

**Health Equity
Policy # AD 10-17-005**

Purpose

This policy sets the expectations for the incorporation of health equity into all department functions, including surveillance, planning, implementation, and evaluation. It aims to create institutional changes in Department culture, program activities, and contracted work. This is an iterative and multi-year process, and this policy may evolve as needed.

Definitions

Department: means the Iowa Department of Public Health

Determinants of Health: Health is determined through the interaction of individual behaviors and social, economic, genetic and environmental factors. Health is also determined by the systems, policies, and processes encountered in everyday life. Examples of determinants of health include job opportunities, wages, transportation options, the quality of housing and neighborhoods, the food supply, access to healthcare, the quality of public schools and opportunities for higher education, racism and discrimination, civic engagement, and the availability of networks of social support. Determinants of health may lead to health inequities.

Health Disparity: A population-based difference in health outcomes (e.g., women have more breast cancer than men; people living in sub-standard housing have higher incidence of lead poisoning).

Health Equity: 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.

Health Equity Analysis: Analyzing health inequities requires a process that uses data to identify health differences between population groups, instead of only examining the population as a whole. The process then continues by identifying and examining the causes of these populations differences in health.

Health Inequity: A health disparity based in inequitable, socially-determined circumstances. Because health inequities are socially determined, change is possible.

Structural Inequities: Structures or systems of society – such as finance, housing, transportation, education, social opportunities, etc. – that are structured in such a way that they benefit one population unfairly (whether intended or not).

Policy

Health equity means creating environmental, social, economic and other conditions in which all people have the opportunity to achieve their highest possible level of health. Achieving population health equity requires health equity analysis, identification of structural inequalities, and purposeful mitigation of the barriers to health. Because most determinants in health are socially constructed, they may also be deconstructed.

It is the Department's intent to promote health for all by working to reduce health disparities focusing on health where people live, learn, work, and play. Department programs must consider health equity when conducting surveillance, planning, implementation, and evaluation activities.

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Specific actions must be incorporated into department processes and functions to ensure consideration of and response to health equity issues.

Health equity activities shall align and not conflict with applicable federal and Iowa state law and rules. Federal and Iowa state law and rules take precedence over activities outlined in this policy.

Procedures

IDPH Workforce

Data Management and Health Equity Program

1. Work with the IDPH Training Coordinator to identify and provide training related to health equity.

IDPH Employee

1. Attend at least one health equity training. All new employees will attend a health equity training in their first year of employment.
2. As appropriate, incorporate at least one action item related to health equity into annual Performance Plan and Evaluation (PPE).

Bureau Chief/Supervisor

1. Encourage employee attendance at internal and external trainings and conferences related to health equity, including at least one internal health equity training for each employee.
2. Incorporate one action related to health equity into staff members' PPEs as appropriate.
3. Review staff PDQs on an annual basis to ensure that health equity is appropriately incorporated into position descriptions.

Division Director

1. Review and approve staff PPEs and PDQs to ensure appropriate incorporation of health equity.

Executive Team

1. As funding is available and identified, provide funds for health equity trainings.
2. Conduct annual department-wide training on IDPH commitment to health equity.

Health Equity Data Standards

Data Management and Health Equity Program

1. Create and annually evaluate standards for collection of systematic data to inform determinants of health and health equity throughout the department. This includes standardized demographic variables, and other data that should be collected in all IDPH data collection systems.
2. Create standards for systematic analysis of data to evaluate determinants of health and health equity throughout the department.
3. Provide technical assistance and ensure implementation of collection and analysis standards.
4. Provide technical assistance to IDPH programs conducting assessment and evaluation activities to ensure diverse populations are represented, and appropriate mechanisms for consumer/client/stakeholder feedback are included.
5. Maintain Data Dictionary Registry which identifies which datasets are in compliance with data standards.

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Bureau of Finance

1. Facilitate Data Management and Health Equity Program review of all evaluation contracts to ensure appropriate inclusion of health equity considerations.

Communications Program

1. Review all reports submitted to Editorial Review for alignment with health equity data analysis standards. Consult with the Data Management and Health Equity Program as needed.

IDPH Employees

1. Collect and analyze data based on department health equity data standards. As data collection systems are revised, update to align with data collection standards where possible.
2. Conduct health equity analysis, and use this information for public reporting, program planning, implementation, and evaluation.
3. Review strategies for evaluations and needs assessments conducted or funded by IDPH to ensure diverse populations are represented, and appropriate mechanisms for consumer/client/stakeholder feedback are in place for.

Availability of Health Equity Data

Data Management and Health Equity Program

1. Develop and annually update Iowa Public Health Tracking Portal tools to identify and track determinants of health and health equity issues that align with data collection and analysis standards and support health equity analysis.
2. Provide technical assistance to IDPH employees and local public health workers on interpreting and using health equity data from the tracking portal and elsewhere.

IDPH Employees

1. Monitor determinants of health and health equity data using the Iowa Public Health Tracking Portal and other sources, as appropriate.

Program Activities and Outreach

IDPH Employees

1. At least annually, evaluate program activities to ensure they are effectively reaching all appropriate populations, including the most vulnerable, and considering social factors and the community environment. Provide a summary of this evaluation to the Data Management and Health Equity Program.
2. Use health equity performance measures, program evaluation, and other resources to identify opportunities for continuous quality improvement related to health equity.
3. Collaborate with partners to engage target communities and strengthen health equity at all levels.
4. Consider accessibility, language, and representation in all public facing communications. Solicit input from target audiences during the development of messages and materials.
5. Identify and document success stories related to health equity.

Data Management and Health Equity Program

1. Gather, and make internally available, program health equity summaries and success stories, department health equity data analysis, and tracking portal data related to health equity. Present annually to Executive Team and Bureau Chiefs regarding Department health equity work.

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2. Provide internal and external technical assistance as needed to achieve health equity activities outlined in this policy.

Bureau of Planning Services

1. Work with the Data Management and Health Equity Program, and Department programs to develop and maintain performance measures related to health equity.
2. Facilitate department quality improvement efforts related to health equity.
3. Consider health equity in goals, objectives, and measures in quality improvement efforts.

Bureau Chief/Supervisor

1. Assure appropriate accessibility, language, and representation in all public facing communications.
2. Monitor health equity-related performance measures. Review health equity work within bureau/area on an annual basis. Use this review to develop quality improvement strategies.

Executive Team

1. Monitor health equity-related performance measures.
2. Review department-wide health equity work on an annual basis.
3. Review this policy annually.

IDPH Policies and Procedures

IDPH Policy Advisor

1. Collect information in Legislative Assessments regarding health equity impact of proposed legislation.
2. Evaluate the health equity impact of the annual legislative package.

IDPH Administrative Rules Coordinator

1. Ensure that health equity evaluations are completed for all administrative rule development and change.

IDPH Employee

1. Provide information as directed by the Policy Adviser and the Administrative Rules Coordinator.
2. Identify administrative rules that currently negatively impact health equity (e.g., data elements collected do not align with IDPH data standards, proscribed communication methods that may not be accessible to all populations.)
3. Review advisory group membership when member terms expire to evaluate if group representation reflects diverse communities served.

Bureau Chief/Supervisor

1. As part of the scheduled 3-year policy review, ensure IDPH policies and bureau or office procedures align with and support health equity, including this policy.

Data Management and Health Equity Program

1. Provide technical assistance in health equity evaluations for Legislative Assessments and administrative rules.

Policy/Procedure Violations

Violations of this policy are grounds for disciplinary action, up to and including termination.

Director's Signature

Date