IDPH Vision
Healthy Iowans in Healthy Communities

IDPH Mission
Protecting and Improving the Health of Iowans

IDPH Health Equity Guiding Principle
We promote health for all by working to reduce health disparities and focusing on health where people live, learn, work and play.

IDPH Health Equity Vision
Building Health Equity for All Communities

IDPH Health Equity Mission
IDPH will protect and improve the health of all people in Iowa where they live, work, learn and play by uniquely tailoring efforts that advance optimal and equitable health outcomes.

Executive Summary

The Iowa Department of Public Health has developed initial policies and plans for embedding health equity across internal and external work through accreditation, workforce development, data management, and planning efforts. There are a number of divisions and bureaus that have excelled at developing comprehensive strategies to address health inequities and develop internal strategies to support health equity infrastructure. In 2022 and beyond, IDPH is in a position to significantly expand efforts to ensure that all people across the state have the ability to attain their highest level of health. We can accomplish this by explicitly tying a justice-centered approach to identifying and addressing pressing health inequities in historically excluded populations with a specific focus on people of color/indigenous people, people with disabilities, people who identify as LGBTQ+, people who are poor, and people with other demographic characteristics that have been historically excluded from access to opportunities and services to support optimal health.

The current definition of health equity for IDPH is the attainment of the highest possible level of health for all people. It means achieving the environmental, social, economic and other conditions in which
all people have the opportunity to attain their highest possible level of health. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

A health equity framework is required to identify the internal opportunities to fully integrate health equity perspectives and capacities and to understand and embrace the unique social and community context within Iowa. We can also identify core public health roles, a root cause analysis to health inequities, and opportunities to shift roles and resources to meet our obligations to residents to support upstream public health strategies while addressing critical health and environmental issues.

A primary objective in the next five years (2022-2026) is to ensure that IDPH has thoroughly assessed and addressed opportunities to significantly shift efforts and resources towards addressing institutional and structural inequities that lead to disproportionately negative outcomes for some populations. Foundational work includes adoption of this health equity framework and focus areas, and a health equity implementation plan.

The IDPH Health Equity framework is focused on departmental efforts that we can control as well as opportunities to influence other institutional partners to develop a health in all policies approach.

The following focus areas have been adopted as the primary areas for expanding integration of department-wide health equity efforts:

1. Organizational Culture
2. Internal Policies and procedures
3. Data Equity Framework
4. Planning and Performance Improvement
5. Partnerships and Community Engagement

**Organizational Culture**

IDPH’s organizational culture is one of the most important predictors of whether or not health equity efforts will be successful. There are many ways to measure organizational effectiveness including existing surveys and utilization of QI/PM measures that are already in place. There is a clear need to develop an internal health equity communications strategy starting with regular monthly communication to all staff, and ensuring that equity messaging is embedded in leadership
communication. Health Equity needs to be visible across all department functions/programs and staff need to find ways in which their work clearly intersects and enhances strategy. The Bureau of Public Health Performance has a primary role in messaging as well as ensuring that department wide efforts have a health equity focus. External communication can also ensure that IDPH embraces its power as a public health authority and uphold health equity while balancing a nuanced communications approach for the public.

- Strategic health equity framework
- Communications strategy-internal
- Communications strategy-external
- Resource hub for health equity
- Health Equity Drivers Forum (HEDF)
- Public Health Bureau health equity integration

**Internal Policies and Procedures**

Internal policies and procedures support organizational culture and make clear the value of health equity integration into how we develop standards for the work. The health equity policy is an example of a good policy with unclear practice and no current capacity to evaluate the standards included. A revision may be needed to ensure that we are finding practical ways to implement health equity standards. IDPH data standards also need to be updated with guidance/best practices. There is currently no role/FTE that is responsible for evaluating data standards. Then there is also a clear need to evaluate external documents and materials for accessibility. Language translation resources are critical and there should be established procedures for how people can access language translation and use data to make a determination on what languages need to be translated. Workforce development strategies should also be a primary focus to support diversification of staff and build the capacity of current staff to meet the needs of Iowa’s populations. Efforts include evaluating hiring and promotion practices, developing alternate pathways to employment, and increasing retention of staff.

- Health Equity Policy
- CLAS standards for external communications/publications
- Policy and Advocacy
- Contracting guidelines
- Workforce Equity

**Data Equity Framework**

Data collection, analysis, evaluation, and dissemination methodologies are critical to understanding population health from root cause to appropriate prevention and intervention strategies. IDPH should deepen the capacity of our epidemiological, evaluation, and planning teams to support integration of
health equity considerations. Data governance includes not just reducing liability and protection of individual data, but also ensuring data sovereignty, quality, security, and accessibility. IDPH can also examine how impacted populations are engaged in each step of the data lifecycle and find ways to thoughtfully integrate their perspectives and priorities into the work done at this department.

- Data equity framework development
- IDPH data standards
- Public Data

**Planning and Performance Improvement**

There is significant overlap between expectations for data management, community engagement, and planning and performance improvement. Quantitative/qualitative data should drive decision making and planning efforts to ensure that IDPH and the community are developing/implementing appropriate programs and services to address needs/issues. There are also internal plans that drive our work that can more fully integrate health equity as not just a value, but an expectation and goal with measurable impacts.

- PHAB accreditation
- Healthy Iowans
- IDPH strategic plan
- Quality Improvement
- Performance Management
- Division/Bureau planning efforts

**Partnerships and Community Engagement**

IDPH does not currently have overarching standards to ensure quality partnership nor a clear department-wide community engagement strategy. There is incredible work being done at the program, bureau, and division level, and IDPH can learn from these programs about what is working and develop approaches that can be elevated throughout the department.

- Community engagement framework development
- Resourcing partnerships and individual labor in planning and evaluation
- Strengthening intergovernmental partnerships
- IDPH role as Chief Health Strategist
- Fact sheets/asset maps for partners