



Harris County
Public Health
Building a Healthy Community

Health Equity Policy

I. Purpose

The purpose of this policy is to provide high-level guidance for a series of specific health equity procedures on crosscutting HCPH issues. Following the equity procedure guidelines, each Division and Office will collaborate both within HCPH and with community partners to develop written work-plans that operationalize the policies and advance health equity goals in their respective areas.

This policy and the Health Equity Framework (Appendix A) will serve as guidance for the procedure guidelines designed to help institutionalize health equity goals into HCPH programs, policies, services, and interventions.

II. Background

Social and economic opportunities and the physical conditions of communities (i.e., the social determinants of health) account for *half* of all health outcomes (UWPHI, 2015). Moreover, many of the ongoing disproportionate poor health outcomes occurring among specific populations relates back to the inequitable distribution of these social and environmental resources (Stillman, L. et al., 2015). Harris County individuals with lower education levels, lower household income, or are of minority race/ethnicity have a statistically lower chance of being in good health (Klineberg, S. et al., 2014). The same is true for people who live near environmental exposures or are less engaged in their communities (Klineberg, S. et al., 2014)).

The improvement of long-term health outcomes, particularly for populations experiencing the greatest inequities in health over time, requires a shift in focus to the upstream factors that are the underlying causes of ill health. Such health inequities include disparate rates of disease, disability, and premature death. A shift to upstream factors provides all individuals, regardless of socioeconomic or environmental conditions, the opportunity to attain their full health potential.

This shift in public health thinking has been occurring at a national level. In 2009, NACCHO released guidelines to assist local health departments in moving from an “improvisational” approach to addressing upstream factors to one that is systemic and institutionalized by infusing a health equity lens throughout the department. The

Public Health Accreditation Board (PHAB) included a health equity standard in Version 1.5 of the Standards & Measures for local health department accreditation. The standard notes that excellence in local public health practice includes health equity incorporated in policies, processes, and programs. Other national benchmarking, assessment, and health improvement systems also include a social determinants and health equity focus (e.g., *Healthy People 2020*, MAPP, Health in All Policies).

The HCPH 2013 – 2018 Strategic Plan set forth a path for pursuing health equity as a department-wide goal. The plan's Guiding Principles codified an acknowledgment of the role of social determinants in health outcomes and a commitment to health equity. The plan also included a specific Strategic Directive on health equity, which prioritized it for implementation this year. Strategic Directive 1C: *Work towards the goal of eliminating health inequities by assessing the extent to which inequities exist among Harris County populations and preventing additional inequities that could occur as an unintended consequence of work by HCPH or community partners.*

III. Key Terms

- A. **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).
- B. **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).
- C. **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: HCPH Strategic Plan; Adapted from CDC, Promoting Health Equity, 2008).
- D. **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

from Health in All Policies: A Guide for State and Local Governments, American Public Health Association and Public Health Institute, 2013).

- E. **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 HCPH framework for Upstream Solutions and Health Equity; by focusing on the 4 Es, the conditions for good health in Harris County 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).

IV. Values for a Health Equity Policy

For individuals, values are rules and norms that govern living and behavior, a set of deeply held beliefs about how the world should be (Community Toolbox, 2014). When applied to organizations, values also become the rules and norms through which organizations develop, implement and enforce policies (Brown, C. et al., WHO, reprinted 2014). The following are values for the HCPH health equity policies:

- A. Commitment to the full elimination of health inequities in Harris County
- B. Fairness in access to socioeconomic and environmental resources (“level the playing field”)
- C. Infusion of a health equity lens at all levels of and in all services provided by the organization; a systemic application of policy
- D. Adaptation to new knowledge and new ways of providing services
- E. Collaboration across programs, Divisions/Offices, and county systems
- F. Community focused, including community needs, barriers, opportunities, and input
- G. Tolerance (accepting differences) and inclusivity (looking for commonalities)
- H. Challenging assumptions and biases
- I. Sound stewardship of fiscal resources and the use of resources for greatest impact
- J. Accountability through measurement and quality management
- K. Internal leadership and be a leader in the health equity field

V. Departmental Health Equity Policy Guidelines

The following are the high-level guidelines for the series of specific health equity procedures on crosscutting HCPH issues:

- A. Apply a health equity lens to current and new programs, policies, services, and interventions to ensure they include public health actions that break the cycle of health inequity in the community.
- B. 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.
- C. Provide institutional means for community-based organizations and individual community members to participate in decision-making for programs, policies, services, interventions, and materials.
- D. Maintain a demographic profile of the jurisdiction including social determinants of health and any specific populations that may be experiencing health inequities due to the 4 Es.
- E. Include health equity and social determinants in community needs assessment, improvement planning, surveillance, and other monitoring efforts of community health status.
- F. 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 determinants vs. focusing solely on individuals' health behaviors).
- G. Identify opportunities to understand the social determinants of health for program participants (clients, users, customers, etc.).
- H. Establish, benchmark, and report on community and participant level measures of health equity as part of a performance and quality improvement system.
- I. 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.
- J. Engage the community, partners, and other local jurisdictions in strategic partnerships to develop public policies outside the department's purview for the purposes of eliminating health inequities.
- K. Support an ongoing, all-staff professional development program that aspires to the attainment of core competencies in health equity and cultural competency.
- L. Monitor the delivery of services and budget allocations to ensure equitable distribution.
- M. Each Division and Office will collaborate both within HCPH and with community partners to develop written work-plans that operationalize the policies and advance health equity goals in their respective areas

VI. Sources

Bay Area Regional Health Inequities Initiative (BARHII), Local Health Department Organizational Self-Assessment for Addressing Health Inequities.

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

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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.

VII. Division/Office of Primary Responsibility

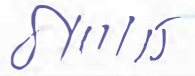
Office of Policy and Procedures
 Health Equity Coordinator

VIII. Health Equity Policy Approvals

The signatures below indicate the review and approval of this policy.




Umair A. Shah, MD, MPH, Executive Director



Date



Les Becker, MBA, Deputy Director



Date

IX. Review/Revision History

Effective Date	Version Number	Review/Revision Date	Approved By:
July 21, 2015	1.0	July 21, 2015	HELM and Executive Director

Appendix A

