



POLICY AND PROCEDURE	
SUBJECT/TITLE:	Health Equity Policy
APPLICABILITY:	All Staff
CONTACT PERSON & DIVISION:	Community Health Equity Coordinator, Administration
ORIGINAL DATE ADOPTED:	06/20/2024
LATEST EFFECTIVE DATE:	06/20/2024
REVIEW FREQUENCY:	Every 5 Years
BOARD APPROVAL DATE:	N/A
REFERENCE NUMBER:	800-037-P

A. PURPOSE

The purpose of this policy is to provide high-level guidance for the inclusion of health equity in all policies, procedures, services, and interventions at Canton City Public Health (CCPH). Following these equity guidelines, divisions will collaborate both within the department and with community partners and stakeholders to develop policies, procedures, services, and interventions that advance health equity goals.

This policy will serve as guidance for the inclusion of health equity goals into department programs, policies, services, and interventions.

B. POLICY

1) Values

- a) Canton City Public Health values health equity and commits to the following:
 - i) The elimination of health inequities
 - ii) Equitable access to resources
 - iii) Application of a health equity lens at all levels of the department and in all services provided by the department
 - iv) Adapting to new knowledge and new ways of providing services, and customizing services for cultural appropriateness and inclusion
 - v) Collaboration across divisions as well as with our community partners and stakeholders
 - vi) Centering and engaging with the community to best address their needs and barriers to well-being
 - vii) Acceptance and deliberate inclusivity
 - viii) Challenging assumptions and limiting biases
 - ix) Recognizing and responding to any and all historic and current roles of public health institutions in the perpetuation of health inequities to cultivate systemic healing, justice, and trust
 - x) Sound stewardship of fiscal resources and the use of resources for the greatest, most equitable impact
 - xi) Accountability through transparency, regular assessment, quality improvement, and performance management
 - xii) Leading health equity efforts for the community through advocacy and allyship

C. BACKGROUND

Canton City Public Health recognizes the extensive research highlighting avoidable disparities in health outcomes among different groups, especially health inequities associated with race. Such health inequities include disparate rates of disease, disability, and premature death. Having witnessed these in the Canton City community, CCPH is committed to the improvement of long-term health outcomes, particularly for populations experiencing the greatest inequities in health. This can partially be accomplished by focusing on the underlying causes of inequitable health outcomes, the social determinants of health, and using institutional upstream strategies along



with traditional downstream strategies to address these underlying causes. Canton City Public Health strives to provide everyone the opportunity to attain their full health potential, regardless of socioeconomic or environmental conditions, and realizes the need for community input in developing strategies to achieve health equity.

D. GLOSSARY OF TERMS

Downstream strategies – Interventions that involve changing individuals' behavior or addressing individuals' immediate needs through direct services and programming. These strategies are necessary but largely reactive.

Equity: A state of fairness that accounts for the different circumstances, advantages, and/or barriers individuals experience and calls for resources to be appropriately allocated to ensure equal outcomes and opportunity for all.

Health inequity – Also called health disparities, these are differences in health outcomes between population groups related to unfair, unjust, and avoidable socioeconomic or environmental conditions, public policy or other socially determined circumstances. (Source: Adapted from BARHII, Local Health Department Organizational Self-Assessment for Addressing Health Inequities).

Health equity – A state in which every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of socioeconomic or environmental conditions. (Source: Adapted from CDC, Promoting Health Equity, 2008).

Health equity lens – A systematic way of viewing the current state (of health conditions, program outcomes, agency policies, materials, and messaging, etc.) for how it either addresses or perpetuates health inequities. (Source: Adapted Health Equity Policy Effective Date: 7.21.15 | Version 1.0 Page 3 of 7 from Health in All Policies: A Guide for State and Local Governments, American Public Health Association and Public Health Institute, 2013).

Senior leadership team: Includes the Health Commissioner, Fiscal Manager/Vital Statistics Division Leader, Director of Environmental Health, Air Pollution Control Director, Laboratory Director, THRIVE Project Director, WIC Director, Office of Public Information and Innovation (OPHII) Director and Director of Nursing.

Social determinants of health – Conditions in the social and physical environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life risks and outcomes. The social environment refers to social, economic, and cultural norms, patterns, beliefs, processes, policies and institutions that influence the life of an individual or community. The physical environment refers to both the natural and human-made environments and how they affect health. (Source: Healthy People 2020).

The 4 Es: economics, education, environment, and engagement – According to national research, these four areas are responsible for 50% of all health outcomes compared to other causes, such as access to clinical care (20%) and health behaviors (30%) (Source: UWPHI, 2015). As such, the 4 Es are also the HCPHES framework for Upstream Solutions and Health Equity. By focusing on the 4 Es, the conditions for good health in Canton City can be improved in a sustainable and equitable manner. Local research has identified actual percentages for how much someone's health is affected by each of the 4 Es (Source: Klineberg, S., et al., 2014).

Upstream strategies – Interventions that can affect large populations through regulation, increased access or economic incentives. These strategies typically involve high-level or institutional policy and practice change. These interventions are preventative and affect more people than downstream strategies.



E. PROCEDURES & STANDARD OPERATING GUIDELINES

- 1) Canton City Public Health shall maintain an active Commitment to Ongoing Racial Equity (CORE) committee dedicated to the strategic assessment and addressment of racial and health equity.
 - a) Each CCPH division shall have an active representative on the CORE committee. There shall be one representative from the senior leadership team. Additional members from CCPH staff or Canton community are encouraged but not required.
 - b) CORE will be facilitated by the Community Health Equity Coordinator, or a designee appointed by the Health Commissioner.
 - c) CORE is responsible for updating and implementing CCPH's strategic plan to advance racial equity (800-037-01-A_CCPH Racial Equity Action Plan), though all CCPH staff may have a role in its implementation. The Racial Equity Action Plan must be reviewed and/or updated annually, at minimum.
 - d) The CCPH Racial Equity Action Plan shall be informed by an annual organizational equity self-assessment performed by CORE and the Community Health Equity Coordinator, as well as any community feedback assessments.
- 2) The following high-level health equity guidelines should be considered when developing, implementing, and evaluating policies, procedures, services, and interventions at Canton City Public Health:
 - a) Apply a health equity lens to current and new programs, policies, services, and interventions to ensure they do not create or perpetuate health inequities in the community and that, when possible, they address health inequity in the community.
 - i) Use the 800-037-02-F_Internal Policy Equity Assessment Tool to guide the evaluation of a CCPH policy through an equity lens.
 - ii) When the Policy Equity Assessment Tool is used, a completed copy of the form shall be signed by the policy reviewer and appropriately stored with the reviewed policy by the VS Administrative Supervisor.
 - b) Provide a means for community partners and stakeholders to participate in guidance of programs, policies, services, interventions, and materials.
 - c) Maintain an awareness of the jurisdiction including social determinants of health and any specific populations that may be experiencing health inequities due to the 4 Es.
 - d) Include health equity and social determinants in community needs assessment, improvement planning, surveillance, and other monitoring efforts of community health status.
 - e) Provide health education, health communications, and other public information about community health status and needs in the context of health equity (e.g., focused on social determinants of health).
 - f) Identify opportunities to understand the social determinants of health for program participants (clients, customers, etc.).
 - g) Establish benchmark and report on measures of health equity as part of a performance and quality improvement system.
 - h) Maintain an assessment of workforce diversity and apply best practices for recruiting, hiring, and retaining a workforce that reflects the demographic, cultural and linguistic characteristics of the populations it serves.
 - i) Use a health equity lens when developing community engagement and outreach strategies, striving to move towards true collaboration and community ownership.
 - j) Engage the community, partners, stakeholders, and other local organizations in strategic partnerships to develop public policies for the purposes of eliminating health inequities.



- k) Support an ongoing, all-staff professional development program that aspires to fully train staff in areas of health equity and cultural competency/humility.
 - l) Monitor the delivery of services and budget allocations to promote equitable distribution.
- 3) The following equity strategies should be considered when developing and implementing policies, procedures, services, and interventions at Canton City Public Health:
- a) Promoting equitable living conditions
 - i) Community organizing
 - ii) Civic engagement
 - iii) Social networking
 - iv) Linkage to resources
 - v) Environmental services
 - vi) Vector/animal control
 - b) Promoting healthy lifestyles
 - i) Health education
 - ii) Counseling
 - iii) Linkage to resources
 - iv) Health screenings
 - v) Preventive services
 - c) Promoting equitable prevention and services
 - i) Healthcare services
 - ii) Disease intervention and case management
 - iii) Access to care
 - iv) Neighborhood nuisances
 - v) Food-borne illness
 - d) Surveillance and assessments
 - i) Identify community needs and assets
 - ii) Determine opportunities for interventions
 - iii) Determine effectiveness of interventions
 - iv) Monitor inequities
 - v) Perform health impact assessments
 - e) Promoting social and institutional equity
 - i) Strategic partnerships
 - ii) Advocacy
 - iii) Equitable policies
 - iv) Community engagement
 - v) Coalition building
- 4) Canton City Public Health shall adopt a Health Equity Glossary (800-037-03-A_Health Equity Glossary) to help staff understand and use common terms when discussing health equity, diversity, and inclusion. This glossary shall be reviewed at least every 5 years (along with this policy) to ensure the most up-to-date and inclusive language is used.



- a) Staff shall refer to the Health Equity Glossary for clarification on inclusive language and communication best practices. The Community Health Equity Coordinator should be contacted with additional questions or requests for additions or changes to the glossary.

F. CITATIONS & REFERENCES

Association (APHA) and Public Health Institute (PHI), 2013. Healthy People 2020, Social Determinants of Health. Bay Area Regional Health Inequities Initiative (BARHII), Local Health Department

Brown, C. et al., Governance for Health Equity: Taking Forward the Equity Values and Goals of Health 2020 in the WHO European Region, World Health Organization 2013, updated reprint 2014.

Centers for Disease Control and Prevention (CDC), Promoting Health Equity, 2008.

Community Toolbox, Work Group for Community Health and Development at the University of Kansas, 2014.

Health Equity Policy, Harris County Public Health and Environmental Services, Harris County, Texas

Health in All Policies: A Guide for State and Local Governments, American Public Health

King County, Advancing Equity and Social Justice through Development of a Strategic Innovation Priority Plan and Executive Department Action, September 2014.

Klineberg, SL et al., What Accounts for Health Disparities? Findings from the Houston Surveys (2001 – 2013). Kinder Institute for Urban Research, 2014

National Association of County and City Health Officials (NACCHO), Guidelines for Achieving Health Equity in Public Health Practice, 2009.

Organizational Self-Assessment for Addressing Health Inequities.

Public Health Accreditation Board (PHAB), Standards and Measures, Version 1.5, See Measure 11.1.4.

Spectrum of Community Engagement to Ownership, Facilitating Power, 2020

Stillman, L. and Ridini, S., Embracing Equity in Community Health Improvement, Health Resources in Action, May 2015.

Texas Office of Minority Health (OMH), Advancing Health Equity in Texas through Culturally Responsive Care (web-based course).

University of Wisconsin, Population Health Institute (UWPHI), County Health Rankings, 2015.

G. CONTRIBUTORS

The following staff contributed to the authorship of this document:

1. Willow Cox, Community Health Equity Coordinator
2. Robert Knight, Performance Improvement and Accreditation Coordinator
3. James Adams, Health Commissioner

H. APPENDICIES & ATTACHMENTS

800-037-01-A_CCPH Racial Equity Action Plan

800-037-03-A_Health Equity Glossary

800-037-P Health Equity Policy



I. REFERENCE FORMS

800-037-02-F_Internal Policy Equity Assessment Tool

J. REVISION & REVIEW HISTORY

Revision Date	Review Date	Author	Notes
4/23/2024	4/23/2024	Willow Cox	Addition of 800-037-01-A_Racial Equity Action Plan, 800-037-02-F_Internal Policy Equity Assessment Tool, and 800-037-03-A_Health Equity Glossary; grammar and vocabulary corrections

K. APPROVAL

This document has been approved in accordance with the “800-001-P Standards for Writing and Approving PPSOGFs” procedure as of the effective date listed above.