

# Advancing Health Equity in Health Department's Public Health Practice

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*Recommendations for the Public Health Accreditation Board*  
*February 2018*

Written by Human Impact Partners  
Commissioned by the Public Health National Center for Innovations  
at the Public Health Accreditation Board



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- *Minnesota Department of Health*: Jeanne Ayers, Assistant Commissioner and Debra Burns, Director, Centers for Health Equity and Community Health
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## SUMMARY

The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to advancing the continuous quality improvement of tribal, state, local, and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation.

As PHAB plans for the development of *PHAB Standards and Measures Version 2.0*, they have identified health equity as a priority for further assessment and inclusion. In this context, PHAB commissioned Human Impact Partners (HIP) to write a paper to:

- 1) Describe health equity efforts where public health departments are either the leader or a strong, key partner
- 2) Provide descriptions of technical assistance resources, models, or tools that are available to public health departments
- 3) Make recommendations concerning the types of activities that health departments should be expected to do to address health equity in the population they serve

PHAB is uniquely positioned to raise the bar for what is expected of health departments with respect to advancing health equity, and to offer concrete guidance and resources to tribal, state, and local health departments on how to do so.

To complete the paper, HIP:

- Drew extensively from its recently launched Health Equity Guide web resource, which includes strategic practices, actions, case studies, and resources to support local health departments in advancing health equity, as well as from its experience with health equity capacity building in local health departments
- Conducted six key informant interviews with health departments that have achieved or are in the process of achieving accreditation, and that are also working to advance health equity
- Convened a national Advisory Committee to provide recommendations and review the draft paper

Based on these sources, HIP proposes the following overarching recommendations for PHAB to consider in developing *PHAB Standards and Measures Version 2.0*:

- 1) Lead with health equity
- 2) Explicitly define health equity and community
- 3) Provide more explicit guidance on community engagement
- 4) Require health equity strategic planning and integration across programs
- 5) Promote health equity innovation and accountability

Using the Health Equity Guide's Strategic Practices, we also propose specific recommendations and resources to inform revising the accreditation standards or measures themselves and/or to give examples of the kind of work that could be used as evidence to show achievement of standards and measures. Finally, we provide brief profiles of 25 local and state health departments currently working to advance health equity.

A key finding from this project is that the accreditation process itself can help prepare health departments to advance health equity across their organization. Recognizing this, as PHAB begins preparing for *PHAB Standards and Measures Version 2.0*, we encourage PHAB to use health equity as its overarching frame and compass for its Standards and Measures update.

# I. INTRODUCTION AND ABOUT THIS PAPER

## I.A. Project Background, Goals, and Audience

### *Background and Goals*

The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to advancing the continuous quality improvement of tribal, state, local, and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation.

As PHAB plans for the development of *PHAB Standards and Measures Version 2.0*, they have identified health equity as a priority for further assessment and inclusion. PHAB has conducted a literature review on the topic, but there is limited information about what health departments are doing to advance health equity in the published literature.

In October 2017, PHAB released a call for proposals for a commissioned paper to:

- 1) Understand what health departments are currently doing to address health equity (best and promising practices)
- 2) Learn what guidelines and tools are now available to assist health departments' work in health equity
- 3) Capture model practices that could lead to changes in the accreditation standards and measures.

Upon completion of the paper, PHAB anticipates convening a think tank of thought leaders to review the paper recommendations, and come to agreement around how to move forward with revising the standards and measures to better reflect health equity. A set of proposed requirements for *PHAB Standards and Measures Version 2.0* will be submitted to the Board of Directors to approve for public vetting.

In December 2017, PHAB commissioned Human Impact Partners (HIP) to write this paper. Given PHAB's needs, our goals are to:

- Describe health equity efforts where public health departments are either the leader or a strong, key partner
- Provide descriptions of technical assistance resources, models, or tools that are available to public health departments
- Make recommendations concerning the types of activities that health departments should be expected to do to address health equity in the population they serve

### *Audience*

This paper is intended for PHAB staff, advisors, and others involved in making decisions related to the accreditation process, standards, and measures. The authors presume that readers have an intimate familiarity with the accreditation process and are also familiar with terms and concepts related to health equity. This paper is not intended to "make the case" for why health equity is needed in public health practice, but rather to offer insights, examples, and recommendations to inform discussions about further advancing health equity in the accreditation process.

**Figure 1: About PHAB**

The Public Health Accreditation Board (PHAB) envisions a high-performing governmental public health system that will make the United States a healthier nation.

## I.B. About Human Impact Partners

Human Impact Partners (HIP) is a national non-profit working to transform the policies and places people need to live healthy lives by increasing the consideration of health and equity in decision making. Through research, advocacy, and capacity-building, we bring the power of public health to campaigns and movements for a just society. We work with our partners across the following strategies:

- *Research:* We conduct policy-focused and participatory research to evaluate the health impacts of policies across a range of issues including criminal justice, economic security, immigration, housing, land use, and transportation.
- *Capacity Building:* We provide training, technical assistance, and leadership development to build the capacity of public health departments to take action on the social determinants of health and equity.
- *Advocacy:* We amplify the use of public health research, expertise, and framing to support targeted campaigns and movements.
- *Field Building:* We mobilize the public health community to contribute its power — knowledge, skills, and resources — and engage in social justice movements to advance health equity.

One of our key initiatives is the Health Equity Guide web resource ([www.HealthEquityGuide.org](http://www.HealthEquityGuide.org)). The Guide includes a set of strategic practices and case studies that local health departments can use to pursue a wall-to-wall transformation of how they work internally, with communities, and alongside other government agencies to advance health equity.

For more information, please visit: [www.humanimpact.org](http://www.humanimpact.org) or [www.healthequityguide.org](http://www.healthequityguide.org)

### Figure 2: About the Health Equity Guide

[HealthEquityGuide.org](http://HealthEquityGuide.org) is a resource with inspiring examples of how health departments have concretely advanced health equity — both internally within their departments and externally with communities and other government agencies. The Guide was developed with an understanding that a wall-to-wall transformation of health department practice is needed in order to systematically address the roots of health inequities - power imbalances, racism, and other forms of oppression.

Prior to developing the Guide, Human Impact Partners conducted an environmental scan of health equity resources and identified a set of common themes for how to advance health equity. HIP used these themes as a basis for a set of “Strategic Practices” describing strategies health departments could take to advance their health equity practice. With input from national health equity leaders and support from The California Endowment, the Strategic Practices were folded into a broader website that also included case studies and resources. Launched in July 2017, the website has received over 10,000 unique visitors in its first seven months and very positive feedback from users.

#### *What’s on the website?*

- Strategic Practices and key actions to advance health equity in health departments
- 25+ case studies that describe how health departments advanced the practice, factors enabling the work, impacts, and advice for others
- 150+ resources from allied organizations and others

## I.C. Project Methodology

Human Impact Partners is drawing extensively on our experience providing training, technical assistance, and leadership development to health departments – as well as the Health Equity Guide Strategic Practices, actions, case studies, and resources – to achieve the goals of the commissioned paper

To complement this existing expertise, HIP also:

- Reviewed online PHAB Accreditation Materials, with a specific focus on *Version 1.5 Standards and Measures*.
- Conducted six key informant interviews with health departments that have achieved or are in the process of achieving accreditation, and that are also working to advance health equity.
- Convened an Advisory Committee (see Acknowledgements) to inform the development of recommendations and review the draft paper. The Committee also participated in two phone calls to provide feedback during the course of paper development. The majority of advisors' recommendations have been incorporated into this paper.

## I.D. Limitations

As with every project, there are limitations to the generalizability of findings and recommendations. Specifically:

- Our findings and recommendations draw considerably from the Health Equity Guide, which is primarily geared towards local (county and city) health departments. Although the Health Equity Guide includes several state health department case studies, and we believe many of the recommendations and resources are applicable to state and tribal health departments as well, there may be some recommendations that are not applicable to state or tribal health departments as currently worded. We also recognize there may be differences between centralized and decentralized health departments' ability to implement certain activities.
- The Health Equity Guide was developed using an environmental scan of reports, articles, and other publications about health department health equity practice and interviews with case study contacts. It was not an exhaustive scan of the literature. Other health department activities may also be applicable.
- This report was written in a short time frame – January-February 2018 – and we are cognizant that a changing political and fiscal environment for many health departments may impact their ability to conduct both routine and innovative activities. This does not mean that health departments should not work towards advancing health equity – on the contrary, it is perhaps more important now than before – and important to find ways to incorporate equity into existing work. However we do acknowledge that budget cuts, funding uncertainty, and political constraints may impact departments' staffing, capacity, and resources to advance the ideas presented.
- Our recommendations are primarily geared towards the Accreditation Standards and Measures. We recognize that *reaccreditation* is an equally important process to insert and advance health equity. However, due to time constraints, we could not analyze both processes. We hope that relevant recommendations to the initial accreditation process will also be transferred and included in reaccreditation documents as well.



## II. OVERVIEW OF HEALTH EQUITY WORK BY HEALTH DEPARTMENTS IN THE UNITED STATES

### II.A. Growing National Interest in Health Equity

Over the past decade, there has been growing interest in the topic of health equity among leaders and staff in governmental public health, philanthropy, academia, hospitals and health care institutions, community organizations, and others.

Growing interest health equity is also evident in the number of national organizations that have focused their annual conferences and reports on health equity, such as:

- 2016 National Association of County and City Health Officials (NACCHO) Conference themed “Cultivating a Culture of Health Equity”<sup>1</sup>
- 2016 Association of State and Territorial Health Officials (ASTHO) Presidents’ Challenge to “Advance Health Equity and Optimal Health for All”<sup>2</sup>
- Upcoming 2018 Annual Meeting of the American Public Health Association, themed “Creating the Healthiest Nation: Health Equity Now”<sup>3</sup>

At the same time, health equity has appeared in numerous national and international reports and guidance documents published by Healthy People 2020,<sup>4</sup> the World Health Organization,<sup>5</sup> the National Academies of Sciences, Engineering and Medicine,<sup>6</sup> and the Centers for Disease Control and Prevention.<sup>7 8 9</sup> In 2015, the White House hosted a panel about how to achieve health equity in our lifetime<sup>10</sup> and various funders are beginning to require health equity as part of their requests for proposals and work products.<sup>11 12</sup>

Additionally, community groups across the country have been engaging in work that contributes towards the goal of health equity for decades. A growing number of public health practitioners recognize that work to address housing, the criminal justice system, education, transportation, and more as key health equity interventions and are developing ways to learn from and partner with these community organizations.

As awareness about the importance of health equity expands, there has also been a growth in technical assistance to support government public health to better address health inequities in the populations they serve. The following organizations have produced numerous documents, toolkits, websites, and data inventories to aid in this effort: the Health Equity Institute at San Francisco State University, Government Alliance on Race and Equity, National Collaborative on Health Equity, Policylink, USC Program for Environmental and Regional Equity, Human Impact Partners, Centers for Disease Control, National Association of County and City Health Officials, Association of State and Territorial Health Officials, and Robert Wood Johnson Foundation.

Thousands of public health professionals have registered to attend webinars on the topic of health equity organized by County Health Rankings and Roadmaps, Human Impact Partners, and the Public Health Institute’s Dialogues for Health. Collectively, these illustrate that there is a hunger for learning more about health equity and how concretely to advance health equity in public health practice.

## II.B. Defining Health Equity

To contextualize the perspective and recommendations made in this paper, we begin by defining health equity. We use the following definition, which is slightly adapted from one developed by Paula Braveman and colleagues in the RWJF commissioned paper, “*What Is Health Equity? And What Difference Does a Definition Make?*”<sup>13</sup>

**Figure 3: Proposed Definition of Health Equity**

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health — such as poverty, discrimination, and deep power imbalances — and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

We use this definition because it acknowledges the importance of social determinants of health, imbalances in power, and historical legacies as key to driving health inequities. And it explicitly states the importance of fairness and justice in creating the conditions for being healthy.

Importantly, we distinguish this from terms such as minority health, health inequalities, and health disparities. As noted by Braveman and colleagues, the terms health disparity and health inequality are synonyms and refer to “plausibly avoidable, systematic health differences adversely affecting economically or socially disadvantaged groups.” Importantly, “this definition does not require establishing that the disparities/inequalities were caused by social disadvantage; it requires only observing worse health in socially (including economically) disadvantaged groups.” We agree with this assessment, as well as with the premise that understanding and addressing historical and social disadvantage is key to advancing health equity.

*Understanding and addressing social and historical disadvantage is key to advancing health equity.*

## II.C. Limited Systematic Data Collection About Health Departments' Health Equity Practice Exist

Public health departments – because of their explicit duty to protect and promote the public's health – play a critical role in advancing health equity. According to the American Public Health Association, health equity is a framework within which public health practitioners from all disciplines can and should work.<sup>14</sup>

Importantly, however, health equity practice is relatively nascent. It builds on the experiences and lessons learned from decades of community organizing, health education, and health disparities work both within and outside the field of public health. But, as an evolving area of focus, it is important to note that people have different perspectives what health equity means across programs and offices. To date, there has not been a nationally accepted standard for how to assess, measure, and evaluate health equity work in governmental public health.

***"Health equity is a framework within which public health practitioners from all disciplines can and should work."***

There are few surveys of health equity work undertaken by governmental public health. In 2014, ASTHO and the US Department of Health and Human Services' Office of Minority Health conducted a survey to review available infrastructure and capacity in state health departments to address minority health, health disparities, and health equity (MH/HD/HE). According to the survey, 81% of state health departments had a 100% FTE staff person working on MH/HD/HE issues and 85% had a primary organizational unit dedicated to these topic/s.

The survey also found that:

- 92% of state health departments collect and track disparities data
- 78% had ensured that health equity is integrated in state strategic priorities and plans
- 72% had developed a health equity communication strategy
- 69% had strategies to increase health workforce diversity

***Based on our definition of health equity, we are unsure the extent to which these survey results speak to social disadvantage, social determinants, power, and historical legacies...***

***"We need to be clear that health equity is not just a renaming of minority health work."***

Importantly, the survey combined the concepts of minority health, health disparities, and health equity in its assessment. Based on our definition of health equity, we are unsure the extent to which these survey results speak to social disadvantage, social determinants, power, and historical legacies. Indeed, one of our project advisors noted, *"we need to be clear that health equity is not just a renaming of minority health work...which is [often] its own silo and doesn't work across the entire breadth of the department."*

More recently, researchers with the Prevention Research Center in St. Louis, Missouri and the National Association of Chronic Disease Directors conducted a survey of 537 chronic disease practitioners working in state health departments about their health equity commitments, partnerships, and needed skills.<sup>15</sup> They found that only 2% of the state-level chronic disease practitioners worked primarily on health equity and only 9% included health equity as one of their multiple work areas.

The researchers noted how different their findings were from that of the Minority Health Infrastructure Survey described above. They postulated this “could be a result of the different vantage points that people in various roles in a state health department have on health equity work. Our respondents were state chronic disease prevention and health promotion practitioners, while the association’s respondents seem to be directors of health equity, minority health, and health disparities. If health equity is siloed in a separate office, chronic disease prevention practitioners might not identify it as a primary area of their work or might not be collaborating with that office.” This may also apply to other programs and positions within health departments.

***“If health equity is siloed in a separate office, chronic disease prevention practitioners might not identify it as a primary area of their work or might not be collaborating with that office.”***

***Departments with a strong commitment to health equity... “have leaders who were thought of as high quality and effective at managing change”***

The PRC and NACDD researchers found that, “Having a strong commitment to health equity was significantly associated with higher-quality and more diverse partnerships.” They also note that departments with a strong commitment to health equity “seem to be better equipped to prioritize programs and policies, use descriptive epidemiology and disease surveillance, conduct multiple types of evaluation, communicate with different stakeholder groups in different ways, and use evidence-based decision making” and “to have leaders who were thought of as high quality and effective at managing change” compared to their colleagues with weaker commitments to health equity. The indicators used for this research project could potentially serve as process/evaluation indicators for health equity work done in other health departments as well.

To date, there has not been a systematic assessment of local or tribal health department capacity to advance health equity. NACCHO’s tri-annual National Profile of Local Health Departments recently included questions about work on the social determinants of health, health disparities, participation in CHA/CHIP/Strategic Planning processes, and partnerships and collaborations. However, they did not explicitly include any questions about “health equity” work in local health departments.<sup>16</sup> Various reports and websites profile individual case studies of health departments doing inspiring and meaningful health equity work; but, to our knowledge, there is no systematic or comprehensive assessment of health equity capacity or practice within local or tribal health departments.

As noted by one of our project advisors, *“It is telling that no one is measuring this, while many other public health trends are measured. The more PHAB is linked to health equity, the more opportunity there is to elevate health equity work and prioritize it across the country. Since no other national agency is prioritizing assess[ment] of local health departments’ work on health equity, there is a lot of opportunity here. If we truly want to prioritize health equity in the country, we need national organizations to make it a priority as well, including in what they are assessing.”*

***“It is telling that no one is measuring health equity, while many other public health trends are measured.”***

## II.D. Brief Profiles of Health Departments' Health Equity Work

Health departments across the country are incorporating health equity into their practice by building their internal infrastructure, working across government, fostering community partnerships, and championing transformative change.

In the absence of a comprehensive national assessment of health equity practice within governmental public health, below we briefly profile examples of that work based on our Health Equity Guide case studies. A longer description of each department's activities, outcomes, and impacts is available at:

[www.healthequityguide.org/case-studies](http://www.healthequityguide.org/case-studies).

The profiles are organized by Health Equity Guide strategic practice, and a full description of each practice is available in Appendix VI.C. While each profile may be primarily aligned with one strategic practice, in reality, all the profiles have implemented a myriad of practices to advance health equity. We also provide two in-depth case studies from Harris County (TX) and Madison/Dane County (WI).

**Profiles of Health Equity Work at Health Departments**  
*Organized by the Health Equity Guide's Focus Areas and Strategic Practices*

**Focus Area: Build Internal Infrastructure to Advance Health Equity**

1. *Mobilize data, research, and evaluation to make the case for, assess, and inform interventions for health equity*
  - An interdepartmental health equity team at Tacoma-Pierce County Health Department (WA) developed a Health Equity Assessment report, including data and maps, and used the report and other tools to facilitate internal capacity building and external relationship building to advance Health in All Policies at the city and county level.
2. *Build understanding and capacity to advance equity across the department and workforce*
  - Building on the results of health assessments and a revised strategic plan, the Santa Clara County Public Health Department (CA) hired dedicated staff to: lead department-wide equity efforts, develop a training program for its public health workforce, and pilot test the application of racial equity tools.
  - The Colorado Department of Public Health and Environment, along with partners, developed a Health Equity and Environmental Justice 101 training that all department staff are required to take. The training opened the door for new collaborations across the department, increased awareness of health equity and environmental justice issues, and cultivated new discussions about how to embed equity in public health practice.
3. *Change internal practices and align internal processes to advance equity*
  - Building on a decade of anti-racism and health equity work within their organization, the Boston Public Health Commission (MA) is aligning its workforce composition to better reflect the city's population. The initiative also includes an Anti-Racism Advisory Committee, requirements for all staff to participate in racial justice and health equity training, and mechanisms to ensure accountability to goals.
  - The New York City Department of Health and Mental Hygiene (NY) launched a "Race to Justice" initiative to reform internal policies, practices, and operations to advance racial equity and social justice across the Department. The initiative builds staff skills to address racism, implements policies to lessen the impact of structural oppression, and strengthens collaborations with communities across the city.
4. *Prioritize improving the social determinants of health through upstream policy change*
  - The Lake County (IL) Health Department's Health Equity Team facilitates relationships with community, agency, and business partners and builds internal and external awareness to improve the social conditions that determine health. Activities include taking the [NACCHO Roots of Inequity Course](#), a bus reality tour for leadership, and piloting a social determinants of health assessment tool.
  - Working in collaboration with grassroots organizers, advocacy organizations, and other government partners, the Alameda County Public Health Department (CA) helped change local policies and practices related to housing habitability, affordability, and access to eliminate housing and health inequities in low-income communities.

### *5. Allocate resources to advance equity*

- The Rhode Island Department of Health is leveraging federal, state, and local sources of prevention, categorical disease, and population health funding to create place-based “Health Equity Zones,” geographic areas designed to achieve health equity by eliminating health disparities and promoting healthy communities.
- The San Mateo County (CA) Health Policy and Planning Program established a Community Implementation Fund to acknowledge the leadership of local nonprofit organizations in addressing the social determinants of health and community needs. They are shifting project funding from a focus on healthy eating and physical activity to policy-oriented projects that address housing, education, economic security, and neighborhood conditions.

## **Focus Area: Work Across Government to Advance Health Equity**

### *6. Build alliances with other government agencies to advance equity*

- The Boston Public Health Commission (MA) identified insecure housing as having a major impact on stress, birth outcomes, and maternal health. They worked with Boston Housing Authority to develop a new policy and program to ensure public housing slots for housing-insecure pregnant women.
- The Cuyahoga County Board of Health (OH) worked with a multi-sectoral consortium – including many government agencies – to develop an equity-focused Community Health Improvement Plan. Their CHIP identifies health equity as a guiding principle and tackling structural racism as one of four strategic priorities.

### *7. Develop a shared analysis with other agencies about government’s role in creating health equity*

- After data revealed place-based inequities in life expectancy in Kansas City (MO), the local health department advocated for the inclusion of life expectancy as a strategic objective in the City’s business plan. They also convened a summit of city staff to examine how to address these inequities across departments.
- Public Health Madison & Dane County (WI) worked to build collective understanding and capacity across the health department and with other government agencies and community organizations to address racial equity. This resulted in the development of an internal health and racial equity team; a strategic plan with explicit equity goals; and application of racial equity analyses to programs, policies, and plans.

### *8. Broaden the administrative and regulatory scope of public health and other agency practices to advance health equity*

- After learning through participatory research collaborations that wage theft negatively impacted low-wage and immigrant worker health, the San Francisco Department of Public Health (CA) leveraged their restaurant health permitting process to hold employers accountable for wages stolen from employees.

## Focus Area: Foster Community Partnerships to Advance Health Equity

### 9. Build strategic community relationships, share power and decision making, and spark meaningful participation

- The Kansas City (MO) Health Department developed a long-term close and synergistic relationship with Communities Creating Opportunity, a largely faith-based community-organizing group. The relationship enriched both organizations' capacity to do meaningful community engagement and enact upstream policy change.

### 10. Build alliances with community partners to protect against risk and build community power

- The Lake County Health Department (IL) worked with county, business, and community leaders to host a countywide, multisector gathering — the "Together Summit" — to highlight strategic opportunities to work together, share accountability, and leverage investments to improve health for all.

### 11. Engage strategically in social justice campaigns and movements to advance equity

- The Cook County Department of Public Health (IL) partnered with community organizers on worker and immigrant rights' campaigns through its participation in the Collaborative for Health Equity. The Collaborative made addressing structural racism and building community power explicit elements of its mission, and community organizers sat on the steering committee to guide the work.

## Focus Area: Champion Transformative Change to Advance Health Equity

### 12. Confront power imbalances and the racial and other forms of oppression used to maintain those imbalances

- Using a social determinants framework, King County (WA) developed an equity and social justice strategic plan tied to the county's biennial budget schedule, and departments and agencies developed individual implementation plans to work toward shared equity goals. This helped transform practice and advance equity across all departments and agencies throughout the jurisdiction.

### 13. Develop leadership, support innovation, and reward strategic risk taking to advance equity

- The San Mateo (CA) Youth Commission was created to facilitate youth leadership and capacity building and to inform policy. As the Youth Commission funder, the San Mateo County Health System leveraged their contracting process to explicitly include equity metrics and requirements in the youth facilitator contract.
- The City of Long Beach (CA) created an Office of Equity in their Health and Human Services Department to elevate conversations around equity and social justice, better align and coordinate existing equity-focused programs, and build racial and health equity capacity across city government.

### 14. Change the conversation about what creates health equity within public health, across government, and in communities

- The Colorado Department of Public Health and Environment (CDPHE) is working to change the narrative and framing of population health data to emphasize the importance of structural inequities



and social determinants of health. This narrative is seen in department communications, reports, materials, and other resources. CDPHE is also working to incorporate equity metrics into program evaluations and performance monitoring and use boilerplate language regarding equity in CDPHE publications.

- The Minnesota Department of Health is changing the narrative around health to focus on opportunities and what is needed to be healthy. Through extensive community engagement and partnerships, various publications, and the creation of the Center for Health Equity, the Department explicitly addresses the social determinants of health, acknowledges structural racism, and advances health equity across all sectors and policies.

*15. Join with others in public health to build a health equity movement*

- In Nebraska, the Douglas County Health Department and the Sarpy/Cass Department of Health & Wellness formed the Common Quill, a local cohort of mid-career public health leaders dedicated to advancing health equity. Common Quill members support each other from behind the scenes and in public settings to advance a health equity agenda in health department and cross-sector decision making.

**Figure 4: Case Study of Harris County Public Health (HCPH), Texas**

Below are excerpts from the Health Equity Guide's "Harris County Institutionalizes Health Equity Through Organizational Transformation" case study. The story and activities are organized according to Health Equity Guide strategic practices.

*Develop Leadership and Support Innovation:*

- Hired in 2013, new HCPH Executive Director brings previous involvement in NACCHO's Health Equity and Social Justice Committee, awareness of health equity innovation in other health departments and rationale for why HCPH needed to move further upstream.
- All 10 top executive-level staff completed NACCHO's Roots of Health Inequity course, building buy-in among leadership for increased focus on equity. They then approved the launch of the department's first peer-based learning collaborative on health equity using the Roots of Health Inequity course.

*Develop a Shared Analysis:*

- HCPH convened a 30-person staff committee from across HCPH, including executive, managerial, and front-line staff, to develop a five-year strategic plan. As part of the process, they screened Unnatural Causes and invited Dr. Tony Iton to spark a discussion about equity. Equity named as a core value and one of five strategic directions in their 2013-2018 Strategic Plan.

*Allocate Resources:*

- HCPH redirected a recently vacated senior level position in the Office of Planning and Policy to explicitly focus on health equity. This Senior Policy Planner/Health Equity Coordinator is locally funded, which helps ensure the sustainability of the work.

*Mobilize Data, Research and Evaluation:*

- HCPH leveraged relationships with nearby universities to complement HCPH's data and needs assessment work. Their data collection and analysis of demographics, health outcomes, and determinants provides a key evidence base for HCPH HE work.
- HCPH developed a Performance Management Dashboard (see example to right) with health equity standards and measures based on their Strategic Plan. These include programmatic efforts like addressing blight; cultivating a workforce that represents the demographics of the county; and increasing the collection and analysis of client data by race, ethnicity, and language.

*Harris County Case Study continued on next page...*



### *Harris County Case Study Continued...*

#### *Build Organizational Capacity:*

- HCPH used a modified version of the BARHII Organizational Self-Assessment Toolkit to assess staff willingness to embrace new concepts and health equity priority areas.
- The HE Coordinator developed and implemented a workplan including: 1) coordination of a cross-division Health Equity Advisory Committee, 2) development of a health equity framework, and 3) building health equity infrastructure by creating a policy to outline high-level health equity expectations, procedures to provide step-by-step instructions and a checklist, and division and program-specific workplans to apply a health equity lens to day-to-day practice.
- All department staff are required to take a Health Equity 101 course, a 50-minute training to break down the health equity framework and introduce foundational concepts. HCPH also developed an intensive 10-week Health Equity Learning Collaborative (HE 201), based on NACCHO's Roots of Health Inequity course, to help staff become more explicit health equity champions.

#### *Change Internal Practices and Processes:*

- HCPH adopted the Health Equity Advisory Charter to formally establish the mission, purpose, authority, roles, responsibilities, composition, and values of the Advisory Committee, along with expectations of its participants. The Advisory Committee plays a key role in guiding priorities and advising staff training.
- Using their Health Equity Policy and Procedures, HCPH worked with divisions and projects that didn't seem like obvious places for advancing health equity. For example:
  - HCPH's Veterinary Public Health Division is working to ensure that spay-neuter-release programs do not only release stray cats into low-income neighborhoods.
  - HCPH reoriented their client grievance process into a "Client Bill of Rights." Staff adopted plain language and a rights-based framework to empower clients rather than merely focusing on how to register a complaint.
  - HCPH redesigned their Zika Virus response. Specifically they used sub-county social and economic indicators to prioritize populations experiencing historical inequities for Zika communications, repellent distribution and mosquito abatement strategies.

*Read the full Harris County case study at: [www.healthequityguide.org/case-studies/](http://www.healthequityguide.org/case-studies/)*

## II.E. Accreditation and Health Equity

Through our interviews, it became clear that the process of pursuing accreditation and advancing health equity could be quite complementary. For example, both processes:

- Aim to make the organization more effective in addressing key health issues
- Require staff education about why the department is initiating the new process and building a new culture (e.g. of quality improvement, of health equity) across the department
- Are ideally implemented with the involvement of staff from across all divisions *and* up and down the management spectrum, as well as in partnership with community and other government partners.

Recognizing the overlap between the Health Equity Guide and the accreditation process, the accreditation team at Public Health Madison-Dane County is developing a cross walk (see Appendix VI.E) to illustrate how the Health Equity Guide's Strategic Practices intersect with the PHAB Domains and Core Essential Public Health Services. Once the crosswalk is complete, they plan to develop a tool for other health departments to connect their accreditation work to actions and resources in the Health Equity Guide.

In various interviews, key informant interviewees acknowledged that the process of pursuing accreditation helped prepare the organization to further advance health equity. In some cases, the process helped "braid" the organization's work together:

*"Accreditation helped us have a stronger focus and a formal process that cut across the whole department, braids the departments' work together, and helps articulate where we want to be growing. Accreditation was a valuable process for identifying this shared goal. It really brought us together as an agency to work collectively on something that went beyond individual areas."*

*"It started a transformation in the organization of investing time and money in something that is not just program and service focused. [It helped our organization] make a commitment to culture and systems change, and to quality improvement."*

***"[Accreditation] started a transformation in the organization of investing time and money in something that is not just program and service focused. [It helped our organization] make a commitment to culture and systems change, and to quality improvement."***

In other cases, it helped the organization reaffirm and more clearly articulate the department's commitment to health equity:

*[Prior to accreditation] "Everyone said we work on health equity. It was an underlying assumption that we in public health work for social justice and of course that touches on health equity. But there wasn't clear agreement about what [health equity] meant or how it was applied across the department. One of the benefits of the CHA/CHIP/SP process was that it reaffirmed department commitment to health equity and started everyone talking about race as a strategic priority. And that is now in the strategic plan that guides our work. Accreditation gave us a sense of urgency and fast tracked our intentional efforts in this area."*

*"Through the process of doing the health assessment, the partnership asked why are we measuring disease rather than what makes people healthy? This was a huge breakthrough around changing what we do. When we realized we were saying that everything needs to change in order to improve health, we realized we needed to step away from the low-hanging fruit idea and develop [a different type of] plan."*

Those who had received accreditation believed that their health equity work would make their reaccreditation process even stronger. One department we interviewed elaborated:

*"I have full confidence that our work to advance health and racial equity to eliminate disparities will not only be counted in accreditation but will be lifted up in our application. We are having very explicit conversations about differences in health outcomes and to understand the historical legacy that we've inherited as a government agency that perpetuates the inequities we have today. We are disaggregating data by race and ethnicity – you can't contest that [as a core function of public health]. We are challenging ourselves to better understand the systems and disparities we see – and talking about the racist policies that the government was responsible for setting up that have a multigenerational impact. This is aligned with public health practice. In the future it will be intentionally and explicitly called out. This is changing how we do things with the community – not onto community but with community."*

***"We are having very explicit conversations about differences in health outcomes and to understand the historical legacy that we've inherited as a government agency that perpetuates the inequities we have today."***

Others currently pursuing accreditation and working to advance health equity observed that it is very helpful to leverage existing evaluation resources to support both accreditation and advancing health equity work.

*"The accreditation process is a huge evaluation. It is helpful to consider how to leverage both internal and external evaluation positions to incorporate health and racial equity work as a health department. We definitely recommend investing in external evaluation since we can't evaluate ourselves internally without bias."*

*"The process of pursuing accreditation served to reinforce our commitment and work to advance health equity. For example, the process of pursuing accreditation helped us advance and refine existing efforts to evaluate and continuously improve processes, programs, and interventions [Domain 9]. As part of our Health Equity Policy and Procedures, we apply a health equity lens to data collection on program participants, benchmarking, and Performance Quality Improvement."*

One department noted that with the right resources and support, the accreditation community could significantly help advance the practice of health equity in health departments:

*"The accreditation community can learn a lot from California's successful efforts to advance equity in community colleges. Over the past three years, there has been a dramatic change in California's community colleges' explicit focus on equity. This success is due in part to the allocation of resources (\$350 million over three years to hire new staff and implement Student Equity plans). But importantly, the changes were enabled by having:*

- *A set of definitions and tools to ensure everyone is using a common equity definition and measuring equity gaps the same way*
- *A set of requirements to ensure everyone had a baseline understanding of where they're starting from and where they're heading.*

*Although the funding was critical, the resources and support offered to institutionalize equity for every community college was extremely valuable. Providing concrete definitions, requirements, and support would go a long way to helping health departments advance equity in their practice as well."*

Although the majority of health departments we interviewed received their accreditation prior to the launch of the Health Equity Guide in July 2017, interviewees unanimously agreed that the Health Equity Guide was a valuable resource for health departments that are thinking about doing health equity work.

*"If PHAB is serious about incorporating health equity into accreditation, there are tons of examples – in breadth and scope – that are on the Health Equity Guide website. Also, the way that the work is framed – e.g. Building Internal Infrastructure, Fostering Community Partnerships – is really helpful and relevant to PHAB's structure."*

*"If they had had the Health Equity Guide back when we were pursuing accreditation and doing our CHA/CHIP/Strategic Plan processes, it would have been awesome to give concrete examples of what others are doing. It describes a diversity of approaches and at the core is health equity. It would be wonderful to lift this up and share with the [accreditation] sites because it goes from the conceptual to the very practical – how people are actually working in this area of health equity."*

**Figure 5: Case Study of Public Health Madison-Dane County (PHMDC), Wisconsin**

Following their merger as a county and city health department in 2008, PHMDC formed an internal health equity team to identify and implement opportunities to advance health equity across the department. After using the BARHII Organizational Self-Assessment Toolkit, PHMDC staff decided to staff and structure itself differently to advance health and racial equity across the whole organization, support a practice of learning, use data to drive their actions, and create a baseline understanding of equity to promote accountability.

Following an internal reorganization, two Health Equity Coordinators were hired to: 1) build a framework for capacity building across all units of the health department and 2) work with city and county partners to foster racial equity and social justice throughout government systems and practice.

Soon after the new coordinators started their positions, political momentum mounted with both City and County Executives in response to reports highlighting significant health disparities in Madison. New Initiatives supported inter-agency collaboration using racial equity tools and a shared understanding, vision, and strategy. Building off of this work, the PHMDC health coordinators began to focus internally to build their internal capacity to advance health and racial equity.

Over the past three years, internal capacity building work included:

- **Professional Development:** Learning and discussion groups to normalize conversations about race and equity across the department.
- **A Strategic Plan:** Embedding equity in the department's values, strategic priorities, and goals. This plan guides subsequent action plans and activities.
- **An Internal Team:** Comprised of staff across divisions and from multiple disciplines to build understanding, buy-in, and capacity for sustainable systems change.
- **Applying Racial Equity Tools:** To over 50 projects, policies, and plans to develop proactive solutions for those most impacted by inequities while maximizing benefits for all.
- **Implementation Workgroup:** To provide TA to incorporate equity into individual programs.
- **Culture and Climate Change:** Increased institutional commitment to communities most impacted by inequities and a culture of co-learning together to change organizational culture and practice.

During this time, PHMDC has also begun to pursue accreditation. As they build teams to develop the required plans, and their domain teams to write the narrative and provide documentation, PHMDC has been very intentional about how they form their teams. Each team is required to have someone who has been a part of their health and racial equity team, as well as a transparent nomination process to ensure diverse team composition.

PHMDC is also working to leverage their planner/evaluation staff positions to: 1) further integrate health and racial equity into their work as a health department and 2) support any piece of evaluation that's needed for the planning and domain accreditation teams. In their accreditation work and their health equity work, the focus is on organizational transformation. Staff note that framing the work in this way helps make it clear that these efforts are not just about adding more work, but transforming the work to be more effective in their public health practice.

Read the full Madison/Dane County case study at: [www.healthequityguide.org/case-studies/](http://www.healthequityguide.org/case-studies/)

### III. RECOMMENDATIONS

A primary goal for this paper is to “Make recommendations concerning the types of activities that health departments should be expected to do to address health equity in the population they serve.”

Our recommendations are provided in three sections. First, we offer overarching recommendations for PHAB as they begin their revision process. Second, we recommend a set of strategic practices that health departments should be expected to implement to address health equity. And third, we provide specific recommendations to advance health equity according to current PHAB Domains.

In developing these recommendations, we acknowledge that all health departments are different. Each has a different political context, leadership, capacity and resources, community demographics, and health concerns. It is unrealistic to expect the same health equity activities from a health department with 10 employees and one with 6000 employees. And yet, we firmly believe that ALL health departments can advance health equity in some way. We make our recommendations in the spirit of Dr. Linda Rae Murray, former health officer and president of APHA, who stated “*doing health equity work is about changing the way we do our work, not just adding new work.*”<sup>27</sup>

#### III.A. Overarching Recommendations

The following recommendations are for PHAB to consider as they begin their *Standards and Measures Version 2.0* revision process. These recommendations could be considered goals to embed equity into the accreditation process. The Strategic Practices described below (section III.B) could be considered the objectives to help implement these goals and establish health equity expectations of health departments. Below, we elaborate the overarching recommendations.

**Figure 6: Overarching Recommendations for PHAB**

- 1) Lead with health equity
- 2) Explicitly define health equity and community
- 3) Provide more explicit guidance on community engagement
- 4) Require health equity strategic planning and integration across programs
- 5) Promote health equity innovation and accountability



### III.A.1. Lead with Health Equity

Our first overarching recommendation is to “Lead with Health Equity.” This is meant to encourage PHAB to be bold and explicit that health equity is central to – and indeed, much of the basis for – governmental public health practice. Virtually every health department in the nation faces health disparities and organizes its work to close those disparities. What would it mean if health departments framed their agencies efforts’ with a proactive vision and plan for health equity?

Importantly, there was consensus among project advisors and interviewees that health equity should not be added as a new PHAB domain, but rather added explicitly throughout the Standards and Measures.

Although some might shy away from the term ‘health equity’ out of political sensitivities, we posit that:

- The national landscape has changed significantly in the past five years since Version 1.5 was adopted. There has been considerable growth in attention to health inequities and in health department systems, policies, and practices to advance health equity. With this growing attention comes increased acceptance and decreased resistance to using the term.
- PHAB has the ability to set the floor for what is expected of governmental public health. By leading with health equity, PHAB could normalize equity activities and illustrate that it is both possible and recommended to operationalize health equity in public health practice.
- Using other terms, such as “populations that are at higher risk for poorer health outcomes” as a substitute for health equity fails to advance an understanding that health equity is about *how* health departments are doing their work and about transforming their institutions.

***“With all the documentation we have to identify, review, and provide, it is easy for health equity to fall through the cracks unless it is specifically requested within the guidance...”***

***Equity should be a guiding principle for accreditation – just like QI and performance management.”***

While Version 1.5 includes numerous direct and indirect references to health equity (see Appendix VI.F), there is an opportunity to be even more direct and explicit about health equity in the Accreditation Measures and Standards.

Multiple key informants who used Version 1.0 noted that they included little to none of their health equity work in their accreditation application “because it was not called out or required in the PHAB standards and measures. Health equity work wasn’t explicitly mentioned as examples, and so we were just focused on meeting what the measures required and crossing all our t’s and dotting the i’s.” Another informant noted, “when we were in the throes of gathering documentation for accreditation, [our health equity work] was not low hanging fruit to include.” Interviewees acknowledged that Version 1.5 does have more references to health equity than Version 1.0, but still noted that health equity was somewhat buried.

A key informant accredited under Version 1.5 affirmed this: *“The accreditation process could be a driver for promoting equity in health departments. However, in my personal opinion, that is not necessarily the case within Version 1.5. Specifically, an increased emphasis on Health Equity is needed in Domains 1, 5, 7, 8 and 9. These domains make up core pre-requisite functions of accreditation such as the CHA, CHIP, Strategic Plan, etc. We spend the majority of our time trying to complete the prerequisites, yet equity is barely referenced in these domains and/or the guidance language. With all the documentation we have to identify, review, and provide, it is easy for health equity to fall through the cracks unless it is specifically requested within the guidance. Equity should be a guiding principle for accreditation – just like quality improvement and performance management. With Version 2.0 coming out soon, there is a great opportunity to include equity more explicitly throughout all of the domains.”*

**Figure 7: Recommendations for Leading with Health Equity**

**We propose the following recommendations to lead with health equity:**

- 1) Frame the entire accreditation process as a commitment to advancing health equity, in addition to advancing quality and performance. We cannot achieve population health without focusing on health equity and addressing the power imbalances that affect access to the social determinants of health.
- 2) Explain in all PHAB materials why health equity is fundamental to health department practice and, ultimately, the root of what virtually all health departments seek to achieve in their work.
- 3) Include health equity in the accreditation orientations received by all health departments, making sure that health equity is front and center.
- 4) Hire a health equity specialist to provide concrete guidance on how and why health departments should do health equity work, providing consultations similar to the accreditation specialist assigned to each health department. Consultations may include technical assistance about how to apply health equity tools to their work (e.g. to the CHA/CHIP/Strategic Plan processes) and/or helping connect with other health departments working to advance equity. Ensure the health equity specialist has the support and leadership buy-in to impact the accreditation process rather than working in a silo or being tokenized.
- 5) Apply changes to advance health equity both to the initial accreditation process as well as reaccreditation.
- 6) Create a very visible platform to illustrate how jurisdictions are doing health equity work. Highlight/profile good examples of pre-requisite documents (e.g. CHA, CHIP, Strategic Plan, Emergency Operations Plan) with a strong health equity focus.

### III.A.2. Explicitly Define Health Equity and Community

As part of leading with health equity, it is important to provide clear and prominent definitions so that health departments understand why health equity is required in the accreditation process. Currently, Health Equity and Community are not defined in the *PHAB Standards and Measures Version 1.5* document, but are defined in the separate accompanying document *PHAB Acronyms and Glossary of Terms Version 1.5* (see Appendix VI.A for PHAB’s definitions of health equity, health inequities, community, and community engagement, mobilization and partnerships).

To elevate Health Equity as an overarching goal for accreditation (as recommended in III.B.1), we recommend including the definition and explanation of why health equity is important in the *Standards and Measures* document introduction, similar to how Quality Improvement is defined and explained on Page 8 of the *PHAB Standards and Measures Version 1.5*.

We commend PHAB for including the definitions of health equity/inequities, community, and differentiating between community engagement, mobilization, and partnerships. We also acknowledge that *PHAB Standards and Measures Version 1.5* includes a domain and numerous references to the importance of community engagement, and requirements for including community members in CHA, CHIP, and strategic planning processes.

***Without explicit guidance, “community” can refer to hospital and business executives or to low-income residents living in substandard housing and/or at risk for deportation.***

However, without explicit guidance, “community” can refer to hospital and business executives or to low-income residents living in substandard housing and/or at risk for deportation. PHAB could be more clear and intentional about the importance of engaging community members most impacted by health inequities, and could create measures to ensure that these communities are meaningfully engaged. The current definition of community used by PHAB (see Appendix VI.A) does not make this important distinction.

We acknowledge that for some health departments, the process of collectively developing a definition of health equity or communities impacted by health inequities can be beneficial for starting conversations, building relationships, and momentum. However, other health departments may want to start with an existing definition to focus their energies on other aspects of health equity work.

Figure 8: Recommended Definitions for Health Equity and Community

We propose that PHAB itself develop and adopt, and encourage health departments to develop and adopt, definitions for the following terms:

- 1) **Health equity:** We propose the following definition: “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health — such as poverty, discrimination, and deep power imbalances — and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” *Adapted from: Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.* We recommend this definition because it concrete about power imbalances, names determinants of health, and emphasizes removing obstacles to eliminate inequities.
- 2) **Community:** We propose that this term should primarily be used to signify communities and people most impacted by health inequities. PHAB materials should more clearly state *who* are the community members to be engaged by health departments – i.e., the breadth of who this could represent – and ask health departments to explicitly describe how they are working with communities and people most impacted by health inequities. The definition of “community” should also define *why* engagement of community members most impacted by health inequities is important to the success of public health practice.

To explain the “why”, we recommend pointing back to the definition of health equity that names historical disenfranchisement and power imbalances as a root of poor health. Because communities most impacted by health inequities vary by jurisdiction, we encourage all local, state, and tribal health departments to engage in a process to identify those communities, remembering to prioritize those most impacted.

PHAB should consider lifting up their definition of “stakeholders” used in their Glossary of Terms (see Appendix VI.A), which includes “all persons, agencies and organizations with an investment or “stake” in the health of the community and the local public health system – as a way of distinguishing from how we propose defining “community.”

### III.A.3. Provide More Explicit Guidance on Community Engagement

In addition to defining *who* needs to be engaged, we recommend further guidance on how to meaningfully engage communities – and specifically, to work with community organizers. According to a project advisor, *“it is not just about having people at the table, it is about having them have a true say in what is happening.”* A key informant elaborated, *“Things look different if you have deep meaningful community engagement, and you get to different solutions and changes needed if inequities are what’s driving your prioritization process.”*

***“Things look different if you have deep meaningful community engagement, and you get to different solutions and changes needed if inequities are what’s driving your prioritization process.”***

As acknowledged in Version 1.5, public health agencies by themselves do not have the power to make the changes necessary to significantly advance equity on their own. Other government agencies and elected officials have jurisdiction and decision-making power over social determinants of health that can produce or mitigate health inequities. One project advisor stated, *“Health departments need to understand that sometimes the leadership [and strategy to address certain health equity issues] may be coming from elsewhere and the most helpful role for the health department is from behind the scenes to support something much larger than just the issue being framed as a health problem.”*

Community organizing groups tend to focus their advocacy on these agencies and elected officials – and specifically on improving the social, economic, and environmental determinants of health (even if they don’t use that terminology). A core component of community organizing and movement building is building the leadership, agency, and power of community members suffering from inequities.

Various health departments have successfully worked with community organizers to meaningfully engage and build power in community (for example, see the Healthy Heartland Initiative, Alameda County’s work with tenant and housing organizers, and Kansas City’s MOU with Communities Creating Opportunity). More widespread engagement and collaboration with community organizers may align and complement health department work to address inequities. PHAB could be more explicit about the importance of community organizers as a way of engaging communities who are most impacted by health inequities.

#### Figure 9: Community Organizing and Movement Building Definitions

A **community organizing** group may be defined as an organization that:

- Brings people who identify as being part of a community together to solve problems that they themselves identify
- Helps a community identify common problems, mobilize resources, and develop and implement strategies to reach their collective goals
- Works to develop civic agency among individuals and communities to take control over their lives and environments.
- Is committed to building a membership base and is accountable to that membership
- Builds collective power to bring about structural change

*Definition adapted from 1) Meredith Minkler, Community Organizing and Community Building for Health and Welfare, 3rd Edition and 2) Essential Elements of Health Equity Practice. NACCHO Exchange. 2016, v15, Issue 2.*

**Movement building** is the effort of social change agents to engage power holders and the broader society in addressing a systemic problem or injustice while promoting an alternative vision or solution. Movement building requires a range of intersecting approaches through a set of distinct stages over a long-term period of time. Through movement building, organizers can:

- Propose solutions to the root causes of social problems
- Enable people to exercise their collective power
- Humanize groups that have been denied basic human rights and improve conditions for the groups affected
- Create structural change by building something larger than a particular organization or campaign
- Promote visions and values for society based on fairness, justice and democracy

*Definition from Racial Equity Tools Glossary, citing "Roots: Building the Power of Communities of Color to Challenge Structural Racism." Akonadi Foundation, 2010. (Definition from the Movement Strategy Center.)*

#### Figure 10: Recommendations for Providing Explicit Guidance on Community Engagement

**We propose the following recommendations for more explicit guidance on community engagement:**

- 1) Establish a principle that "community engagement" is for the purpose of decreasing power imbalances and historical disenfranchisement among communities most impacted by health inequities.
- 2) Recognize that this is a bi-directional learning and capacity-building relationship, meaning that health departments have as much, or more, to learn from community groups.
- 3) Be explicit that health departments should engage community members to help build their power and create more sustainable change within government institutions, and encourage working with community organizers specifically as a strategy to accomplish this.
- 4) Because engagement and collaboration with other constituencies – including government agencies, health/hospital systems, and others – is also important to advancing equity, emphasize the importance of having coordinated collaboration with these constituencies as well (though not at the expense of partnership with impacted communities). For example, Health in All Policies efforts offer a coordinated strategy to connect with other governments agencies.

### III.A.4. Require Health Equity Strategic Planning and Integration Across Programs

Multiple key informants highlighted the importance of health equity in shaping and guiding their department strategic plans, quality improvement efforts, and performance measures. Including health equity explicitly also helped departments bridge traditional public health services/programs with systems and policy transformation goals. For example, one person stated, *“Health Equity has served as an organizational compass for where our department was and is heading and why quality improvement was and is important to help advance our systems change work.”*

*“Health equity has served as an organizational compass for where our department was and is heading.”*

*“Accreditation [is] an opportunity to tie our services and programmatic work to a broader framework to advance health equity”*

Multiple advisors cautioned against inadvertently pitting public health services against other health equity work. They instead suggested focusing on how to identify linkages – or bridge siloes – between service/programs and policy/systems change goals. One advisor described that some of their department’s strongest health equity work happened because public health nurses’ observations during asthma home visits directly informed the department’s work on code enforcement and anti-displacement policies. She noted that health departments can *“think about accreditation as an opportunity to tie our services and programmatic work to a broader framework to advance health equity.”*

Figure 11: Recommendations for Requiring Health Equity Strategic Planning and Integration

We propose the following recommendations to require health equity strategic planning and integration across programs:

- 1) Require that health departments have a Health Equity Strategic Plan with explicit goals, objectives, data/indicators, and performance or evaluation measures to address health equity (similar to the CHA, CHIP, Preparedness and other required plans). Clarify that the aim is to identify opportunities to integrate health equity across programs and plans, not to have health equity be compartmentalized or siloed into a single effort that is isolated from other health department activities. Plans need to be contextual, evolving, and flexible. See next page for examples of this type of work.
- 2) Ideally, there would be both a separate Health Equity Strategic Plan **AND** a structured way to integrate health equity across department programs and plans. There should be clear “backbone” mechanisms or structures for that integration, and who have the authority and capacity to work across the whole department (e.g. Chief Health Equity Strategist, a Health Equity Coordinator, Health Equity team).

**Figure 12: Examples of Transformative and Integrative Health Equity Work**

*Please note that this list is just a snapshot of actions and not organized according to priority or need. Section III.C provides dozens more examples of transformative and integrative health equity work that could be included in PHAB's standards, measures, and other guidance. Please refer to that section for a more extensive set of actions.*

- Using health and racial equity tools during the development of policies, plans, and programs
- Require the Emergency Operations Plan to have a section addressing inequities in exposure to certain risks and adaptive capacity and in communications planning (e.g. developing relationships with ethnic media before an emergency to ensure communications reach all residents, ensuring materials do not use language or photos that reinforce stereotypes during disease outbreaks, as was seen during H1N1 and SARS, etc.)
- Ensure that the department analyzes data that exposes the breadth of inequities and underlying structural and social contributors
- Explicitly encouraging more cross-sector - and specifically, government agency - collaboration with a focus on the social determinants of health, for example working with the housing and homeless communities, with the criminal justice system, etc.
- Leverage surveillance and investigation activities conducted by Communicable Disease, Environmental Health and others to conduct health equity focused data collection and analysis
- Improve Performance Measurement Systems to more explicitly include health equity measures
- Promote community empowerment, not just community engagement. For example, challenge the dominant leadership paradigm in CHA/CHIP processes and center instead on community voice, leveraging the process to support community organizing and building community leadership capacity through the CHA/CHIP process to lift up community-identified needs and solutions
- Require all job descriptions to have at least one bullet point about doing health equity work, and all interviews ask about health equity understanding and experience in an accessible manner



### III.B.5. Promote Health Equity Innovation and Accountability

Building a culture of quality improvement in the health department could help prepare the organization to be more capable and accountable to reducing health inequities. It is important to value innovation as part of this process for advancing health equity systems change. Quality improvement can help a health department recognize needed infrastructure changes – but this can cut two ways, it can limit innovation if health departments set up quality improvement plans that do not include innovation and risk taking.

***PHAB valuing innovation will help ensure people do not feel shut down if they experiment around health equity***

PHAB valuing innovation will help ensure people do not feel shut down if they experiment around health equity. But, PHAB would have to prepare reviewers to identify real efforts to achieve health equity goals. Because local contexts vary greatly and there is no cookie cutter approach to advance health equity, there must be some flexibility on the part of those evaluating health department activities.

#### Figure 13: Recommendations to Promote Health Equity Innovation and Accountability

**We propose the following recommendations to promote health equity innovation and accountability:**

- 1) Profile and publicize data from the accreditation process regarding department's efforts to advance health equity. Given the lack of regular and systematic data collection about state, local, and tribal health department health equity efforts, and PHAB's extensive documentation efforts, PHAB is well positioned to document, summarize, and publicize data about health equity efforts across the United States. Doing so would help normalize the health equity work for others, and also provide clear measures to hold themselves accountable to. See examples of data that could be profiled on the following page.
- 2) Allow changes in policy or social factors to be used as potential data points for quality improvement monitoring. We recommend this because, although health departments should be held accountable for closing health inequities, it can be hard for health departments to demonstrate that they are having a direct impact. Provide concrete examples of policy, systems, and environment change work, as well as community engagement work that has been or could be "counted" in the accreditation process (e.g., health department housing conditions report being cited by the city council in approval of tenant protections and rent control; life expectancy being included in the city's business plan; health department testifying to the health benefits of a paid family leave in city or state policy deliberations).

This is especially true in the context of large-scale federal policy and funding changes that may mask improvements that have been made. As noted by one project advisor, *"health departments need to get out of our comfort zones and let go of the need to be in the lead. It is important to be bold."* Another advisor added on that it is important to, *"be aware that sometimes reporting can get hung up with 'attribution' and over-claiming wins."*

- 3) Require that health departments be explicit about how and whether they are moving the needle towards health equity. This would include serious reflection about whether health inequities are being reduced, and if not, what needs to be done differently to make an impact on health outcomes, or key factors that lead to health outcomes.

### Recommendations to promote health equity innovation and accountability, continued...

- 4) Prepare application and site reviewers to be able to recognize systems change efforts and give credit for lifting up health equity across the whole organization. Offer training to PHAB site reviewers so that they can recognize substantive efforts to achieve health equity. Because reviewers come from many different health departments, some of which have not yet embraced health equity practice, training will be necessary to ensure all site reviewers are assessing sites similarly and principles are consistent across jurisdictions even if implementation is different.
- 5) Consider developing a tiered QI system with standard QI improvements to generally improve the health department, along with "Innovative QI goals" that encourage risk-taking, especially around health equity work. Health equity work requires planting many seeds that may not all come to fruition. Innovative QI measures could help document and value a commitment to systems change while also trying to track long-term impacts. Innovative QI goals could also potentially create flexibility to acknowledge where a department is starting from and support them to continue, while not penalizing them for starting at different places on a spectrum.

**Figure 14: Examples of Health Equity Work that PHAB Could Track and Publicize**

#### Examples of work that PHAB could track and publicize to increase attention to health department work to advance health equity

- Percentage of health departments who have:
  - Health equity plan
  - Prominent definition of health equity
  - Dedicated staff who primarily work to advance health equity
  - Staff with Health Equity in their job title
  - Health equity in the job descriptions of 50% or more of their staff
  - Experience working with community organizers
  - Community health assessments that show geographic, racial, and other inequities and identify root causes of those disparities
  - Community health improvement plans that propose actions on the social determinants of health
  - High quality and diverse partnerships with other agencies and community organizations
  - High quality leaders who are effective at managing change
  - Ability to communicate with different stakeholder groups in different ways
  - Orientation towards evidence-based decision-making
  - Clear communications plan that reframes health as being shaped by conditions and inequities rather than just genetics or individual behaviors

### III.B. What to Expect of Health Departments to Advance Health Equity

In the prior section, we proposed overarching recommendations for **PHAB** to consider as it embarks on its 2.0 process. In contrast, these recommendations are more specifically about the ways in which **health departments** could be expected to advance health equity in their jurisdictions, and could align with accreditation requirements. In the subsequent section, we provide extensive examples of actions that could be integrated into the PHAB domains.

*To systematically dismantle the patterns of othering and exclusion in government practice, we must pursue a wall-to-wall transformation of how health departments work internally, with communities, and alongside other government agencies.*

These strategic practices are the basis of HIP’s Health Equity Guide and were developed through an environmental scan and interviews, conversations with national health equity experts, and our experience providing capacity building for health departments advancing equity. They are rooted in a theory of change that to systematically dismantle the patterns of othering and exclusion in government practice, we must pursue a wall-to-wall transformation of how health departments work internally, with communities, and alongside other government agencies. This “inside/outside approach” requires health departments to build internal capacity and a will to act on the social determinants of health and health equity. It also requires developing relationships with and mobilizing communities and government to advocate for action on health equity.

The process of pursuing transformative change is iterative and requires patience and adaptability. There is no step-by-step set of instructions. Rather, the work must be molded to fit local, state, and tribal contexts, and then be refined and adapted as that context shifts. These strategic practices are synergistic and interconnected: they should be used together, strategically, through an intentional and adaptive process to achieve a health department’s goals.

**Figure 15: Recommendations for What to Expect of Health Departments to Advance Health Equity**

**We recommend the following strategic practices as ways that health departments could be expected to do to advance health equity:**

**Build Internal Infrastructure to Advance Health Equity**

- 1) Mobilize data, research, and evaluation to make the case for, assess, and inform interventions for health equity
- 2) Build understanding and capacity to advance equity across the department and workforce
- 3) Change internal practices and align internal processes to advance equity
- 4) Prioritize improving the social determinants of health through upstream policy change
- 5) Allocate resources to advance equity

**Work Across Government to Advance Health Equity**

- 6) Build alliances with other government agencies to advance equity
- 7) Develop a shared analysis with other agencies about government's role in creating health equity
- 8) Broaden the administrative and regulatory scope of public health and other agency practices to advance health equity

**Foster Community Partnerships to Advance Health Equity**

- 9) Build strategic community relationships, share power and decision making, and spark meaningful participation
- 10) Build alliances with community partners to protect against risk and build community power
- 11) Engage strategically in social justice campaigns and movements to advance equity

**Champion Transformative Change to Advance Health Equity**

- 12) Confront power imbalances and the racial and other forms of oppression used to maintain those imbalances
- 13) Develop leadership, support innovation, and reward strategic risk taking to advance equity
- 14) Change the conversation about what creates health equity within public health, across government, and in communities
- 15) Join with others in public health to build a health equity movement

Appendices VI.C and VI.D provide a brief explanation of what each strategic practice means and why it is important for advancing health equity as well as a set of actions to operationalize each strategic practice.

### III.C. Recommendations to Advance Health Equity by PHAB Domain

This section provides extensive examples of actions to advance health equity by existing PHAB Domains. We developed these recommendations by reviewing the PHAB Standards and Measures Version 1.5 and comparing these to the Health Equity Guide Actions to Advance Health Equity (see Appendix VI.C). Through this review, we noted language currently included in Version 1.5 that helps advance health equity. Appendix VI.F lists examples of that health equity language.

Through our review of PHAB's Standards and Measures, we found that our Health Equity Guide Strategic Practices often corresponds to PHAB Domains. For example:

- "Mobilize Data, Research, and Evaluation" loosely corresponds to Domain 1: Assess and Domain 2: Investigate
- "Foster Community Partnerships" strategic practices loosely correspond to Domain 4: Community Engagement
- Several "Champion Transformative Change" strategic practices loosely correspond to Domain 3: Inform and Educate, Domain 5: Policies and Plans, and Domain 12: Administration and Management

In general, we recommend improving language to make the focus on health equity more explicit and/or adding additional actions to expand the approaches to advance health equity by PHAB Domain. These recommendations could potentially be used to inform revising the standards or measures themselves and/or give examples of the kind of work that could be used as evidence to show achievement of those standards and measures. Advisory committee members reviewed and edited these recommendations.

With few exceptions, we are not explicit about where these recommendations should be included. For example, they could be incorporated into the Measure itself and/or into the significance, guidance, or documentation descriptions. We did not want to be too prescriptive because we know that Version 1.5 will be undergoing many revisions.

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**DOMAIN 1. ASSESS: Conduct and disseminate assessments focused on population health status and public health issues facing the community**

- *Standard 1.1: Participate in or Lead a Collaborative Process Resulting in a Comprehensive Community Health Assessment*
- *Standard 1.2: Collect and Maintain Reliable, Comparable, and Valid Data that Provide Information on Conditions of Public Health Importance and On the Health Status of the Population*
- *Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health*
- *Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions*

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**DOMAIN 1: RECOMMENDED ACTIONS TO ADVANCE HEALTH EQUITY**

Domain 1 is primarily focused on conducting and disseminating the Community Health Assessment and using the data to inform other activities. These processes are golden opportunities to advance health equity by transforming the story we choose to tell about what is going on in our communities and the systems implicated in those experiences. Specifically, what we include in our CHA and how it is done – e.g. what data is collected, how it is collected, who is involved in the process, what messages are coming out from the findings in terms of where we should focus our actions/improvements, how the findings are communicated, who delivers and receives the findings – all of these are opportunities to advance health equity.

- Encourage a shift in focus in from “what causes diseases” to “what are the conditions needed to be healthy” in the CHA and CHIP process and in ongoing data collection and community engagement activities.
- Leverage data to: 1) change the narrative of what creates health, 2) inform and inspire policy change, and 3) support partnerships and engagement.
- Challenge the dominant leadership paradigm about who should be at the table for CHA and CHIP engagement processes (e.g. usually professionals, hospitals and health insurance representatives) and encourage departments to center on community voice. This will require community organizing and building community leadership capacity (or partnering with organizations who do that work), but will result in having those most impacted by the health inequities at the table and result in indicators and policy goals that will meaningfully impact their conditions.
- Consider requiring analysis of socio-economic, environmental factors and SDOH as part of the assessment (*current wording makes optional*). Many data sources exist (e.g. County Health Rankings, Equity Atlas, Diversity data.org, etc) to draw this data from at the county level if not at finer grain data. Wherever possible, include analysis at the census tract (or more detailed) level.
- Consider requiring inclusion of data from other government agencies (such as housing, transportation, police/sheriff, parks, etc) on the social determinants of health as a means to facilitate cross-government collaboration, to develop a shared understanding of the community conditions that create health, and to help point to upstream policy, systems, and environmental change solutions.
- Include government agencies as a partner to be engaged in CHA, CHIP assessment, reporting and dissemination activities.

- Actively engage community members most impacted by health inequities in:
  - Selecting focus areas and project-specific and department-wide indicators, data, and priority measures to hold agencies accountable for advancing health equity.
  - Data analysis - as they have key insights, history, stories, and information about *why* we see inequities.
- Consistently seek opportunities to center the work with community members that are most negatively affected by the unequal distribution of the social determinants of health and to support resident leadership.
- Develop tools and measures to ensure accountability to community members during this process and to prevent community members from being tokenized. The Racial Equity Toolkit from the Government Alliance on Race & Equity is one example of a helpful tool.
- Highlight the most striking inequities in data and publications — and the reasons for these inequities — through clear, consistent, and widespread messages to decision-makers, affected communities, partners, and the general public.
- Work with community partners to develop messaging so that when inequities are highlighted, we don't unintentionally perpetuate them.
- Highlight data and stories on community resiliency and, community-led efforts to achieve health equity.

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**DOMAIN 2. INVESTIGATE: Investigate health problems and environmental public health hazards to protect the community**

- *Standard 2.1: Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards*
- *Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards*
- *Standard 2.3: Ensure Access to Laboratory and Epidemiologic/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Public Health Problems and Environmental Public Health Hazards*
- *Standard 2.4: Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications*

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**DOMAIN 2: RECOMMENDED ACTIONS TO ADVANCE HEALTH EQUITY**

Domain 2 is primarily focused on communicable diseases and environmental public health hazards. Health departments should be encouraged to broaden the scope of environmental public health to include climate change and other environmental and social determinants. But within both categories – and more broadly for departments’ data collection and analysis activities – there are many opportunities to advance health equity. For example:

- Conduct timely investigations of long-standing and emerging public health threats that stand to increase health inequities and seek to contain or mitigate these threats. For example, the foreclosure crisis, the housing crisis, police violence, tax cuts, climate change, and other social and political threats can all be investigated as public health threats and public health can put forth solutions that may go beyond the HD, but include an analysis of and impact on health inequities.
- Leverage restaurant, hazardous waste, lead, noise, and other inspection activities to observe, and if possible document, inequitable working and housing conditions that contribute to health inequities.
- Develop relationships with community organizations (e.g. worker centers, labor unions, tenants advocates) that can support the individuals impacted by the conditions and the respective agency with power to enforce violations of conditions (e.g. Department of Labor, OSHA, Department of Housing, Police) to ensure there is follow up on the investigation.
- Leverage health department permitting processes to ensure that businesses receiving health permits are complying with other laws that affect social determinants of health (e.g. the business provides evidence of having current workers’ compensation, no labor or OSH violations, no tax violations, offering appropriate worker safety training, telling workers about existing wage laws and rights, contributing to workers’ health insurance (if applicable).
- Respond proactively to community requests for data on issues that impact their lives, (e.g. police shootings, deportations, evictions, and incarceration). Look for opportunities for HD data collection on these topics and support obtaining the data from other agencies. Make data available to communities so they can use it in their own efforts to advance equity.
- Publish social justice-related data and research that community partners are prioritizing and using to organize — particularly data that align with the health department’s priorities (e.g. housing and transport conditions, food access, health care access, etc).
- Use racial equity and health equity analysis tools to identify opportunities to improve surveillance and investigation activities – e.g. how are activities being conducted, who might not report symptoms (because of immigration status, stigma, language barriers, fear of losing housing, etc), how to reach those populations, how to include additional questions about social conditions impacting disease and opportunities to improve the conditions, how to frame data and not perpetuate stereotypes but instead draw attention to upstream causes.



- Develop an agency-wide communication plan with messages about what creates health and equity.
- Encourage health departments to acknowledge that partnerships with other government agencies may already be occurring through investigation and hazard mitigation efforts (e.g. working closely with Housing Dept or Public Housing Authority to mitigate TB, asthma, etc; working with Planning and Permitting offices re: hazardous waste siting and dumping, with the Tax Collector to allow or revoke restaurant permits, etc). These relationships may or may not be acknowledged as “partnerships” when referring to CHA activities or community engagement. But they are important partnerships and opportunities to engage in cross-departmental health equity discussions, equity-focused data sharing and analysis, communications, problem solving and policy/program solutions

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**DOMAIN 3. INFORM & EDUCATE: Inform and educate about public health issues and functions**

- *Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness*
- *Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences*

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**DOMAIN 3: RECOMMENDED ACTIONS TO ADVANCE HEALTH EQUITY**

In Domain 3, health education and promotion may be interpreted to include education and communication about the social determinants of health and health equity, but may also be interpreted as a focus on individual health behavior education.

- Consider providing more explicit language about building awareness of the social determinants of health and health equity specifically with different audiences, including health department staff, healthcare institutions, government agencies, elected officials, and community stakeholders.
- Advance a narrative that says: 1) health is more than health care and 2) to improve health, we must focus on community conditions that lead to health.
- Include information about structural oppression and intersectionality (including structural racism, class exploitation, gender discrimination, heterosexism, ableism, cisgenderism, xenophobia, and more) as well as information about policies and systems change that may reduce or eliminate health inequities as part of education and promotion about the social determinants of health and health equity.
- Leverage social media, agency-wide communications and newsletters, earned media, and public events to raise awareness of the conditions that create health and inequities.
- Highlight and sustain community partnerships that have led to changes in department policies, processes, and practices.
- Invest in and create institutional changes that support quality translation. Hiring policies should lead to a diverse workforce that represents the population served and languages spoken.
- When developing agency publications, make sure to frame messaging in a way that:
  - Connects individual health outcomes to the social issues and inequities that drive those outcomes
  - Presents a solution to the problem, e.g., makes a practical policy appeal
  - Assigns primary responsibility for who can fix the problem
  - Uses stories and images to humanize the impacts
  - Is informed by those whom the data/story/issue is about
  - Is tailored to various audiences, e.g. communities experiencing inequities and decision makers
  - Includes historical and current contexts behind the data

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**DOMAIN 4. COMMUNITY ENGAGEMENT: Engage with the community to identify and address health problems**

- *Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes*
- *Standard 4.2: Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health*

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**DOMAIN 4: RECOMMENDED ACTIONS TO ADVANCE HEALTH EQUITY**

Domain 4: Community engagement, and more specifically community empowerment, is at the heart of advancing health equity. The way that health departments partner with community members, particularly communities most impacted by health and social inequities, has the opportunity to transform health department practice – and/or – reinforce existing power dynamics with institutions. Ultimately the goal of community empowerment is to change the leadership paradigm, to move to sharing power and leadership with community members most impacted by health and social inequities.

Community engagement means engaging in meaningful ways to develop a shared agenda, not always on a health department's timeline or property, but also by going out into the community, attending their meetings – this often involves work outside a 9-5 timeline, but can result in very meaningful engagement and trust building. It is important to emphasize that relationship building – particularly with institutions that have historically discriminated against numerous populations – takes time, patience, and action to demonstrate that the health department will follow through on equity commitments.

Health departments can support increasing the voice and influence of communities impacted by health inequities in policy change. One key strategy for achieving this is by working with community organizers, movement building, and social justice organizations which can bring relationships and capacity to build the leadership and advocacy skills of residents most impacted by inequities – and support policy change from outside the health department.

*Working with Community Partners*

- Understand the priorities of local communities, partner with them, and direct policy change resources to support their priorities. First steps usually include listening to partners without advancing a particular agenda.
- Apply participatory budget tools and/or processes to health department programs and city/county/state decision-making to enable community decision-making on where funding should be allocated.
- Design more inclusive and transparent decision-making processes to actively reduce the marginalization of specific racial and socioeconomic groups. Allocate time, funds, and capacity building to facilitate the meaningful participation of communities experiencing health inequities in department decision making.
- Include voices of the people experiencing health inequities in all stages of program and policy development and create meaningful opportunities for community engagement and evaluation.
- Enhance residents' capacity to conduct and analyze their own research, identify levers of power, develop policy strategies, advocate for policy change and evaluate their impact.
- Hold provider networks and other public health system partners accountable for advancing health equity. Support capacity building among partners and providers to enhance a systems-wide equity approach.

- Practice transparency with communities around agency needs and priorities, and invest resources to build strong and trusting relationships with community partners. For example, dedicate staff time to regular meetings with community partners; help direct health department contracts to organizations doing high quality community engagement and empowerment activities; provide financial resources, physical meeting space, or other office support to community organizations engaging community members in health equity-related activities, or provide leadership and capacity building trainings and support to community partners. Tools like the Racial Equity Toolkit from the Government Alliance on Race and Equity can provide greater transparency while also enhancing data collection and developing solutions to challenging issues.
- Partner with communities experiencing inequities in ways that intentionally share power and decision making. Identify strategic opportunities and avenues for communities to contribute their expertise and knowledge. Co-develop, adopt, and promote a shared agenda, narrative, and resources to advance health equity.
- Allow time and space to connect. Routinely attend meetings and events organized by community and social justice organizations and show support by staying informed of their priorities.
- Create a “base” of community support that can advocate on the health department’s behalf when elected officials or other leaders question the department’s work.
- Work from the principle that a key step towards health equity is power-building among communities who have been most negatively impacted by historical and current societal and political arrangements. Seek to engage in partnerships and work that provide opportunities for community members to not only be a part of the process, but to build power and create sustainable and transformative change among government institutions and their relations to community members.

#### *Working with Community Organizers and Social Justice Organizations*

- Use data, advocacy, and other expertise to support community-led social justice efforts that would improve equity.
- Develop strong systems of communication so that community groups can alert the health department to long-standing, emerging, and growing risks that may not fall within traditional public health (e.g., immigration, housing, and land use policy).
- Identify, support, and work collaboratively with the leadership of grassroots and civic organizations whose activities and campaigns advance health equity.
- Build deep and trusting relationships with community organizing groups who can challenge outside assertions that your work is too political or sensitive.
- Be transparent about the HD’s processes, budgets, etc. For example, if all media requests must go through a Public Information Officer at the HD level or broader city/county/state level, community partners should know this before deciding to engage in a jointly-authored report as this may influence the communication strategy around developing and releasing the report.
- Collaborate with local, regional, state, and national partners from public health and social justice communities to advance health equity, and to help solidify a movement for progressive health equity practice.
- Work with community organizers to train health department staff on the principles and practices of community organizing.
- Work with community organizers to include a message of health equity in their organizing efforts.
- Listen and learn from broader social movements to better understand their issues, processes, and narratives, and how they build power and motivate their base.

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**DOMAIN 5. POLICIES & PLANS: Develop public health policies and plans**

- *Standard 5.1: Serve as a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity*
- *Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a tribal/State/Community Health Improvement Plan*
- *Standard 5.3: Develop and Implement a Health Department Organizational Strategic Plan*
- *Standard 5.4: Maintain an All Hazards Emergency Operations Plan*

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**DOMAIN 5: RECOMMENDED ACTIONS TO ADVANCE HEALTH EQUITY**

Domain 5: Strategic plans are key opportunities for inserting intentions and holding the department accountable for advancing health equity across the department. Ideally the strategic plans include both internal and external change focuses – to build internal infrastructure, work across government, and foster community partnerships to collectively champion transformative change. In addition to leveraging the planning and implementation process, this domain speaks to leveraging the knowledge and expertise of health departments to inform other policies and practices. Fundamentally, this includes working with other government agencies and decision makers to increase collective understanding and action on social determinants of health and inequities.

- Create and champion a legislative agenda that focuses on upstream social determinants, and undertake direct and/or indirect advocacy in decision-making contexts to advance targeted policies.
- Incorporate goals, language, and data about health equity and the social and economic conditions necessary for health into city/county/state’s plans, budgets, assessments, and other strategic documents.
- Develop, adopt, and implement policies, plans, practices, and tools that explicitly address health and racial equity.
- Develop a clear policy, systems, and environmental change agenda across the department to influence social and economic conditions.
- Identify, support, and work collaboratively grassroots and civic organizations whose activities and campaigns may advance health equity, though may not be the their primary frame.
- Present at legislative hearings, press conferences, community events, and other public spaces about how health and equity are affected by the social justice issues that mobilize community partners.
- Work with agencies to advance a shared understanding of: 1) the historical role of government laws, policies, and practices that created and maintained inequities — particularly around race, 2) a definition of equity and inequity, 3) the difference between explicit and implicit bias, 4) the difference between individual, institutional, and structural racism, and 5) government’s role in repairing these harms, 6) the importance of community power-building that leads to transformational change in how government and residents, especially those with the most negative health impacts from historical and current structural arrangements, relate to each other.
- Work with agencies to normalize conversations about race, racism, health inequities, power, and the social determinants of health.
- Increase emphasis on cross-sector collaboration with a focus on SDOH – e.g. working with the housing and homelessness community, working with criminal justice system.
- Include a commitment and documentation to ensure genuine opportunities for participation and power-sharing in the CHIP and CHA process.

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**DOMAIN 6. PUBLIC HEALTH LAWS: Enforce public health laws**

- *Standard 6.1: Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed*
- *Standard 6.2: Educate Individuals and Organizations on the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply*
- *Standard 6.3: Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies*

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**DOMAIN 6: RECOMMENDED ACTIONS TO ADVANCE HEALTH EQUITY**

Domain 6 speaks to the enforcement of public health laws. This may be interpreted as laws explicitly under the authority of the health department and/or as enforcement of laws that protect health and well-being. Many other departments – such as planning, parks, public safety, education, etc – state in their mission and their laws that their goal is help protect well-being and health of residents. Although another agency may have jurisdiction/authority over their laws, the health department can help lift up how enforcement of those zoning, safety, and other laws directly impact health conditions and inequities. In this context, the health department can both leverage its own authority to protect health and well-being – and support, draw attention and reinforce the roles of other departments in protecting health and well being as well. Bringing a health and equity lens to cross-sector collaborations can lift up valuable opportunities to transform the organizations.

*Leverage Authority to Protect Health and Well-Being*

- Lead or participate in health impact assessments or the application of equity impact tools to analyze the health and equity impacts of proposed policies, programs, projects and plans on community health. Recommend mitigations to address negative impacts and promote health and equity.
- Identify, develop, and implement approaches and policies to expand the department’s statutory authority around health, particularly in ways that expand responsibility around social determinants.
- Support the revision of statutes, regulations, and codes that govern local health departments to ensure non-discrimination in the distribution of public health benefits and interventions.
- Incorporate goals, language, and data about health equity and the social and economic conditions necessary for health into city/county/state’s plans, budgets, assessments, and other strategic documents.
- Influence, develop, and/or implement policies to improve social and economic conditions in your jurisdiction, especially for populations of color and others experiencing health inequities.
- Develop a transparent process for responding to internal/external requests for health department statements, testimonies, letters, etc. on policy.

*Work Across Government to Advance Equity*

- Develop relationships and multi-sectoral collaborations with city/county/state agencies of labor, transportation, education, corrections, economic development, housing, and public safety to influence their decision making in ways that promote health equity.
- Seek inclusion in related agencies’ policy discussions and decision making. Influence other agencies’ policies and decisions that affect the social and economic conditions required for health.

- Promote public investments in community infrastructure that sustain and improve community health and decrease inequities.
- Advance a Health Equity in All Policies approach by: 1) building relationships with and engaging agency counterparts to add health considerations in policy development and 2) engaging in dialogue with residents, governing bodies, and elected officials regarding governmental policies responsible for health inequities.
- Build and work with strategic alliances, such as regional public health agency collaboratives, that are better poised to innovate and take strategic risks around controversial policy issues.
- Connect with state and national initiatives to advance health and racial equity (e.g. NACCHO Health Equity and Social Justice Committee, GARE Network, Public Health Awakened, NCHE HELEN, etc) to reduce isolation, identify strategies to overcome organizational and political resistance, and promote inspiration and collaboration
- With government partners, use a health equity and/or social determinants framework to assess state and local policies that affect the social and economic factors contributing to health inequities.
- Educate about and encourage others to adopt a restorative justice approach to legal violations. This includes seeking to increase budgets for prevention, increasing awareness about adverse childhood events, and stabilizing or decreasing budgets for the criminal justice system.

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**DOMAIN 7. ACCESS TO CARE: Promote strategies to improve access to health care**

- *Standard 7.1: Assess Health Care Service Capacity and Access to Health Care Services*
- *Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services*

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**DOMAIN 7: RECOMMENDED ACTIONS TO ADVANCE HEALTH EQUITY**

Domain 7's strategies to promote access to health care are synergistic with the strategies to engage communities generally (Domain 4). In addition to having culturally competent and linguistically accessible staff and materials, the culture of the facilities offering the services should be one that is explicitly open and welcoming to people of different races, ethnicities, religions, immigration status, gender identity, etc.

- Create a culture of respectful co-learning, evaluation, reflection, and transparency about community and department needs/priorities to build trust between department and community partners.
- Commit to developing a professional workforce that reflects the demographics of the populations served and the communities facing health inequities.
- Examine public and organizational policies, rules, and regulations that facilitate or inhibit working upstream and ensure that resources are not reinforcing cultural bias, barriers, and inequities.
- Work to advance language justice by improving department's interpretation and translation practices by: gaining a better understanding of internal capacity, streamlining processes with vendors, finding opportunities for professional development; and developing consistency through policies and protocols.
- Work to address the availability of health care services to the population should be connected to ongoing analysis and systems-change work related to the social determinants of health. For example, even if healthcare services are available, they may not be accessible because of transportation, safety, or other barriers. Work in this domain should not be siloed because of these connections. Reports on those who experience barriers should include an explanation of and analysis of social determinants, as well as recommendations for moving forward.



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**DOMAIN 8. WORKFORCE: Maintain a competent public health workforce**

- *Standard 8.1: Encourage the Development of a Sufficient Number of Qualified Public Health Workers*
- *Standard 8.2: Ensure a Competent Workforce through Assessment of Staff Competencies, the Provision of Individual Training and Professional Development, and the Provision of a Supportive Work Environment*

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**DOMAIN 8: RECOMMENDED ACTIONS TO ADVANCE HEALTH EQUITY**

Domain 8: Workforce development and capacity building is a critical component of reorienting a health department towards health equity. This domain offers suggestions of how to ensure staff competency and build a health equity approach into the day-to-day work in HDs. Tools from organizations like the Government Alliance on Race and Equity (GARE) can help staff conduct a comprehensive analysis of opportunities to advance equity in hiring and retention practices, training, capacity building and professional development.

*Hiring and Retention Practices*

- Develop a system to track the recruitment, hiring, development, and retention process, including where people drop out. This will necessitate engaging HR, unions, schools, and others and building support for these efforts. Tools like GARE’s Racial Equity Toolkit are particularly helpful for this process.
- Commit to developing a workforce — including sub-contractors — that reflects the demographics of the populations served and the communities facing health inequities, and create recruitment, retention, promotion, and training policies to meet this commitment.
- Commitment may include tangible resources (e.g., staff, funding) as well as less tangible, but critical resources, such as ensuring that leadership directing staffing have a health equity background and that workforce development staff have direct access to health equity leadership.
- Utilize tools, such as GARE’s Racial Equity Toolkit, to build a plan not just for the health department, but to engage stakeholders who have a role in shaping the regional public health workforce.
- Establish a hiring process that vets candidates for their sensitivities to and understanding of root causes of health inequities, including willingness to learn, cultural humility, and listening skills. This may include adapting job descriptions, how people can apply, where the jobs are posted, support to applicants, and interview processes.
- Establish a hiring process that seeks to minimize implicit bias in interviewers.
- Dedicate funding to health equity staff positions responsible for embedding equity throughout the entire organization and transforming organizational practice.
- Include health equity language and apply a health and racial equity approach to organizational processes and procedures, including:
  - Contracts/RFPs and contract reviewing
  - Grant making and grant reviewing
  - Hiring and human resources
  - Workforce development
  - Data acquisition and analysis
  - Budgeting and resource allocation
  - Other key organizational processes and procedures

### *Training, Capacity Building, Professional Development*

- Create a culture of respectful co-learning, evaluation, reflection, and transparency about community and department needs/priorities to build trust between department and community partners.
- Have an ongoing process of education, structured dialogue, and organizational development that engages all department staff to:
  - Explain the evidence around health inequities and its sources
  - Explore the root causes of health inequities — oppression & power — and how to address them
  - Discuss the values and needs of the community
  - Build core competencies and capacities of staff to successfully achieve health equity
- Build capacity around topics that normalize and operationalize health equity, such as:
  - Attending undoing racism or anti-racism training
  - Implementing policies, practices, and tools that explicitly address equity
  - Advancing an approach to include Health Equity in All Policies
- Support the development of leaders at all levels of the organization — for example, through professional development, allocating staff resources to pilot projects, rewarding health equity work, and reducing hierarchy.
- Build capacity at all levels of the organization to develop strong relationships with communities experiencing inequities and to identify and implement community solutions to end health inequities.
- Train and prepare staff to respectfully and thoughtfully engage with communities experiencing health inequities. Create an infrastructure and management system that prioritizes and supports this. For example, do frontline staff have adequate time in home visits to engage with residents about other concerns or opportunities for deeper resident engagement or are appointments so close together that this is not possible? Are they trained and do they have support to provide information on other issues that arise, like immigration or housing questions, or what community-organizations might provide opportunities for resident leadership and engagement?
- Enable ongoing capacity building for health department staff to improve and advance their health equity data analysis, research, and evaluation skills – e.g. GIS training, training on analyzing complex SDOH data sets, attending and presenting at conferences, webinars, community-based participatory research, participatory action research, etc.
- Strengthen direct service staff capacity to explore the underlying causes of inequities and to identify and advocate for policy, systems, and environmental changes that address the drivers of services they provide.
- Strengthen the capacity of policy or systems-change staff to understand the direct services the HD provides and to build strong relationships and communication with frontline staff. This may include building infrastructure and spaces to jointly discuss and create solutions to complex health equity issues. For example, home visiting staff or staff working with homeless populations may have powerful stories and key insights into aspects of the housing crisis or impacts of immigration policy that policy staff are unaware of.
- Build ongoing and transparent internal communication mechanisms between leadership and staff, as well as between units, to support workforce development related to health equity. Ensure that these communication mechanisms are bi-directional, meaning leadership communicates important information to staff, but also staff can communicate what they are seeing on the ground and develop strategies for addressing health inequities to leadership.

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**DOMAIN 9. QUALITY IMPROVEMENT: Evaluate and continuously improve processes, programs, and interventions**

- *Standard 9.1: Use a Performance Management System to Monitor Achievement of Organizational Objectives*
- *Standard 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions*

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**DOMAIN 9: RECOMMENDED ACTIONS TO ADVANCE HEALTH EQUITY**

Domain 9 advances creating a culture of quality improvement (QI) across the health department. As observed in the key informant interviews, creating this type of systems and culture change can “prime” the health department to be ready to take on other cross-divisional initiatives, such as incorporating health equity across the department.

*Develop a culture of QI with health equity as the goal*

- As departments develop a culture of QI and performance measurement, require that health equity be the main or one of the main goals or compasses guiding that culture and systems change (e.g. see Harris County, King County, Portland, Madison/Dane County, others for examples).
- Develop organizational infrastructure to support change — for example, establishing “change teams” in every department to support and lead equity work and assigning health equity staff to embed equity throughout the entire organization to transform organizational practice.
- Develop a practice of asking questions at all levels and points in the process and build it into policies and procedures to ensure consistency throughout the agency. Questions include: Who benefits from the effort or program? What is the health impact? Who will experience the health impacts? What and whose values, beliefs, and assumptions are respected? What is the anticipated outcome (noting outcome is different than intent)?
- Track and realign resource allocation to ensure that departments direct resources to engage and impact those with greatest need in order to advance health equity.
- Track and realign resource allocation to ensure that departments direct resources to target upstream policy, systems, and environmental interventions that address equity.
- Develop staff capacity to ask critical questions across government about the development of policies, practices, and investments — and how these might perpetuate or alleviate health inequities. This may include developing a better understand about government agencies and elected officials at all levels, how decisions are made, etc.
- With government partners, use a health equity and/or SDOH framework to assess state and local policies that affect the social and economic factors contributing to health inequities.
- Apply knowledge and training around bias and structural racism in program and policy work.

*Shared Understanding, Shared Narrative*

- Work with communities experiencing inequities to co-develop, adopt, and promote a shared agenda and narrative to advance health equity.
- Normalize conversations about health equity in meetings, presentations, and other forums by explicitly including equity data and terms that include: social justice, racism, oppression, and power.
- Hold intentional discussions about strategy and tactics to determine which risks are worth taking.
- Develop materials that help all staff, community partners and members understand how and why the department is working on QI and health equity together. As part of developing a shared understanding and narrative, when possible, communicate positive results and areas for growth.

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**DOMAIN 10. EVIDENCE-BASED PRACTICES: Contribute to and apply the evidence base of public health**

- *Standard 10.1: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions*
- *Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences*

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**DOMAIN 10: RECOMMENDED ACTIONS TO ADVANCE HEALTH EQUITY**

Domain 10 elevates the importance of using evidence-based practices. Given that health equity work (different from health disparities work) is relatively new to many departments, there is not necessarily a strong evidence base to support all the actions that are recommended in this document and by others. That said, this speaks to the importance of creating supportive learning networks – such as those organized by GARE, HIP and National Collaborative for Health Equity – for departments to learn from each other, share lessons learned, troubleshoot, and avoid making the same mistakes as others.

- Promote understanding of the work of other health departments to make the case for investing in health equity work.
- Develop and utilize frameworks or theories of change that acknowledge and address the role of power on social, racial, and health inequities.
- Request data collection and analysis from other government agencies that aligns with health department data collection and analysis methods so that data are comparable across sector. Use the data to develop a shared understanding of community conditions that create health.

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**DOMAIN 11. ADMINISTRATION & MANAGEMENT: Maintain administrative and management capacity**

- *Standard 11.1: Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions*
- *Standard 11.2: Establish Effective Financial Management Systems*

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**DOMAIN 11: RECOMMENDED ACTIONS TO ADVANCE HEALTH EQUITY**

Domain 11 covers administration and management of the health department, and as such appears to be the natural home for health department leadership as well. We divide our recommendations into those three categories:

*Administration/Operations*

- Consider requiring mandatory agency-wide trainings, intra-departmental workgroups, peer learning sessions, coaching, and other approaches that create space to reflect and discuss equity-related content.
- Examine public and organizational policies, rules, and regulations that facilitate or inhibit working upstream and ensure that resources are not reinforcing cultural bias, barriers, and inequities. Utilize toolkits such as GARE’s Racial Equity Toolkit.
- Promote policies and practices to explicitly assess and address power imbalances, racial equity, and the disproportionate impacts of oppression in your organization’s work.
- Use health and racial equity tools in the development of policies and processes. E.g. Program Charters that include a section which describes the ways programs addresses health equity.

*Finances*

- Leverage and integrate funding streams (e.g., general funds, categorical funding, and grant funding) to advance health equity, including partnerships with communities and upstream policy, systems, and environmental change.
- Align payment methods, quality improvement, and fiscal incentives with performance on health equity measures.
- Collaborate with foundations, private donors, and others to direct resources toward community organizations addressing the social determinants of health and health inequities.
- Create and/or support a fund for staff and/or community innovation to address health inequities.
- Apply participatory budget tools and/or processes to health department programs and city/county/state decision making to enable community decision-making on where funding should be allocated.

*Taking Leadership*

- Leverage health department resources, power, and data to protect communities against risk (e.g. from deportation, discrimination, environmental injustices, poor working conditions) and build community power through capacity building, leadership development, and resource allocation.
- Stand up for and speak out about racism, class exploitation, gender inequality, and power imbalances, as well as the effects of social exclusion to staff, other agencies, elected officials, the public, and the media.

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**DOMAIN 12. GOVERNANCE: Maintain capacity to engage the public health governing entity**

- *Standard 12.1: Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities*
- *Standard 12.2: Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity*
- *Standard 12.3: Encourage the Governing Entity’s Engagement In the Public Health Department’s Overall Obligations and Responsibilities*

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**DOMAIN 12: RECOMMENDED ACTIONS TO ADVANCE HEALTH EQUITY**

Domain 12 is focused on the entity governing the public health department – e.g. Board of Health, Governor’s Office, etc. Our recommendations are for these entities and other decision makers that can impact conditions affecting health.

- Engage members of the governing entity in department- and jurisdiction-wide trainings on health and racial equity, the historical role of government in perpetuating inequities and how to champion transformative change across the jurisdiction.
- Be vocal with decision makers and other government agencies when policy proposals might exacerbate inequities, even when doing so is not the easy thing to do.
- Proactively develop relationships across sectors, with sister agencies, and with elected officials and their offices, to assist in understanding the political landscape and establishing rapport and credibility.

## IV. RESOURCES TO ADVANCE HEALTH EQUITY

The final component of this commissioned paper is to describe resources that can help departments advance health equity. The first set of resources is recommended by HIP, key informant interviewees, and project advisors as central important to advance health equity. The second set of resources, which includes the first set, is much more extensive, is organized by PHAB Domain, and could be referenced in the guidance section of each measure.

### IV.A. General Resources Recommended by Key Informants, Project Advisors, and Human Impact Partners to Advance Health Equity

The majority of key informants listed three resources – the BARHII’s Organizational Self-Assessment Tool, the GARE’s Equity Tools/Resource Guides, and HIP’s Health Equity Guide – as the top three resources that they use in their health equity work and/or recommend for other health departments’ working to advance health equity. These and other resources recommended by key informants, project advisors and HIP are included below.

- Bay Area Regional Health Inequities Initiative (BARHII)
  - [Local Health Department Organizational Self-Assessment for Addressing Health Inequities: Toolkit and Guide to Implementation](#). 2010.
- Government Alliance for Race and Equity (GARE)
  - [Advancing Racial Equity and Transforming Government: A Resource Guide to Put Ideas into Action](#). 2015.
  - [GARE Tools and Resources Page](#)
- Human Impact Partners (HIP)
  - [Health Equity Guide](#)
  - [Public Health Awakened](#)
- National Association of County and City Health Officials (NACCHO)
  - [Roots of Health Inequity](#) website with online course and [facilitator’s guide](#).
  - [Expanding the Boundaries: Health Equity and Public Health Practice](#). 2014.
  - [Tackling Health Inequities Through Public Health Practice: A Handbook for Action](#). 2006.
  - [Guidelines for Achieving Health Equity in Public Health Practice](#). April 2009.
  - Iton, A. [Health Equity: Moving from the Margins to the Center](#). NACCHO Exchange. 2016.
- Association of State and Territorial Health Officials (ASTHO):
  - [Role of the State and Territorial Health Official in Promoting Health Equity](#). 2013.
  - ASTHO 2016 President’s Challenge: [Triple Aim of Health Equity](#)
  - Ehlinger, Ed. [We need a Triple Aim for Health Equity](#). *Minnesota Medicine*. 2015.
- Other:
  - [BuildtheField.org Nexus Tool for Community Engagement](#)
  - [CDC’s Health Equity Guide](#)
  - City of Seattle. RSJI. [Inclusive Outreach and Public Engagement Guide](#)..
  - [Foundational Practices for Health Equity: State Self-assessment](#).
  - [Minnesota’s Health Equity Data Guide](#)
  - [NNPHI’s Public Health Performance Improvement Network \(PHPIN\)](#)

## IV.B. Suggested Resources by PHAB Domain

To support PHAB in better connecting the above resources – along with many others that we grew aware of in developing the Health Equity Guide – to their existing Domain framework, below we include an extensive, but non-exhaustive, list of resources that health departments can use to advance health equity. The table below illustrates which resources may be most relevant to which PHAB Domains.

Figure 16: Suggested Resources and Examples by PHAB Domain

	PHAB Accreditation Domain											
	1	2	3	4	5	6	7	8	9	10	11	12
<b>Resources to/for:</b>												
<b>A. Equity Oriented Planning/Assess</b>	X				X			X	X		X	
<b>B. Support HE/SDOH Data Analysis</b>	X	X			X	X						
<b>C. Talk about HRE Inequities</b>	X		X	X				X			X	X
<b>D. Work with the Media</b>			X								X	X
<b>E. Promote Meaningful Engagement</b>	X	X	X	X	X	X	X	X	X		X	
<b>F. Support Community Organizing</b>				X	X	X		X				
<b>G. Analyze HRE Impacts</b>		X			X	X		X	X	X	X	X
<b>H. Promote Health in All Policies</b>					X	X					X	X
<b>I. Connect Service Providers</b>							X	X	X		X	
<b>J. Promote Workforce Equity</b>					X			X	X		X	X
<b>K. Build Org. Capacity To Adv Equity</b>					X		X	X	X		X	X
<b>L. Change Org. Culture to Adv Equity</b>								X	X		X	
<b>M. Equitable Budgeting and Finances</b>				X	X						X	X
<b>N. HRE Leadership Development</b>								X	X		X	X
<b>Examples of:</b>												
<b>O. Data Sources to Analyze HE/SDOH</b>	X	X								X		
<b>P. Promoting Equity Through OI</b>									X	X	X	
<b>Q. Promising Health Equity Practices</b>	X	X	X	X	X	X	X	X	X	X	X	X
<b>R. Health Officials Promoting Equity</b>										X	X	X



## **A. Resources for Equity Oriented Planning and Assessment**

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### **Organizational Self Assessment Toolkit**

[barhii.org/resources/barhii-toolkit/](http://barhii.org/resources/barhii-toolkit/)

*Developed by the Bay Area Regional Health Inequities Initiative, this tool helps health leaders identify the skills, organizational practices, and infrastructure needed to address health equity, and provides insights into steps local health departments can take to advance equity.*

### **Foundational Practices for Health Equity: A Learning and Action Tool for State Health Departments**

[www.health.state.mn.us/divs/opi/healthequity/resource/coiin-hrsa-foundational.html](http://www.health.state.mn.us/divs/opi/healthequity/resource/coiin-hrsa-foundational.html)

*Developed for the HRSA and the Region V COIIN Collaborative, this tool was developed to help leaders in state health departments evaluate their agency's capacity to advance health equity and take action to transform public health practices.*

### **Guidelines for Achieving Health Equity in Public Health Practice**

[www.health.state.mn.us/divs/opi/healthequity/resources/docs/Guidelines\\_for\\_Achieving\\_Health\\_Equity\\_in\\_Public\\_Health\\_Practice\\_1.pdf](http://www.health.state.mn.us/divs/opi/healthequity/resources/docs/Guidelines_for_Achieving_Health_Equity_in_Public_Health_Practice_1.pdf)

*This document outlines 10 strategies to help local health departments identify needs, and subsequently evaluate the effectiveness of their practice in achieving health equity.*

### **Health Equity Inventory Tool**

[healthequityguide.org/wp-content/uploads/2017/06/Tacoma\\_Health-Equity-Inventory-Tool.docx](http://healthequityguide.org/wp-content/uploads/2017/06/Tacoma_Health-Equity-Inventory-Tool.docx)

*This tool developed by the Tacoma-Pierce County Health Department helps program staff assess how equity plays out in a process - e.g., who benefits, how community is engaged, and how to advance equity policies. Once complete, staff can then use the accompanying Project Planning Tool to prioritize opportunities.*

## **B. Resources to Support Data Analysis of Health Inequities/SDOH**

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### **Applying SDOH Indicator Data for Advancing Equity**

[barhii.org/resources/sdoh-indicator-guide](http://barhii.org/resources/sdoh-indicator-guide)

*This step-by-step technical guide assists local health departments and community partners in the collection, analysis, and usage of SDOH indicators for local community health assessments, program/policy development, and health equity advocacy.*

### **Health Equity Data Analysis Guide**

[www.health.state.mn.us/divs/chs/healthequity/guide/index.htm](http://www.health.state.mn.us/divs/chs/healthequity/guide/index.htm)

*Developed by the Minnesota Department of Health, this guide provides local health departments with information on how to think about and analyze data related to health equity, and serves as a starting point for understanding how to document health inequities.*

### **Community Health Equity Reports**

[www.nationalcollaborative.org/our-programs/collaboratives-for-health-equity-che/community-health-equity-reports/](http://www.nationalcollaborative.org/our-programs/collaboratives-for-health-equity-che/community-health-equity-reports/)

*These reports by health departments participating in the Place Matters Initiative illustrate comprehensive analyses of social, economic, and environmental conditions in different areas around the country, and documents their relationship to the health status of that area's residents.*

### **Tools for Putting SDOH into Action**

[www.cdc.gov/socialdeterminants/tools/index.htm](http://www.cdc.gov/socialdeterminants/tools/index.htm)

*Developed by the CDC, this website lists a number of datasets, guides, reports, frameworks, and other resources for moving from data to action on the social determinants of health.*

### **Developing and Sustaining Community-Based Participatory Research Partnerships**

[depts.washington.edu/ccph/cbpr/index.php](http://depts.washington.edu/ccph/cbpr/index.php)

*Developed by the University of Washington, this website provides an evidence-based curriculum for using CBPR as a tool for developing community-institutional partnerships to improve health.*

## C. Resources to Talk about Health and Racial Inequities

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### Health Disparities & Pediatrics Framing

[drive.google.com/file/d/0B7ZA9EbqndaoX1h6WIZZQjFYV3M/edit](https://drive.google.com/file/d/0B7ZA9EbqndaoX1h6WIZZQjFYV3M/edit)

*Developed by Glynis Shea, this PowerPoint presentation highlights the importance of framing when talking about addressing health inequities.*

Unnatural Causes

[www.unnaturalcauses.org/](http://www.unnaturalcauses.org/)

*This seven-part documentary series looks at how racism, immigration, oppression, place, globalization, and employment impact health outcomes and life opportunities, by uncovering ways in which the distribution of power, wealth, and resources shape opportunities for health. Facilitator guides include activities and tips.*

### Making the Case for Equity

[www.solvingdisparities.org/sites/default/files/Making\\_the\\_Case\\_for\\_Equity%20-%20Finding%20Answers.pdf](http://www.solvingdisparities.org/sites/default/files/Making_the_Case_for_Equity%20-%20Finding%20Answers.pdf)

*This RWJF research brief makes the case for investing in equity to help an organization comply with regulatory requirements and become eligible for federal dollars; prepare for changes in reimbursement and new demands in the health care market; meet quality goals; fulfill mission and vision goals and improve stakeholder perception; and maintain or improve financial stability.*

### America's Tomorrow: Equity is Superior Growth Model

[nationalequityatlas.org/sites/default/files/SUMMIT\\_FRAMING\\_WEB\\_20120110.PDF](http://nationalequityatlas.org/sites/default/files/SUMMIT_FRAMING_WEB_20120110.PDF)

*This PolicyLink report describes the components of an equity-driven growth model and acknowledges that a true social movement is needed to achieve equity.*

### Making the Case for Health Equity

[www.cdc.gov/nccdphp/dch/pdfs/health-equity-guide/health-equity-guide-sect-1-6.pdf](http://www.cdc.gov/nccdphp/dch/pdfs/health-equity-guide/health-equity-guide-sect-1-6.pdf)

*This section from the CDC's Practitioner's Guide for Advancing Health Equity provides strategies, reflection questions, and a case study illustrating a health department's equity communication activities.*

### Conversations that Matter: A How to Guide for Hosting Discussions about Race, Racism and Public Health

[www.citymatch.org/node/1005](http://www.citymatch.org/node/1005)

*This community-empowerment resource developed by CityMatCH and the Lee Institute assists public health professionals in initiating and facilitating open, honest, and efficient conversations about the impacts of racism.*

### Talking About Race Toolkit

[www.centerforsocialinclusion.org/talking-race-toolkit/](http://www.centerforsocialinclusion.org/talking-race-toolkit/)

*This strategic messaging toolkit from the Center for Social Inclusion is a collection of key strategies that are necessary to combat the race wedge and advance racial equity.*

## ***D. Resources to Work with the Media to Highlight Equity***

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### **Making the Case Through Media Advocacy Toolkit**

[www.preventioninstitute.org/tools/making-case-through-media-advocacy-toolkit](http://www.preventioninstitute.org/tools/making-case-through-media-advocacy-toolkit)

*This toolkit by the Prevention Institute was developed in order to expand and shift the frame of how the media depicts community prevention and to ensure that community prevention is framed accurately and comprehensively. Includes sample op-eds, letters to the editor, talking points on community prevention, and other tips/suggestions for working with the media.*

### **Media Advocacy 101**

[bmsg.org/resources/media-advocacy-101](http://bmsg.org/resources/media-advocacy-101)

*This page by the Berkeley Media Studies Group provides an overview of why media advocacy is important for health professionals, the purpose of media advocacy, case studies, and links to various resources.*

### **Disrupting the Discourse: Framing at the Intersection of Racism and Opportunity**

[healthequityguide.org/wp-content/uploads/2017/07/race\\_framing\\_memo.pdf](http://healthequityguide.org/wp-content/uploads/2017/07/race_framing_memo.pdf)

*Makani Themba outlines communication strategies to disrupt the conservative narrative on race and racism.*

## ***E. Resources to Promote Meaningful Community Outreach and Engagement***

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### **Nexus Tool for Community Engagement**

[www.buildthefield.org/tools](http://www.buildthefield.org/tools)

*Developed by Buildthefield.org, their Assessment Tool helps evaluate your work and/or your organization's work and learn the differences between outreach and community engagement approaches.*

### **Community Engagement Guide**

[www.kirwaninstitute.osu.edu/reports/2012/11\\_2012\\_CommEngGuideSCI\\_PolicyLinkKirwan.pdf](http://www.kirwaninstitute.osu.edu/reports/2012/11_2012_CommEngGuideSCI_PolicyLinkKirwan.pdf)

*Developed by PolicyLink and The Kirwan Institute, this guide was created to support community engagement in the federal Sustainable Communities Initiative and outlines the benefits of community engagement, guidelines for meaningful community engagement, and frequently asked questions.*

### **Inclusive Outreach and Public Engagement Guide**

[www.seattle.gov/Documents/Departments/RSJI/GRE/IOPEguide01-11-12.pdf](http://www.seattle.gov/Documents/Departments/RSJI/GRE/IOPEguide01-11-12.pdf)

*Developed by the City of Seattle, this practical resource guide, which includes six essential strategies, a planning worksheet, a public engagement matrix, an evaluation template, and Seattle policies related to outreach, translation, and interpretation, was developed for a citywide staff training on public engagement.*

### **Metropolitan Council Public Engagement Plan**

[www.metrocouncil.org/About-Us/Publications-And-Resources/Public-Engagement-Plan.aspx](http://www.metrocouncil.org/About-Us/Publications-And-Resources/Public-Engagement-Plan.aspx)

*This plan by the Twin Cities Metropolitan Council outlines key definitions, principles, strategies, and evaluation metrics for public engagement processes.*

### **Facilitation Tips**

[www.acphd.org/media/114415/facilitation\\_tips.pdf](http://www.acphd.org/media/114415/facilitation_tips.pdf)

*This seven-page tip sheet by the Alameda County Department of Public Health provides concrete and helpful suggestions for group facilitation.*

## Language Justice

[www.bphc.org/whatwedo/health-equity-social-justice/racial-justice-health-equity-initiative/Pages/Language-Justice.aspx](http://www.bphc.org/whatwedo/health-equity-social-justice/racial-justice-health-equity-initiative/Pages/Language-Justice.aspx)

*This webpage profiles the Boston Public Health Commission's Language Access working group, and includes a quality language access infographic, presentations on language access on a shoestring budget, a guide to working with interpreters, and conference materials.*

## Developing and Sustaining Community-Based Participatory Research Partnerships

[depts.washington.edu/ccph/cbpr/index.php](http://depts.washington.edu/ccph/cbpr/index.php)

*Developed by the University of Washington, this website provides an evidence-based curriculum for using CBPR as a tool for developing community-institutional partnerships to improve health.*

## F. Resources to Support Community Organizing

### Introduction to Power Analysis

[cnmsocal.org/wp-content/uploads/2014/06/IntrotoPowerAnalysis.pdf](http://cnmsocal.org/wp-content/uploads/2014/06/IntrotoPowerAnalysis.pdf)

*This presentation by the Center for Nonprofit Management offers a step-by-step guide on how to conduct a power analysis in order to leverage community power and develop effective strategies to win social change.*

### Organizing Resources

[www.ccheonline.org/Organizing](http://www.ccheonline.org/Organizing)

*This webpage by Communities Creating Healthy Environments includes tips and guides to conduct effective outreach, resources for personal and political development for organizers, intros to popular education, and more.*

### Organizing for Power Resources

[organizingforpower.org/resources-3/](http://organizingforpower.org/resources-3/)

*This website from the Alliance for Community Trainers lists numerous tools and resources for campaign planning, organizing, action planning, and strategizing.*

### Organizing and Campaigns Resource List

[www.buildthewheel.org/curriculum/campaigns-and-organizing-resource-list](http://www.buildthewheel.org/curriculum/campaigns-and-organizing-resource-list)

*This list includes curriculums, tools, and organizations doing social change and movement-building work. Note you must create a login on BuildtheWheel.org to access the resources.*

## **G. Resources to Analyze Health and Racial Equity Impacts of Proposed Plans, Projects and Policies**

### **Racial Equity Toolkit: An Opportunity to Operationalize Equity**

[www.racialequityalliance.org/resources/racial-equity-toolkit-opportunity-operationalize-equity/](http://www.racialequityalliance.org/resources/racial-equity-toolkit-opportunity-operationalize-equity/)

*This toolkit from the Government Alliance on Race and Equity outlines the value of using racial equity tools, includes resources to develop local equity analysis tools, and provides examples from Seattle, Multnomah, Portland, and Madison.*

### **City Projects Using RESJI Tools**

[www.cityofmadison.com/mayor/programs/racial-equity-social-justice-initiative/city-projects-using-resji-tools](http://www.cityofmadison.com/mayor/programs/racial-equity-social-justice-initiative/city-projects-using-resji-tools)

*As part of their Racial Equity and Social Justice Initiative (RESJI), the City of Madison, Wisconsin has applied racial equity tools to their current work to improve and mitigate the impact of specific projects and plans on equity. Through this process, they have modified the scope and practice of different city departments.*

### **Equity Impact Review Tool**

[www.kingcounty.gov/elected/executive/equity-social-justice/tools-resources.aspx](http://www.kingcounty.gov/elected/executive/equity-social-justice/tools-resources.aspx)

*Developed by the (Seattle) King County Equity Team, this is a process and tool, applied to policy decisions, budgets, and other agency decision making, used to identify, evaluate, and communicate the potential impact of a policy or program on equity.*

### **Racial Equity Toolkit**

[www.seattle.gov/Documents/Departments/RSJI/Racial%20Equity%20Toolkit\\_FINAL\\_August2012\\_with%20new%20cncl%20districts.pdf](http://www.seattle.gov/Documents/Departments/RSJI/Racial%20Equity%20Toolkit_FINAL_August2012_with%20new%20cncl%20districts.pdf)

*This toolkit from the Seattle Race and Social Justice Initiative lays out a process and a set of questions to guide the development, implementation, and evaluation of policies, initiatives, programs, and budget issues to address the impacts on racial equity.*

### **Developing an Equity Impact Statement**

[highergroundstrategies.files.wordpress.com/2017/05/eir-template-hg1.pdf](http://highergroundstrategies.files.wordpress.com/2017/05/eir-template-hg1.pdf)

*This five-page document outlines mechanisms for assessing equity impacts of local policymaking to identify, evaluate, and address adverse effects.*

### **Promoting Equity through the Practice of Health Impact Assessment**

[www.policylink.org/find-resources/library/promoting-equity-through-health-impact-assessments](http://www.policylink.org/find-resources/library/promoting-equity-through-health-impact-assessments)

*Developed by PolicyLink, Human Impact Partners, Adler School, and the San Francisco Department of Public Health, this primer seeks to ensure that the practice of HIA maintains a strong focus on promoting equity and describes how HIA can be used as a tool to support equitable decision-making processes and outcomes.*

### **Racial Equity Impact Assessment (REIA)**

[www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit](http://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit)

*This brief guide by Race Forward provides a summary of when and how to use REIAs, as well as REIA sample questions. A REIA is a systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision.*

## ***H. Resources to Promote Health in All Policies***

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### **Health Lens Analysis Tool**

[www.tpchd.org/files/library/53c3902d1dfef01b.pdf](http://www.tpchd.org/files/library/53c3902d1dfef01b.pdf)

*This tool developed by the Tacoma-Pierce County Health Department helps assess the potential impacts of proposed policies/decisions and identifies opportunities to improve policy impacts on the social, economic, and environmental causes of health.*

### **Health in All Policies: A Guide for State and Local Governments**

[www.phi.org/resources/?resource=hiapgguide](http://www.phi.org/resources/?resource=hiapgguide)

*Published by the California Department of Public Health and Public Health Institute, this guide provides strategies and examples of collaborative approaches to improve population health by embedding health considerations into decision-making processes across a broad array of sectors.*

### **Health in All Policies Resource Page**

[www.cdc.gov/policy/hiap/](http://www.cdc.gov/policy/hiap/)

*This website includes links to the National Prevention Strategy, CDC's HiAP Resource Center, and various guides and toolkits.*

### **Health in All Policies Toolkit**

[www.astho.org/Programs/Prevention/Implementing-the-National-Prevention-Strategy/HiAP-Toolkit/](http://www.astho.org/Programs/Prevention/Implementing-the-National-Prevention-Strategy/HiAP-Toolkit/)

*In support of the National Prevention Strategy, this ASTHO toolkit was produced to educate and empower public health leaders to promote a Health in All Policies (HiAP) approach to policymaking and program development.*

## ***I. Resources to Connect Health Care and Service Providers to Upstream Equity Work***

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### **Social Service and Social Change, A Process Guide**

[www.buildingmovement.org/reports/entry/social\\_service\\_and\\_social\\_change\\_a\\_process\\_guide](http://www.buildingmovement.org/reports/entry/social_service_and_social_change_a_process_guide)

*This guide by the Building Movement Project provides a framework for service organizations to incorporate values and practices into their work, addressing the underlying systemic problems that result in inequalities.*

### **Investment Resources**

[www.buildhealthyplaces.org/resources/?bhpn\\_theme=investment](http://www.buildhealthyplaces.org/resources/?bhpn_theme=investment)

*This list of investment resources from the Build Healthy Places Network includes reports on leveraging community development, health care, and other sources of funding to improve conditions impacting health.*

### **Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity**

[kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/](http://kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/)

*This brief by the Kaiser Family Foundation provides an overview of the broad factors that influence health and describes emerging efforts to address them, including initiatives within Medicaid.*

## ***J. Resources to Promote Equity in Workforce Development and Hiring Practices***

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### **Contracting for Equity**

[www.racialequityalliance.org/resources/contracting-equity-best-local-government-practices-advance-racial-equity-government-contracting-procurement/](http://www.racialequityalliance.org/resources/contracting-equity-best-local-government-practices-advance-racial-equity-government-contracting-procurement/)

*This guide by the Government Alliance on Race and Equity outlines local government practices to advance racial equity through contracting and procurement.*

### **Public Sector Jobs: Opportunities for Advancing Racial Equity**

[www.racialequityalliance.org/resources/public-sector-jobs-opportunity-for-advancing-racial-equity/](http://www.racialequityalliance.org/resources/public-sector-jobs-opportunity-for-advancing-racial-equity/)

*This issue brief by the Government Alliance on Race and Equity provides an overview of the status of workforce equity within the public sector, barriers to workforce equity, and policy and practice strategies to advance greater public sector workplace equity.*

### **Equitable Hiring Handbook**

[cms.cityoftacoma.org/OEHR/facilitatingchange/COT\\_Handbook\\_for\\_Recruitment\\_and\\_Hiring\\_October\\_2015.pdf](http://cms.cityoftacoma.org/OEHR/facilitatingchange/COT_Handbook_for_Recruitment_and_Hiring_October_2015.pdf)

*This handbook by the City of Tacoma provides tools to apply an equity lens during the recruiting, interviewing, and hiring process in order to create and maintain an inclusive workplace.*

### **Workforce Change Tools**

[www.cityoftacoma.org/government/city\\_departments/equity\\_and\\_human\\_rights/facilitating\\_change/](http://www.cityoftacoma.org/government/city_departments/equity_and_human_rights/facilitating_change/)

*These tools by the Tacoma Office of Equity and Human Rights provide examples of internal changes to help create more diverse staff with a deeper understanding of equity.*

## ***K. Resources to Build Organizational Capacity To Advance Health Equity***

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### **Roots of Health Inequity**

[www.rootsofhealthinequity.org/](http://www.rootsofhealthinequity.org/)

*This online NACCHO learning collaborative is geared toward the local public health workforce, and explores root causes of health inequity and concepts and strategies that could lead to effective action.*

### **Organizational Self-Assessment Tool**

[barhii.org/resources/barhii-toolkit/](http://barhii.org/resources/barhii-toolkit/)

*This tool by the Bay Area Regional Health Inequities Initiative helps health leaders identify the skills, organizational practices, and infrastructure needed to address health equity, and provides insights into steps local health departments can take to advance equity.*

### **Build Organizational Capacity to Advance Health Equity**

[www.cdc.gov/nccdphp/dch/pdfs/health-equity-guide/health-equity-guide-sect-1-1.pdf](http://www.cdc.gov/nccdphp/dch/pdfs/health-equity-guide/health-equity-guide-sect-1-1.pdf)

*This section from the CDC's Practitioner's Guide for Advancing Health Equity provides strategies, reflection questions, and health dept capacity building case study.*

### **Public Health 101 Dialogue Series**

[www.acphd.org/social-and-health-equity/organizational-transformation/trainings-and-dialogues/ph101.aspx](http://www.acphd.org/social-and-health-equity/organizational-transformation/trainings-and-dialogues/ph101.aspx)

*This five-module training from the Alameda County Public Health Department was designed to create opportunities for dialogue and shared learning, and includes public health history, cultural humility, undoing racism, social and health equity and community capacity building*

### **Training for Change Tools Section**

[www.trainingforchange.org/tools](http://www.trainingforchange.org/tools)

*Using a popular education approach, this website hosts training tools, activities, and exercises on diversity/anti-oppression, team building, organizing and strategy, meeting facilitation and better trainings, and other areas.*

### List of Racial Equity Guides and Workshops

[www.raciaequityresourceguide.org/guides](http://www.raciaequityresourceguide.org/guides)

Developed by the WK Kellogg Foundation as part of the Racial Equity Guide, these guides and workshops provide structure for starting dialogues, raising awareness, inspiring action, and helping to achieve racial equity.

### **L. Resources to Change Organizational Culture to Advance Equity**

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#### Challenging White Supremacy Culture

[www.dismantlingracism.org/uploads/4/3/5/7/43579015/whitesupcul13.pdf](http://www.dismantlingracism.org/uploads/4/3/5/7/43579015/whitesupcul13.pdf)

Written by Tema Okun, this article outlines how white supremacy can manifest in organizational culture in the forms of perfectionism, sense of urgency, defensiveness, either/or thinking, and offers concrete antidotes/ways to counteract in interpersonal & organizational relationships.

#### Results-Based Accountability (RBA)

[resultsaccountability.com/about/what-is-results-based-accountability/](http://resultsaccountability.com/about/what-is-results-based-accountability/)

Developed by Mark Freeman, RBA uses a data-driven decision-making process to help communities and organizations move beyond talking about problems to the actions that solve them.

#### Transformation 101

[highergroundstrategies.net/2017/02/13/transformation-101/](http://highergroundstrategies.net/2017/02/13/transformation-101/)

Written by Makani Themba-Nixon, this blog post outlines 10 things social change makers should do differently to affect change in our current political system.

#### Supporting a Movement for Health and Health Equity

[www.nap.edu/catalog/18751/supporting-a-movement-for-health-and-health-equity-lessons-from](http://www.nap.edu/catalog/18751/supporting-a-movement-for-health-and-health-equity-lessons-from)

This document by the Institute of Medicine is a summary of a December 2013 workshop convened to explore lessons from social movements, both health related and non-health related.

### **M. Resources for Equitable Budgeting and Financial Management**

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#### Equity Impact Review Tool

[www.kingcounty.gov/elected/executive/equity-social-justice/tools-resources.aspx](http://www.kingcounty.gov/elected/executive/equity-social-justice/tools-resources.aspx)

Developed by the (Seattle) King County Equity Team, this is a process and tool, applied to policy decisions, budgets, and other agency decision making, used to identify, evaluate, and communicate the potential impact of a policy or program on equity.

#### Equitable Budgeting Tool

[www.cityoftacoma.org/government/city\\_departments/equity\\_and\\_human\\_rights/facilitating\\_change/](http://www.cityoftacoma.org/government/city_departments/equity_and_human_rights/facilitating_change/)

Developed by the Tacoma Office of Equity and Human Rights and the Office of Management and Budget, this tool takes a critical look at how resources and investments have currently and historically been allocated, and makes necessary changes to ensure that all communities receive a fair amount of resource investment.

#### The Participatory Budgeting Project

[www.participatorybudgeting.org/](http://www.participatorybudgeting.org/)

This website illustrates how to create and support participatory budgeting processes for public funding that deepen democracy, build stronger communities and make public budgets more equitable and effective.



## ***N. Resources for Health Equity Leadership Development***

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### **Health Equity Awakened Leadership Institute**

[www.humanimpact.org/capacity-building/health-equity-awakened-a-leadership-institute/](http://www.humanimpact.org/capacity-building/health-equity-awakened-a-leadership-institute/)

*A leadership development program coordinated by Human Impact Partners that brings together a group of emerging leaders from public health agencies around the country to build their leadership to advance equity within their depts.*

### **Health Equity Leadership and Exchange Network**

[healthequitynetwork.org/about-us/](http://healthequitynetwork.org/about-us/)

*Coordinated by the National Collaborative for Health Equity, this national network bolsters leadership and the exchange of ideas and information among communities of color and other vulnerable populations, relative to the advancement of health equity in laws, policies and programs.*

### **Seven Levers of Change**

[www.strategyperspective.com/workshop/SevenLevers.html](http://www.strategyperspective.com/workshop/SevenLevers.html)

*Developed by Dr. Andrea Shapiro, the seven levers are decisions and actions that leaders can take to engage employees in the change, and to leverage the knowledge and enthusiasm of those already engaged.*

### **Take a Risk: The Odds Are Better Than You Think**

[www.forbes.com/sites/margiewarrell/2013/06/18/take-a-risk-the-odds-are-better-than-you-think/#51d4e20145c2](http://www.forbes.com/sites/margiewarrell/2013/06/18/take-a-risk-the-odds-are-better-than-you-think/#51d4e20145c2)

*Written by Margie Warrell, this Forbes article encourages leaders to have courageous conversations and take risks.*

## ***O. Examples of Data Sources to Analyze Health Inequities and the Social Determinants of Health***

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### **National Equity Atlas**

[nationalequityatlas.org](http://nationalequityatlas.org)

*Created by USC Program for Environmental and Regional Equity and PolicyLink, this Atlas provides data on demographic change, racial inclusion, and the economic benefits of equity for the 100 largest cities, 150 largest regions, all 50 states, and the United States.*

### **Kids Count Data Center**

[datacenter.kidscount.org/](http://datacenter.kidscount.org/)

*This project funded by the Annie E. Casey Foundation provides US data on child and family well-being, including hundreds of indicators available at the zip code, city, county, and state level, and provides options for downloading the data and creating reports and graphics.*

### **County Health Rankings and Roadmaps**

[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

*Coordinated by the RWJF and University of Wisconsin, these rankings are based on a model of population health that emphasizes factors that make communities healthier places to live, learn, work, and play. Data and rankings are available at the county, state, and national level.*

### **Diversitydata.org**

[diversitydata.org/](http://diversitydata.org/)

*Created by the Heller School, this website creates customized reports describing over 100 measures of diversity, opportunity, and quality of life for 362 metropolitan areas.*

### **Health Equity Index (HEI)**

[www.cadh.org/health-equity/health-equity-index.html](http://www.cadh.org/health-equity/health-equity-index.html)

*Developed by the Connecticut Association of Directors of Health, the HEI is a community-based electronic tool that profiles and measures SDOH and their correlations with specific health outcomes. The Index also generates community-specific scores and GIS maps.*

## Health Disadvantage Index (HDI)

[phasocal.org/ca-hdi](https://phasocal.org/ca-hdi)

Developed by the Public Health Alliance of Southern California, the HDI developed a composite index of SDOH that form the root causes of disadvantage using publicly available sources. The HDI is intended to help prioritize public and private investments, resources, and programs.

## P. Examples of Health Departments Promoting Equity Through Quality Improvement Activities

### **Boston Public Health Commission's Quality Improvement Plan 2015-2018**

[www.bphc.org/onlinenewsroom/Documents/Quality%20Improvement%20Plan%202015-2018%20FINAL.pdf](https://www.bphc.org/onlinenewsroom/Documents/Quality%20Improvement%20Plan%202015-2018%20FINAL.pdf)

This plan provides a framework for how BPHC will use QI models and build a high-performing organizational culture where staff are engaged in continuous QI to ensure measurable progress towards improving public health services, health equity, and racial justice.

### **Health Equity and Performance and Quality Improvement (PQI)**

[www.phqix.org/sites/default/files/NACCHO\\_2016\\_J.Hadayia\\_PQI\\_FINAL.pdf](https://www.phqix.org/sites/default/files/NACCHO_2016_J.Hadayia_PQI_FINAL.pdf)

This PowerPoint from the 2016 NACCHO Conference describes how the Houston/Harris County Health Department is working to transform health inequities from within.

### **Advancing Health Equity through the PHAB Standards**

[www.phaboard.org/wp-content/uploads/Health-Equity-Resources.pdf](https://www.phaboard.org/wp-content/uploads/Health-Equity-Resources.pdf)

This webinar by the Public Health Accreditation Board provides examples of health departments advancing equity through their accreditation process.

## Q. Examples of Promising Health Equity Practices

### **Health Equity Guide**

[www.healthequityguide.org](https://www.healthequityguide.org)

Developed by Human Impact Partners, this guide provides a list of strategic practices and actions that local health departments can take to advance health equity and 25 case studies from across the nation to illustrate how the departments advanced those strategic practices.

### **Advancing Racial Equity and Transforming Government: A Resource Guide to Put Ideas Into Action**

[www.racialequityalliance.org/resources](https://www.racialequityalliance.org/resources)

This resource guide outlines GARE's six strategies for advancing racial equity and government transformation, including lessons learned from local government leaders who have built/continue to build racial equity strategies.

### **Health Equity Award Case Studies**

These written and video case studies profile the winners of TCE's Health Equity Awards for small, medium and large local health departments in California.

[www.bmsg.org/resources/publications/health-equity-case-studies-california](https://www.bmsg.org/resources/publications/health-equity-case-studies-california)

[www.youtube.com/watch?v=DFbzadpU4fs](https://www.youtube.com/watch?v=DFbzadpU4fs)

### **Practitioner's Guide for Advancing Health Equity**

[www.cdc.gov/nccdphp/dch/health-equity-guide/](https://www.cdc.gov/nccdphp/dch/health-equity-guide/)

This guide by the CDC provides lessons learned and innovative ideas on how to maximize the effects of policy, systems, and environmental improvement strategies, all to reduce health disparities and advance health equity.

### **Expanding the Boundaries: Health Equity and Public Health Practice**

<https://tinyurl.com/ycxl6hla>

Written by NACCHO, this report provides an overview of early public health history, roots of health inequities, and a common elements in current health equity practice.

### **Equity Tools**

[www.policylink.org/equity-tools](https://www.policylink.org/equity-tools)

This page connects to Policylink's Equity tools including the Equitable Development Toolkit, Getting Equity Advocacy Results, & Community-Centered Policing Tool.

## ***R. Examples of Health Officials Standing Up to Promote Equity***

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### **#BlackLivesMatter - A Challenge to the Medical and Public Health Communities**

[www.nejm.org/doi/full/10.1056/NEJMp1500529](http://www.nejm.org/doi/full/10.1056/NEJMp1500529)

*Written by Dr. Mary Bassett, this op-ed in New England Journal of Medicine urges health communities to support the Black Lives Matter movements and confront the root causes of inequality. See also NYC's Race to Justice initiative.*

### **Health Equity: Moving from the Margins to the Center** [healthdoers.bravenew.com/c/100-million-healthier-lives/i/health-equity-moving-from-the-margins-to-the-center/](http://healthdoers.bravenew.com/c/100-million-healthier-lives/i/health-equity-moving-from-the-margins-to-the-center/)

*Written by Dr. Anthony Iton, this NACCHO Exchange article describes five principles of equity practice, drawing from his personal and organizational experiences with the Alameda County Health Department and the California Endowment's Health Equity work.*

### **We Need a Triple Aim for Health Equity (PDF)**

[www.astho.org/Health-Equity/2016-Challenge/Ehlinger-Commentary-Article/](http://www.astho.org/Health-Equity/2016-Challenge/Ehlinger-Commentary-Article/)

*Written by Dr. Edward Ehlinger, this opinion piece in Minnesota Medicine prompted his 2016 ASTHO President's Challenge to Advance Health Equity and Optimal Health for All.*

### **We Are Public Health**

[wearepublichealthproject.org/](http://wearepublichealthproject.org/)

*This project and website collects stories of diverse public health heroes, documents their career trajectories, highlights important milestones, shares their concerns, and sets the stage for their big ideas and solutions to contemporary public health issues.*

## V. CONCLUSION

Across the nation, local, state and tribal health departments are working to advance health equity through a myriad of ways. Although there is limited systematic data about that work, case studies from health departments illustrate that the work is context specific and transformative – and touch on virtually all aspects of health department practice. As health departments embark on a path towards advancing health equity, they are transforming their internal practices and processes, their relationships with other government agencies and community members, and focusing more on the root causes of health inequities. They are changing the conversation about what creates health, confronting the root causes of poor health, and building a movement for health equity.

As PHAB begins preparing for *PHAB Standards and Measures Version 2.0*, we encourage PHAB to learn from these examples and, ultimately, lead with health equity as the overarching frame for its Standards and Measures update.

## VI. APPENDICES

### VI.A. PHAB's Health Equity and Community Definitions, *Version 1.5*

See Next Page/Page 70

### VI.B. Citations

See Last Page/Page 71

### VI.C. Health Equity Guide: Strategic Practices and Actions

Available at: <https://healthequityguide.org/downloads/>

### VI.D. Health Equity Guide: Ways to Get Started

Available at: <https://healthequityguide.org/downloads/>

### VI.E. PHMDC's Crosswalk of the Health Equity Guide and PHAB Accreditation Domains

Available at:

<https://drive.google.com/file/d/1XT6jXgP794naDNFG8elgoxHb6aUkVE1/view?usp=sharing>

### VI.F. Examples of Health Equity Language in *PHAB Standards and Measures Version 1.5*

Available at:

[https://drive.google.com/file/d/1FbvINt-MPIuV-AB--9FYoP6ZXn3\\_jk52/view?usp=sharing](https://drive.google.com/file/d/1FbvINt-MPIuV-AB--9FYoP6ZXn3_jk52/view?usp=sharing)

## VI.A. PHAB's Health Equity and Community Definitions, *Version 1.5*

Currently, PHAB offers the following definitions in their *Acronyms and Glossary of Terms Version 1.5*

**Health Equity:** Health equity is the attainment of the highest level of health for all people. 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.

(<http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34>)

**Health Inequity:** Health inequity refers to differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill. (Margaret M. Whitehead, "The Concepts and Principles of Equity and Health," 22(3) *International Journal of Health Services* (1992): 429-445.)

**Community:** Community is a group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action. (Turnock, BJ. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009)

**Community Engagement:** Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people" (Centers for Disease Control and Prevention [CDC], 1997, p 9) The goals of community engagement are to build trust, enlist new resources and allies, create better communication, and improve overall health outcomes as successful projects evolve into lasting collaborations (CDC, 1997; Shore, 2006; Wallerstein, 2002)

**Community Mobilization:** Community mobilization is a dynamic process that involves planned actions to reach, influence, enable, and involve key segments of the community in order to collectively create an environment that will effect positive behavior and bring about desired social change. Segments include influential groups or individuals as well as formal and informal leaders among those who will directly benefit from the desired social change. The process therefore is grounded in local concerns and energy, and both empowers and ensures local ownership, leading to greater sustainability and impact. (Center for Global Health Communication and Marketing, [http://www.globalhealthcommunication.org/strategies/community\\_mobilization](http://www.globalhealthcommunication.org/strategies/community_mobilization))

**Community Partnerships:** Community partnerships are a continuum of relationships between and among the LPHS and its constituents that foster the sharing of resources, responsibility, and accountability in community health improvement and undertaking advocacy for capacity development and the delivery of community health services and improving community health. Partnerships are formed to assure the comprehensive, broad-based improvement of health status in the community. (<http://www.cdc.gov/nphpsp/documents/glossary.pdf>)

**Stakeholder:** Stakeholders are all persons, agencies and organizations with an investment or 'stake' in the health of the community and the local public health system. This broad definition includes persons and organizations that benefit from and/or participate in the delivery of services that promote the public's health and overall well-being. (National Association of County and City Health Officials (US). *Mobilizing for Action through Planning and Partnerships (MAPP): Achieving Healthier Communities through MAPP, A User's Handbook*. 2001 [http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP\\_Handbook\\_fnl.pdf](http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP_Handbook_fnl.pdf))

## VI.B Citations

- <sup>1</sup> <https://nacchovoice.naccho.org/2016/07/28/naccho-annual-2016-cultivating-a-culture-of-health-equity>
- <sup>2</sup> <http://www.astho.org/Health-Equity/2016-Challenge>
- <sup>3</sup> <https://www.apha.org/events-and-meetings/annual>
- <sup>4</sup> <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- <sup>5</sup> <http://www.who.int/healthsystems/topics/equity/en/>
- <sup>6</sup> <http://nationalacademies.org/hmd/reports/2017/communities-in-action-pathways-to-health-equity.aspx>
- <sup>7</sup> <https://blogs.cdc.gov/healthequity>
- <sup>8</sup> <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide>
- <sup>9</sup> <https://www.cdc.gov/healthequity>
- <sup>10</sup> <http://www.publichealthnewswire.org/?p=12818>
- <sup>11</sup> [https://ncg.org/sites/default/files/resources/Issue\\_Focus\\_Health\\_Equity\\_Grantmaking\\_9-23-13.pdf](https://ncg.org/sites/default/files/resources/Issue_Focus_Health_Equity_Grantmaking_9-23-13.pdf)
- <sup>12</sup> [https://ssir.org/articles/entry/innovations\\_in\\_health\\_equity\\_and\\_health\\_philanthropy](https://ssir.org/articles/entry/innovations_in_health_equity_and_health_philanthropy)
- <sup>13</sup> Adapted from: Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017
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[https://www.apha.org/-/media/files/pdf/topics/equity/equity\\_stories.ashx](https://www.apha.org/-/media/files/pdf/topics/equity/equity_stories.ashx)
- <sup>15</sup> Furtado KS, Brownson C, Fershteyn Z, Macchi M, Eyer A, Valko C, Brownson RC. Health Departments with a Commitment to Health Equity: A More Skilled Workforce and Higher-Quality Collaborations. *Journal of Health Affairs* 37, No. 1 (2018): 38-46.
- <sup>16</sup> [http://nacchoprofilestudy.org/wp-content/uploads/2017/10/ProfileReport\\_Aug2017\\_final.pdf](http://nacchoprofilestudy.org/wp-content/uploads/2017/10/ProfileReport_Aug2017_final.pdf)
- <sup>17</sup> Quote from November 16, 2017 Webinar on Building Internal Infrastructure to Advance Health Equity:  
<https://humanimpact.org/hiprojects/hegwebinars2017/#webinar1>