RICE COUNTY PUBLIC HEALTH - HEALTH EQUITY PLAN
JUNE 2018

Background:

The mission of Rice County Public Health reflects improving the health of ALL individuals, with a stated value of "equity." Building awareness of how health opportunities may be different for people in our community and evaluating practice in order to improve health for ALL is an important role for our department.

The Minnesota Department of Health defines health equity as "the opportunity for every person to realize their health potential—the highest level of health possible for that person—without limits imposed by structural inequities."[1]

Purpose:

The purpose of this plan is to provide guidance to help strengthen staff understanding and build organizational capacity to address health equities. This includes ensuring that internal work institutionalizes health equity into public health policies, programs and services.

Goal: Implement practices to build internal infrastructure around health equity.

Practices:

1. Develop staff core competencies to help achieve health equity by providing staff education and dialogue.
    a. Core competencies:
        i. Understand the evidence around health inequities.
        ii. Explore the root causes of health inequities — oppression & power — and how to address them.
    b. Expectations:
        i. Professional staff will review information about health equity during orientation and within 6 months of hire.
        ii. Information about health equity will be included in annual agency staff training.
2. Utilize a hiring process that vets candidates for their sensitivities to and understanding of health equity and/or a willingness to learn more about health equity. This includes efforts to develop a workforce that reflects the demographics of the populations served and the communities facing health inequities.
    a. Expectations:
        i. Interview questions related to health equity will be included on agency interview guides.
        ii. Job postings reflect preference for bilingual/bicultural staff reflective of county demographics.
3. Complete a health equity organizational assessment every other year with the goal of integrating health equity consideration into agency policies, practices and services.

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[1] Minnesota Department of Health. (2014). Advancing Health Equity Legislative Report. Retrieved from the Minnesota Department of Health website: http://www.health.state.mn.us/divs/chs/healthequity/legreport.htm

    a. Expectations:
        i. An organizational assessment will be completed with a small group of management and staff biennially.
        ii. After the organizational assessment is completed the leadership team will:
            1. Review results and make recommendations for change, with necessary communication to agency staff.
            2. Identify areas of progress and acknowledge/celebrate that work with agency staff.

4. Use mission, vision, and values statements to communicate the priority of advancing health equity, as well as the health department's role in addressing health equity.
    a. Communicate commitment to health equity into messaging, such as website, press releases and email signatures.

5. Build authentic relationships with communities experiencing inequities, and when possible help them identify and implement community solutions for ending health inequities.

6. Regularly collect, analyze, and report data related to health equity and/or social determinants of health:
    a. Include data in the Rice County Community Health Assessment which reflects health equity
    b. Incorporate demographic characteristics and health equity metrics into ongoing department data collection and analysis efforts (e.g. disease surveillance, performance evaluation, quality improvement, program evaluations, satisfaction surveys, etc.).
    c. Share data with other departments, agencies, or elected officials to start or continue conversations about equity, the drivers of health, and why agency and community collaboration is crucial for achieving health equity

7. Utilize an equity review when considering new policies, practices or services. Questions to consider may include:
    a. Who might benefit, be harmed, or be excluded by the policy, practice, or service? Consider protected classes (race, disability, religion, national origin, age, sexual orientation, gender, legal status, veteran status) as well as other groups affected. Consider primary and secondary equity impacts. For example: a policy on only working between 9-5 may not harm staff, but could exclude community members who cannot be reached during work day hours.
    b. If the proposed policy, practice or service may harm or lead to exclusion of protected classes or other groups, how might the policy, practice or service be modified to enhance positive impacts or reduce negative impacts?
    c. Does the proposed policy, practice or service impact the distribution of resources (e.g., funding, employment, staff, or other resources)? If yes, how could resources be distributed to increase access to opportunities and resources for groups that have faced discrimination/exclusion in the past?
    d. Were the groups potentially most impacted by the policy, practice or service consulted during the policy, practice or service development? If yes, what was their feedback? If no, what information was used to guide the development?