populations.

#### PURPOSE

The purpose of this measure is to assess the health department’s engagement with partners in the public health system, representatives of various sectors of the community, and community members to address public health issues and concerns.

#### SIGNIFICANCE

Community engagement is an ongoing process of dialogue and discussion, collective decisions, and shared ownership. Public health improvement requires social change; social change takes place when the population affected by the problem is involved in the solution. Collaborative partnerships to address public health issues and concerns provide various perspectives, additional expertise, and assets and resources. Partnerships provide the opportunity to leverage resources, coordinate activities, and employ community assets in new and effective ways. Collaborative partnerships include engagement with community members so that they are involved in the process and participate in the decisions made and actions taken. Community engagement also has benefits of strengthening social engagement, building social capital, establishing trust, ensuring accountability, and building community resilience.

#### REQUIRED DOCUMENTATION

1. Collaborative partnerships with others to address public health issues.

#### GUIDANCE

1. **The health department must document a current, ongoing comprehensive community partnership or coalition in which it is an active member.** The purpose of the partnership or coalition must be to improve the health of the community and, therefore, must be engaged in various issues and initiatives.

   A comprehensive community partnership, in this context, is a partnership that is not topic or issue specific. It is a community partnership that addresses a wide range of community health issues.

   The comprehensive partnership or coalition may be organized into several committees or task forces to address specific issues, for example, teenage pregnancy, social determinants of health, health equity, or increased opportunities for physical activities. This partnership or coalition may be the same group that developed the community health assessment and community health improvement plan.

#### NUMBER OF EXAMPLES

1 broad community partnership or coalition addressing at least 4 health issues; or 4 examples of issue specific partnership or coalitions; or a mix of a partnership addressing 1 to 4 issues and single issue partnerships addressing the remaining number, for a total of four issues.

#### DATED WITHIN

2 years.
**MEASURE**

**Measure 5.2.2 S**
State health improvement plan adopted as a result of the health improvement planning process

**PURPOSE**
The purpose of this measure is to assess the state health department’s state health improvement plan. While some or many programs in the state health department may have program specific plans, they do not fulfill the purpose of the state health improvement plan, which looks at population health across programs and across the state.

**SIGNIFICANCE**
The state health improvement plan provides guidance to the health department, its partners, and stakeholders for improving the health of the population within the health department’s jurisdiction. The plan reflects the results of a collaborative planning process that includes significant involvement by key sectors. Partners can use a state health improvement plan to prioritize existing activities and set new priorities. The plan can serve as the basis for taking collective action and can facilitate collaborations.

**REQUIRED DOCUMENTATION**

**1. State health improvement plan that includes:**
   a. Desired measurable outcomes or indicators of health improvement and priorities for action

**GUIDANCE**

1. The state health department must provide a state health improvement plan that includes all of the following:

   a. The desired measurable outcomes or indicators of the health improvement effort and the priorities for action, from the perspective of the population of the state. The plan must include statewide health priorities, measurable objectives, improvement strategies, and activities with time-framed targets that were determined in the planning process. In establishing priorities, the plan must include consideration of addressing social determinants of health, causes of higher health risks and poorer health outcomes of specific populations, and health inequities.

   Measurable and time-framed targets may be contained in another document, such as an annual work plan. If this is the case, the companion document must be provided with the state health improvement plan for this measure.

   Strategies may be evidence-based, practice-based, or promising practices or may be innovative to meet the needs of the population. National state-of-the-art guidance (for example, the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020) should be referenced, as appropriate.

**NUMBER OF EXAMPLES**
1 completed plan

**DATED WITHIN**
5 years
MEASURE 5.2.2 L, continued

b. Policy changes needed to accomplish health objectives

b. Policy changes needed to accomplish the identified health objectives must be included in the plan. Policy changes must include those that are adopted to alleviate the identified causes of health inequity. Policy changes may address social and economic conditions that influence health equity including housing, transportation, education, job availability, neighborhood safety, access to recreational opportunities, and zoning, for example.

c. Individuals and organizations that have accepted responsibility for implementing strategies

c. Designation of individuals and organizations that have accepted responsibility for implementing strategies outlined in the community health improvement plan. This may include assignments to staff or agreements between planning participants, stakeholders, health care providers (community benefit), other local governmental agencies, or other community organizations. For this measure, agreements do not need to be formal, such as an MOA/MOU.

d. Consideration of state and national priorities

d. Local health departments must demonstrate that they considered both national and state health improvement priorities where they have been established. National priority alignment could include the National Prevention Strategy and Healthy People 2020.
**Standard 6.1:** Review existing laws and work with governing entities and elected/appointed officials to update as needed.

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<tr>
<td>Measure 6.1.1 A Laws reviewed in order to determine the need for revisions</td>
<td>The purpose of this measure is to assess the health department’s analysis of public health laws and other laws that have public health implications to ensure that they are consistent with evidence-based public health and newly emerging public health issues and information. The assessment of laws should consider individual or community cost, inconvenience, impact on systemic health inequities, and regulatory alternatives and sanctions, in addition to the public health program benefits of the law.</td>
<td>Health departments need to be aware of current public health laws and of laws that are not specific to public health but have public health implications, for example, zoning, recreation related, animal related, or transportation laws. These types of laws can have significant impact on health equity. The laws that the health department reviews need not be only laws that the health department enforces. They may also be laws that others enforce but that impact public health, for example, helmet use laws, school nutrition requirements, sale of tobacco products to minors, animal rabies vaccination laws, or school requirements for proof of childhood vaccinations. Program staff of the health department reviews these laws to ensure that they are consistent with evidence-based public health practices and emerging public health issues.</td>
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Domain 8: Maintain a Competent Public Health Workforce

Domain 8 focuses on the need for health departments to strategically approach the development of a competent workforce to perform public health duties. Effective public health practice requires a well prepared workforce. A multidisciplinary workforce that is matched to the specific community being served facilitates the interdisciplinary approaches required to address health equity and the population’s public health issues. The manner in which services are provided to the public determines the effectiveness of those services and influences the population's understanding of, and appreciation for, public health. A strategic workforce includes the alignment of workforce development with the health department’s overall mission and goals and the development of strategies for acquiring, developing, and retaining staff.

**DOMAIN 8 INCLUDES TWO STANDARDS:**

<table>
<thead>
<tr>
<th>Standard 8.1:</th>
<th>Encourage the Development of a Sufficient Number of Qualified Public Health Workers</th>
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<tbody>
<tr>
<td>Standard 8.2:</td>
<td>Ensure a Competent Workforce through Assessment of Staff Competencies, the Provision of Individual Training and Professional Development, and the Provision of a Supportive Work Environment</td>
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Standard 8.2: Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment.

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<tr>
<td>Measure 8.2.1 A</td>
<td>Workforce development strategies</td>
<td>The purpose of this measure is to assess the health department's planning for employee training, implementation of those plans, and the development of core competencies.</td>
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<thead>
<tr>
<th>REQUIRED DOCUMENTATION</th>
<th>GUIDANCE</th>
<th>NUMBER OF EXAMPLES</th>
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<tbody>
<tr>
<td>1. Workforce development plan</td>
<td>1. The health department must provide a health department-specific workforce development plan. The workforce development plan must:</td>
<td>1 plan</td>
<td>2 years</td>
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<td>• Address the collective capacity and capability of the department workforce and its units.</td>
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<td>• Address gaps in capacity and capabilities and include strategies to address them.</td>
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<td>• Be responsive to the changing environment and include consideration of areas where the technology advances quickly such as information management and (digital) communication science.</td>
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<td>• Be responsive to the changing environment and include considerations of areas where the field is advancing, for example, emergency preparedness training, health equity, and cultural competence.</td>
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<td>The plan must include:</td>
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<td>• An assessment of current staff competencies against the adopted core competencies. An example of nationally adopted core competencies is the “Core Competencies for Public Health Professionals” from the Council on Linkages Between Academia and Public Health Practice. The plan may also use state developed or specialty focused sets of competencies, for example, nursing, public health preparedness, informatics, and health equity competencies.</td>
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Standard 8.2: Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment.

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<tr>
<td>Measure 8.2.3 A</td>
<td>The purpose of this measure is to assess the health department's comprehensive approach to the provision of opportunities for professional career development for all staff and the department's implementation of staff development activities.</td>
<td>All staff should have opportunities for professional development. All employees need to have a basic understanding of public health in order to coordinate program efforts, especially in the case of working with the public and in the case of emergency situations. All staff should have opportunities to learn and to grow in their positions both to improve their own skills and also to address the changing needs of the health department. In addition to their specific public health activities, leaders and managers must oversee the health department, interact with stakeholders and constituencies, seek resources, interact with governance, and inspire employees and the community to engage in healthful public health activities. Development activities can assist leadership and management to employ state-of-the-art theory, management processes, public health knowledge, and management techniques.</td>
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<tr>
<td>1. Participation in personal professional development activities by staff of the department (other than management and leadership staff, who are addressed below)</td>
<td>1. The health department must document staff's completion of their annual personal professional development plan. Professional development activities could include: education assistance (e.g., time off for classes, tuition reimbursement, bringing classes to the health department), continuing education, training opportunities, mentoring, job shadowing, certification in public health, etc. Topics could be, for example, HIPAA, emergency response, methods for the presentation of data, health equity, communications, and courses required for Certified Public Health continuing education. Documentation could be, for example, a training completion certificate, an attendance record for a class, or a report written by the staff person documenting the activities and learnings.</td>
<td>2 examples</td>
<td>2 years</td>
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Domain 11: Maintain Administrative and Management Capacity

Domain 11 focuses on health department management and administration capacity. Organizational administration and management is the process of organizing, leading, and controlling the efforts of organizational human and other resources to make decisions and achieve organizational goals. Health departments must have a well-managed human resources system, be competent in general financial management, have data management capacity and capability, and be knowledgeable about public health authorities and mandates. And, because of the nature of public health – the focus on the collective good, the employment of government action, and the objective of population-based outcomes – public health leaders need an infrastructure to ensure that decisions, policies, plans, and programs are ethical and address health equity. Health department leaders and staff must be knowledgeable about the structure, organization, and financing of their public health department and other agencies and organizations that provide public health services.

**DOMAIN 11 INCLUDES TWO STANDARDS:**

<table>
<thead>
<tr>
<th>Standard 11.1:</th>
<th>Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions</th>
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<td>Standard 11.2:</td>
<td>Establish Effective Financial Management Systems</td>
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**Standard 11.1:** Develop and maintain an operational infrastructure to support the performance of public health functions.

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<th>MEASURE</th>
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<tr>
<td>Measure 11.1.4 A Policies, processes, programs, and interventions provided that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes.</td>
<td>The purpose of this measure is to assess the health department’s social, cultural, and linguistic competence in providing public health programs to specific populations with higher health risks and poorer health outcomes.</td>
<td>Public health departments are responsible for all residents in the health department’s jurisdiction, and that usually includes people of various backgrounds, languages, and cultures. It is important for health departments to understand how values, norms, and traditions of the populations served affect how individuals perceive, think about, and make judgments about health, health behaviors, and public health services. Those values, norms, and traditions affect how populations interact with public health workers, how open they are to health information and health education, and how they can change health behaviors. Ensuring that the health department’s policies, programs, services, materials, and processes address these social, cultural, and language differences (including low literacy, non-English speaking populations, and the visually or hearing impaired) will enhance the health department’s ability to provide the most effective programs and services to meet the needs of the population. Ensuring that the health department’s policies, programs, services, materials, and processes intentionally address health disparities and health inequities will enhance the health department’s ability to impact the health of the population.</td>
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<tr>
<td>1. Policy or procedure for the development of interventions and materials that address areas of health inequity among the specific populations and are culturally and linguistically appropriate for the population the health department serves in its jurisdiction</td>
<td>1. The health department must provide a policy or procedure that demonstrates how health equity is incorporated as a goal into the development of policies, processes, and programs. A policy or procedure must ensure that social, cultural, and linguistic characteristics of the various populations groups of the population it serves are incorporated into processes, programs, and interventions. Characteristics of populations addressed in the policy or procedure may include social, racial, ethnic, cultural, sexual orientation and gender identity, linguistic characteristics, including non-English speaking populations, and the disabled.</td>
<td>1 policy or procedure</td>
<td>5 years</td>
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<tr>
<td>Measure 11.4 A, continued</td>
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<th>2. Processes, programs, or interventions provided in a culturally or linguistically competent manner</th>
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2. The health department must document the provisions of processes, programs, or interventions that are culturally or linguistically appropriate, as defined above.

Oral communication is integral to many Tribal cultures. If oral communication is used to ensure that programs, processes, and interventions are culturally competent, the health department must provide documentation of its use, for example, plans, protocols, or objectives for focus groups, community gatherings, roundtables, talking circles, digital storytelling, or other activities. Tribal health departments may serve Tribal members from more than one Tribe or non-Tribal individuals. If this is the case, examples of culturally and linguistically competent services provided to these groups (e.g., interpretation, materials in other languages) are acceptable documentation.

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<th>3. Assessment of the health department’s cultural competence and knowledge of health equity</th>
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3. The health department must provide an assessment of cultural and linguistic competence. This could be, for example, the Cultural and Linguistic Competency Policy (CLCPA) self-assessment from the National Center for Cultural Competence, an assessment against Culturally and Linguistically Appropriate Services (CLAS) standards, Health Equity at Work: Skills Assessment of Public Health, or another assessment tool.

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<th>4. Health equity and cultural competency training provided to health department staff</th>
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4. The health department must document staff training on health equity and cultural competence, including social, cultural, and/or linguistic aspects of policies, processes and programs. Training may include:

- Examining biases and prejudices; developing cross-cultural skills; learning about specific populations’ values, norms, and traditions; and/or learning about how to develop programs and materials for low literacy individuals or the visually or hearing impaired. Documentation must show the content of the training.

The health department must provide a record of who attended the training. This may be a log, a sign-in sheet, or a record/statement from web-based training. An example of training includes the Prevention Institute’s Health Equity Training Series.

Documentation could be, for example, a copy of the training materials or an agenda for the training session as well as a sign-in sheet or attendance list.

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<tr>
<th>Example</th>
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<tr>
<td>2</td>
<td>5 years</td>
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<td>1</td>
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<td>5 years</td>
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**Standard 12.3:** Encourage the governing entity’s engagement in the public health department’s overall obligations and responsibilities.

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<th>MEASURE</th>
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<tr>
<td><strong>Measure 12.3.1 A</strong></td>
<td>The purpose of this measure is to assess health department efforts to keep the governing entity informed of public health issues and health department activities.</td>
<td>The health department has a responsibility to communicate with its governing entity to ensure that the governing entity's policies and decisions are informed. A regular flow of information helps to ensure that the governing entity acts in the best interests of the public’s health. Information also needs to flow from the governing entity to the health department to ensure mutual understanding of policy options and implications.</td>
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<tr>
<td>1. Communication with the governing entity regarding important public health issues and/or recent actions of the health department</td>
<td>1. The health department must document communications with the governing entity regarding important public health issues and/or recent actions of the health department. Important public health issues include a population’s health status, health indicators, health equity and disparities, disease outbreaks, environmental health hazards, etc. Documentation could be reports, testimonies, formal meeting minutes, meeting summaries, program updates, reports on identified public health hazards, community health assessment findings, community dashboards, outbreak and response efforts, annual statistical reports, or other written correspondence (memos, emails).</td>
<td>2 examples</td>
<td>2 years</td>
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Frameworks and Tools to Support Health Equity Work

Shirley Orr
PHAB Consultant
Building a Culture of Health

CULTURE OF HEALTH ACTION FRAMEWORK

EQUITY

ACTION AREA 1
MAKING HEALTH A SHARED VALUE

ACTION AREA 2
FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING

OUTCOME
IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY

ACTION AREA 3
CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES

ACTION AREA 4
STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS

EQUITY
MAKING HEALTH A SHARED VALUE

MINDSET AND EXPECTATIONS
- Value on health interdependence
- Value on well-being
- Public discussion on health promotion and well-being

SENSE OF COMMUNITY
- Sense of community
- Social support

CIVIC ENGAGEMENT
- Voter participation
- Volunteer engagement
FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING

DRIVERS

NUMBER AND QUALITY OF PARTNERSHIPS

INVESTMENT IN CROSS-SECTOR COLLABORATION

POLICIES THAT SUPPORT COLLABORATION

Local health department collaboration
Opportunities to improve health for youth at schools
Business support for workplace health promotion and Culture of Health

U.S. corporate giving
Federal allocations for health investments related to nutrition and indoor and outdoor physical activity

Community relations and policing
Youth exposure to advertising for healthy and unhealthy food and beverage products
Climate adaptation and mitigation
Health in all policies (support for working families)
CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES

DRIVERS

BUILT ENVIRONMENT/PHYSICAL CONDITIONS
- Housing affordability
- Access to healthy foods
- Youth safety

SOCIAL AND ECONOMIC ENVIRONMENT
- Residential segregation
- Early childhood education
- Public libraries

POLICY AND GOVERNANCE
- Complete Streets policies
- Air quality
**STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS**

**ACTION AREA**

**ACCESS**
- Access to public health
- Access to stable health insurance
- Access to mental health services
- Routine dental care

**CONSUMER EXPERIENCE AND QUALITY**
- Consumer experience
- Population covered by an Accountable Care Organization

**BALANCE AND INTEGRATION**
- Electronic medical record linkages
- Hospital partnerships
- Practice laws for nurse practitioners
- Social spending relative to health expenditure
IMPROVED POPULATION HEALTH, WELL-BEING AND EQUITY

OUTCOME AREA

ENHANCED INDIVIDUAL AND COMMUNITY WELL-BEING
Well-being rating
Caregiving burden

MANAGED CHRONIC DISEASE AND REDUCED TOXIC STRESS
Adverse child experiences
Disability associated with chronic conditions

REDUCED HEALTH CARE COSTS
Family health care cost
Potentially preventable hospitalization rates
Annual end-of-life care expenditures
Health Equity Resources from Other National Partners

APHA

AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

CDC

CENTERS FOR DISEASE CONTROL AND PREVENTION

NACCHO

National Association of County & City Health Officials
Health Equity

Creating *health equity* is a guiding priority and core value of APHA. By health equity, we mean everyone has the opportunity to attain their highest level of health.

*Inequalities* are created when barriers prevent individuals and communities from accessing these conditions and reaching their full potential. Inequalities differ from *health disparities*, which are differences in health status between people related to social or demographic factors such as race, gender, income or geographic region. Health disparities are one way we can measure our progress toward achieving health equity.

**How do we achieve health equity?** We value all people equally. We optimize the conditions in which people are born, grow, live, work, learn and age. We *work with other sectors* to address the factors that influence health, including employment, housing, education, health care, public safety and food access.¹ We name *racism* as a form of disadvantage that has profound social determinants and distributes.

https://www.cdc.gov/healthequity/
Health Equity and Social Justice

The goal of NACCHO’s Health Equity and Social Justice program is to advance the capacity of local health departments (LHDs) to confront the root causes of inequities in the distribution of disease and illness through public health practice and their organizational structure. The program’s initiatives explore why certain populations bear a disproportionate burden of disease and mortality and what social arrangements and institutions generate those inequities, in order to design strategy to eliminate them. NACCHO’s Health Equity and Social Justice initiatives include:

- The Roots of Health Inequity: A Web-Based Course for the Public Health Workforce, offers health department staff a place to investigate the relationship between social injustice—the fundamental cause of
Health Equity

Health inequities exist among groups based on gender, sexual orientation, race, ethnicity, education, income, disability, and geographic location. ASTHO’s health equity strategic plan’s central challenge is to mobilize leadership to achieve health equity. Its four objectives are:

- Foster societal understanding and the will to achieve health equity.
- Leverage and engage broad public/private partners in health equity solutions.
- Leverage existing and new funding for health equity.
- Strengthen organizational effectiveness in support of health equity.

A crosscutting strategy addresses the root causes of health inequities as well as measurement and evaluation.

Health Equity Strategic Map

The Role of the State/Territorial Health Official in Promoting Health Equity
Spokane Regional Health District

Sheila Masteller
Spokane, Washington

Addressing health inequity with data and stories
STRATEGIC PLAN GOAL 3

Strategy: Increase education and awareness of inequity within the agency and in the community.

• Action: Provide ongoing education to staff about inequities and cultural competencies.

• Action: Develop a comprehensive community education and awareness plan.
STRATEGIC PLAN GOAL 3

Strategy: Identify and promote policies that address inequities.

• Action: Encourage the adoption of policies to address inequities by promoting a health-in-all-policies perspective and the use of health and equity impact analysis tools.
STRATEGIC PLAN GOAL 3

Strategy: Strategically address inequities.

• Action: Identify opportunities to engage with other sectors and build collaborations to address inequities
KRESGE EMERGING LEADERS

Focus for the Spokane Regional Health District team is health equity, first internally and then with community and partners.
Data Center Reports

Odds Against Tomorrow: Health Inequities in Spokane County 2012
Missing the Foundation: Understanding Homelessness in Spokane County 2015
Spokane Counts 2015
Gun Violence in Spokane County 2013
Linking Transportation Planning and Health Outcomes 2014
Paid Sick Leave in Spokane 2015
Violence Against Children 2015
Demographics & Social Characteristics 2015
Life expectancy among females in Spokane County is approximately 19 years between the neighborhood with the highest life expectancy, Browne's Addition (86.49), and the neighborhood with the lowest life expectancy, Riverside (67.79).

Among males in Spokane County, the gap in life expectancy is approximately 17 years between the neighborhood with the highest life expectancy, Southgate (82.34), and the neighborhood with the lowest life expectancy, Riverside (65.65).
Priority Spokane worked to improve health by improving educational outcomes. Data collected created an early warning system, demonstrated 20% increase in on-time graduation and we also gathered unexpected data.
Priority Spokane is currently working with multiple community partners to reduce homelessness for children going to our schools.

We believe that the approximately 3000 homeless students in our county is not acceptable and that we as a community must address this shortcoming.
We work to be the mirror to our community. . . “This is what we are.”

And to be a means to look at our collective conscience. . . Is this okay?

As an example:

The poorest individuals in Spokane County were the only ones earning less after eight years.
Incorporating Health Equity in the Community Health Assessment and Improvement Plan
El Paso County Public Health

• **Mission**
  Our mission is to promote and protect public health and environmental quality across El Paso County through people, prevention and partnerships.

• **Vision**
  Our vision is for all El Paso County residents to live in thriving communities where every person has the opportunity to achieve optimal health.
Health Equity Lens for Decision-making

• Help partners understand the impact of social systems on health outcomes

• Create intention in improvement planning activities and goals

• Align with local, state, and national efforts
CHA/CHIP Process

• Discussed impact of social determinants of health (2-3 months). Gathered qualitative data from partners.
• Reviewed socioeconomic data for community and mapped
• Shared stratified health data by race/ethnicity. Gender, income level, education level
• Prioritized goal areas using health equity as lens
• Created CHIP goals with health equity emphasis
HEALTH EQUITY

Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

AN EXPLANATORY MODEL FOR CONCEPTUALIZING THE SOCIAL DETERMINANTS OF HEALTH

NATIONAL INFLUENCES
GOVERNMENT POLICIES
U.S. CULTURE & CULTURAL NORMS

LIFE COURSE

SOCIAL DETERMINANTS OF HEALTH

HEALTH FACTORS

QUALITY OF LIFE

MORBIDITY

MORTALITY

LIFE EXPECTANCY

<table>
<thead>
<tr>
<th>PREGNANCY</th>
<th>ECONOMIC OPPORTUNITY</th>
<th>PHYSICAL ENVIRONMENT</th>
<th>SOCIAL FACTORS</th>
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<tbody>
<tr>
<td></td>
<td>Income</td>
<td>Built environment</td>
<td>Participation</td>
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<td>Employment</td>
<td>Environment</td>
<td>Social support</td>
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<td>Education</td>
<td>– Recreation</td>
<td>Leadership</td>
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<td></td>
<td>Housing</td>
<td>– Food</td>
<td>Political influence</td>
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<td></td>
<td></td>
<td>– Transportation</td>
<td>Organizational networks</td>
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<td>Environmental quality</td>
<td>Violence</td>
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<td></td>
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<td>– Housing</td>
<td>Racism</td>
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<td>– Water</td>
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<td></td>
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<td>– Air</td>
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<td></td>
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<td>Safety</td>
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<th>HEALTH BEHAVIORS &amp; CONDITIONS</th>
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<tbody>
<tr>
<td>Nutrition</td>
</tr>
<tr>
<td>Physical activity</td>
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<tr>
<td>Tobacco use</td>
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<tr>
<td>Skin cancer</td>
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<td>Injury</td>
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<td>Oral health</td>
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<td>Sexual health</td>
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<td>Obesity</td>
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<tr>
<td>Cholesterol</td>
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<td>High blood pressure</td>
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<tr>
<th>MENTAL HEALTH</th>
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<tr>
<td>Mental health status</td>
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<tr>
<td>Substance abuse</td>
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<tr>
<td>Functional status</td>
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<table>
<thead>
<tr>
<th>ACCESS, UTILIZATION &amp; QUALITY CARE</th>
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<tr>
<td>Health insurance coverage</td>
</tr>
<tr>
<td>Received needed care</td>
</tr>
<tr>
<td>Provider availability</td>
</tr>
<tr>
<td>Preventive care</td>
</tr>
</tbody>
</table>

Source: Colorado Department of Public Health and the Environment
Health Equality vs. Health Equity

*American Public Health Association, https://www.apha.org/topics-and-issues/health-equity*
Health Equality vs. Health Equity

*Matt Kinshella, 2016 Equity Illustrated Design Contest
The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression
Physical & Emotional Neglect

Emotional & Sexual Abuse
Divorce

Substance Abuse
Mental Illness

Domestic Violence
Incarceration

Homelessness

Adverse Community Environments

Poverty

Discrimination

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

Violence

Poor Housing Quality & Affordability

Ellis W., Dietz W. BCR Framework Academic Peds (2017)
Poverty and Supplemental Nutrition

Source: U.S. Census Bureau. 2010-2014 ACS.
Single Parent Families

Data Not Available

Source: U.S. Census Bureau. 2010-2014 ACS.
Social Vulnerability Index

Source: CDC, Social Vulnerability Index, 2010
Life Expectancy
Mental Health and Substance Abuse

Percent of Adults Aged 18+ Years Reporting >1 Day of Poor Mental Health in Past 30 Days, By Sex: A Comparison Between El Paso County & Colorado, 2013 - 2014
(Source: Behavioral Risk Factors Surveillance System, CDPHE)

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
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<td><strong>1 - 7 Days</strong></td>
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<td></td>
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<tr>
<td><strong>El Paso County</strong></td>
<td>25.8%</td>
<td></td>
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<tr>
<td><strong>Colorado</strong></td>
<td>25.2%</td>
<td></td>
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<tr>
<td><strong>8+ Days</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>El Paso County</strong></td>
<td>17.1%</td>
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<tr>
<td><strong>Colorado</strong></td>
<td>15.4%</td>
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<tr>
<td><strong>1 - 7 Days</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>El Paso County</strong></td>
<td>18.8%</td>
<td></td>
</tr>
<tr>
<td><strong>Colorado</strong></td>
<td>19.4%</td>
<td></td>
</tr>
<tr>
<td><strong>8+ Days</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>El Paso County</strong></td>
<td>11.0%</td>
<td></td>
</tr>
<tr>
<td><strong>Colorado</strong></td>
<td>10.7%</td>
<td></td>
</tr>
</tbody>
</table>
Obesity

Proportion of adults aged 18+ obese, by race/ethnicity, income, and education, El Paso County 2013-2014

Source: BRFSS
Obesity

New Mothers Who Breastfed Their Infants By Duration and WIC Participation, El Paso County, 2014
(Source: Pregnancy Risk Assessment Monitoring Systems (PRAMS))

Initiated Breastfeeding
- WIC Participant: 80.2%
- Non-WIC Participant: 92.8%
- Total: 88.1%

4 weeks or less
- WIC Participant: 39.4%
- Non-WIC Participant: 13.7%
- Total: 53.1%

5 - 8 weeks
- WIC Participant: 2.5%
- Non-WIC Participant: 8.2%
- Total: 10.7%

9 or more weeks
- WIC Participant: 58.1%
- Non-WIC Participant: 78.0%
- Total: 76.1%

Sources: Pregnancy Risk Assessment Monitoring System (PRAMS); Healthy People 2020 Objective MICH-21.1
Oral Health


*S The proportion of children who qualify for free or reduced lunch is an indicator of overall socioeconomic status at the school level. Therefore, the SES is not a direct reflection of the individual students.

Source: Colorado Oral Health Survey 2011-2012 School Year
Tobacco

Prevalence of current adult smokers aged 18+, by sex, age, income, and education, El Paso County 2013-2014

Source: CDPHE Health Statistics Section. 2013-2014 BRFSS.
Prioritization Process

The question

• Based on burden of disease and impact of health inequities across our community: Rank to what degree each of these issues should be a focus area.

The filter

Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential based upon socially determined circumstances.

Should not be a focus area at this time

Some consideration as a focus area

Very strong consideration as focus area
Average Scores by Focus Area and Health Inequity Severity

**Focus Area**
- Air Quality
- Food Safety
- Injury Prevention
- Infectious Disease
- Unintended Pregnancies
- Oral Health
- Tobacco Use
- Water Quality

**Health Inequity Severity**
- Very Strong Consideration
  - Should not be Considered
  - Some Consideration
  - Very Strong Consideration

**Key**
- HB: high burden
- LB: low burden
- HP: high priority
- LP: low priority
Goal Statement

Increase healthy life expectancy for all in El Paso County by offering opportunities and removing barriers that prevent people from achieving optimal health by...

- Reversing the upward trend of obesity by addressing its root causes.
- Decreasing the incidence of poor mental health and substance use and misuse.
El Paso County: Mental Health & Substance Abuse

Outcomes:
- Decreased Incidence of Poor Mental Health & Substance Use & Misuse
- Decreased Substance Misuse Among Adults & Youth
- Decreased Death by Suicide Among White Youth & Adults

Strategies:
- Increased Access to Needed Mental Health & Substance Use Services for Underinsured and Uninsured
- Decreased Number of Poor Mental Health Days Among Uninsured and Underinsured Adults
- Decreased Number of Poor Mental Health Days Among Adolescent Females
- Decreased Suicide Attempt Rates Among Females of All Ages
- Reduce Stigma for Behavioral Health Conditions
- Increase Evidence-Based Mental Health School Programs
- Increase Mental Health Screening & Treatment for Depression and Anxiety
- Reduce Stigma for Behavioral Health Conditions
- Increase Mental Health Screening & Treatment for Depression and Anxiety
- Reduce Stigma for Behavioral Health Conditions
- Increase Mental Health Screening & Treatment for Depression and Anxiety

Assets & Capacity Development:
- Alignment of Strategies, Tactics, & Funding Priorities Across the Community
- Alignment of Advocacy Efforts by Key Leaders and Community Members
- Established and Coordinated Community Standards of Care
- Intentional Outreach & Engagement with Populations Experiencing Health Inequities/Disparities

Prevent • Promote • Protect
## El Paso County: Healthy Eating/Active Living

### Outcomes
- Reversed the Upward Trend of Population Living at an Unhealthy Body Weight
- Increased Vigorous Physical Activity Rates for All Children & Youth
- Increased Duration of Breastfeeding Among WIC Participants
- Increased Number of Non-White Adults at a Healthy Body Weight
- Increased Fruit & Vegetable Consumption Among Low-Income Youth & Adults

### Strategies
- Reduce Household Food Insecurity
- Increase Access to a Variety of Healthy Foods Encouraged by the Dietary Guidelines
- Increase Access to Safe Places for Physical Activity
- Increase the Number of Youth that Get 150 Minutes of Vigorous Physical Activity Per Week
- Increase Access to a Variety of Healthy Foods Encouraged by the Dietary Guidelines

### Assets & Capacity Development
- Maintain Strong Coalition to Support Implementation of Evidence-Based Strategies
- Alignment of Advocacy Efforts by Key Leaders and Community Members
- Intentional Outreach & Engagement with Populations Experiencing Health Inequities/Disparities

**Prevent • Promote • Protect**

[www.elpasocountyhealth.org](http://www.elpasocountyhealth.org)
Questions and Feedback

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Twitter  | @EPCPublicHealth
County of San Diego
Health and Human Services Agency

Dr. Wilma Wooten
Questions?
Thank You!

www.phaboard.org