



POLICY AND PROCEDURE	
SUBJECT/TITLE:	Health Equity Policy
APPLICABILITY:	All Staff
CONTACT PERSON & DIVISION:	Health Commissioner, Administration
ORIGINAL DATE ADOPTED:	07/18/2018
LATEST EFFECTIVE DATE:	07/18/2018
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. Following these equity guidelines, divisions will collaborate both within the department, 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) Fairness in access to resources (“level the playing field”).
 - 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.
 - v) Collaboration across divisions as well as with our community partners and stakeholders.
 - vi) A focus on the community, including their needs, barriers, opportunities, and input.
 - vii) Tolerance (accepting differences) and inclusivity (looking for commonalities).
 - viii) Challenging assumptions and biases.
 - ix) Sound stewardship of fiscal resources and the use of resources for greatest impact.
 - x) Accountability through measurement, quality improvement, and performance management.
 - xi) To be a leader in the health equity for the community.

C. BACKGROUND

Canton City Public Health 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 factors that are the underlying causes of inequitable health outcomes. Some health inequities include disparate rates of disease, disability and premature death. Canton City Public Health strives to provide everyone the opportunity to attain their full health potential, regardless of socioeconomic or environmental conditions.

D. GLOSSARY OF TERMS

Social determinants of health (root causes) – 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).

Health inequity – Differences in health 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 his or her 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).

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 of 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).

E. PROCEDURES & STANDARD OPERATING GUIDELINES

1) Policy guidelines

- a) 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:
 - i) Apply a health equity lens to current and new programs, policies, services and interventions to ensure, when possible, they address health inequity in the community.
 - ii) 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.
 - iii) Provide a means for partners and stakeholders to participate in guidance of programs, policies, services, interventions and materials.
 - iv) 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.
 - v) Include health equity and social determinants in community needs assessment, improvement planning, surveillance and other monitoring efforts of community health status.
 - vi) 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).
 - vii) Identify opportunities to understand the social determinants of health for program participants (clients, customers, etc.).
 - viii) Establish, benchmark and report on measures of health equity as part of a performance and quality improvement system.



- ix) Maintain an assessment of workforce diversity and apply strategies for recruiting and hiring a workforce that reflects the demographic, cultural and linguistic characteristics of the populations it serves.
 - x) Engage the community, partners, stakeholders and other local organizations in strategic partnerships to develop public policies for the purposes of eliminating health inequities.
 - xi) Support an ongoing, all-staff professional development program that aspires to fully train staff in areas of health equity and cultural competency.
 - xii) Monitor the delivery of services and budget allocations to promote equitable distribution.
- 2) 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



F. CITATIONS & REFERENCES

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G. CONTRIBUTORS

The following staff contributed to the authorship of this document:

1. Robert Knight, Executive Assistant
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H. APPENDICIES & ATTACHMENTS

N/A

I. REFERENCE FORMS

N/A.

J. REVISION & REVIEW HISTORY

Revision Date	Review Date	Author	Notes



Canton City Public Health

Canton City Public Health
[All staff]
[FINAL]

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.