



# Health Equity Lens Guide

**Health equity means that everyone has a fair and just opportunity to be as healthy as possible.** This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.



This guide will help employees apply a health equity lens to their work and will continue to be transformed according to the needs of the Oakland County Health Division (OCHD).



The Health Equity Lens Guide is a process for analyzing or diagnosing the impact of the design and implementation of a program/policy on under-served and/or marginalized individuals and groups, and to identify and potentially eliminate barriers.

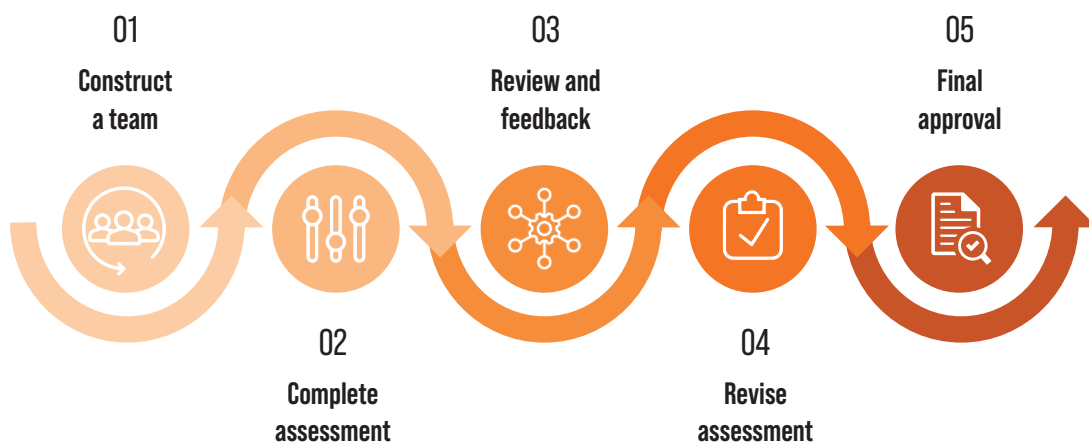
## Who should be involved in this process?

- The routine use of a health equity lens by staff provides the opportunity to integrate health equity across health division programs/policies.
  - At least one program staff member should be involved in this process. Employees are the ones who know their jobs best and will be best equipped to integrate health equity into practice and routine operations.
  - Involve additional staff and supervisors as necessary for their knowledge and expertise.
  - An administrator needs to review and sign off on the completion of the tool.
- Consider involving community stakeholders such as program participants, representatives from populations served, partner organizations, etc. People's health improves when they have some control over their circumstances and can help shape decisions and policies that affect them.

## How should this tool be used?

- In the creation of all new OCHD programs/policies. This includes both internal (pertaining to OCHD employees) and external (pertaining to OCHD clients) policies.
- Reviewing or evaluating existing programs/policies (e.g. QI projects and other program enhancements, periodic policy review, during program evaluation phases, and at the discretion of the Health Officer and/or Director of Health and Human Services, etc.)
- **To use this tool:**
  - Construct a team to complete this process
  - Complete all required fields of the form
  - Get administrator approval on the completed analysis; Email completed analysis to [terhaarl@oakgov.com](mailto:terhaarl@oakgov.com)
  - Meet with Health Equity Committee to receive feedback
  - Incorporate feedback and suggested improvements from the committee in a timely manner
  - Contact the Health Equity Coordinator with any questions: [terhaarl@oakgov.com](mailto:terhaarl@oakgov.com)
  - Resubmit the revised assessment for review by the Health Officer and Director of Health and Human Services
- Final review and approval will be completed by the Health Officer and Director of Health and Human Services and may incorporate other staff and administration as necessary.

### EQUITY LENS TOOL: 5 STEPS



# Health Equity Analysis Tool

<b>Date:</b>	
<b>Unit:</b>	
<b>Administrator/Supervisor:</b>	
<b>Team Members:</b>	

## Analysis

Please respond to all following questions. Responses should be completed in a separate Word document.

1. Describe the proposed or existing program/policy: *(Provide a two to three sentence, descriptive overview of the project)*
2. What is this policy/program trying to achieve or address? *(Identifying the purpose of program/policy)*
3. Consider which groups of people will be most affected by this program/policy. Review health, social, economic, and environmental impacts. *Please see Appendix 1 for guidance to answer the following questions.*
  - a. Who are the intended beneficiaries of this program?
  - b. Will any people disproportionately benefit from the program/policy?
  - c. Will any people experience unintended impacts or greater burden, or be left out by this program/policy?
  - d. Are any people who are facing inequities impacted by this program/policy? How?
  - e. What data are you drawing on to come to answer a through d? Consider qualitative and quantitative data. Is there any data that would help you answer these questions and was not available?
4. Provide information on which community stakeholders have been involved in the creation, evaluation, etc. of the program/policy.
  - a. Describe who from the community was involved and how.
  - b. If you did not, involve community stakeholders, explain why and the plan for future input.

### Recommendations based on analysis

5. How can you mitigate or eliminate the inequitable effects of the planned program or initiative identified in question 3? What actions would need to be taken to ensure this program/policy supports equitable health outcomes?
  - a. What needs to change in the program/policy to ensure equity?
  - b. What recommended changes do you propose?
  - c. Who is responsible for these changes?
  - d. What are next steps to implement these changes?
  - e. Is there a potential for a QI project to create more equity in this project or policy?
  - f. Can any part of these findings be incorporated into other related processes to advance equity?



## Appendix 1: Populations and Factors Reference Worksheet

- The following is a list of potential population groups who may experience unintended impacts, greater burden or be left out by decisions. Consider which are most appropriate to include in your analysis. You do not need to include all.
- While considering these communities, consider the impact not just on physical health, but also mental health and the Social Determinants of Health (SDOH).
  - SDOH contribute to wide health disparities and inequities, encompassing multiple levels of experience from social risk factors (such as socioeconomic status, education level, job opportunities) to structural and environmental factors (such as structural racism, poverty, and localized air and water pollution created by economic, political, and social policies).

### Populations at Risk

**Age** - Youth, older adults (65+), children

**Black, Indigenous, and People of Color** - Black, Native American/Indigenous Americans, Latinx, Asian American, Pacific Islander, Middle Eastern, etc.

**Education** - Schoolchildren, high-school graduates, college graduates, people without a high-school diploma or GED

**Faith Communities** - Muslim, Jewish, Hindu, Sikh, Buddhist, Christian, etc.

**Gender** - Women, men, transgender, cisgender, non-binary, gender non-conforming

**Housing Status** - People experiencing homelessness (living on the streets, living in shelter, unstable housing), residing in low-income housing, living in close contact with others (nursing home, group home, school dormitory)

**Immigration Status** - People with undocumented status, Green Card status, DREAMer, people newly immigrated to the United States, refugees, etc.

**Income Status** - Low-income, ALICE households, SNAP recipient, etc.

**Insurance Status** - Medicaid, Medicare, uninsured, other state or local insurance program

**Legal System Involvement** - People incarcerated in prisons, jails, or immigrant detention centers; formerly incarcerated individuals; recently released individuals; on probation

**LGBTQ+** - Lesbian, gay, bisexual, transgender, pansexual, asexual, two-spirit, etc.

**Neighborhood** - City, rural, suburban

**Non-English Speakers** - People who speak primarily or exclusively a language other than English, people who speak English as second language, people who speak ASL, etc.

**People with Disabilities** - Physical disabilities (e.g. vision, hearing, etc.), intellectual, neurological, speech, development, etc.

**Persons Experiencing Food Insecurity** - Persons who do not have regular and consistent access to food to live an active, healthy life; persons who rely on food pantries or emergency food providers, skip or cut back on meals

**Persons Experiencing Mental Health Challenges** - Anxiety, obsessive-compulsive disorder, depression, bipolar and mood disorders, post-traumatic stress disorder, eating disorder, etc.

**Persons Experiencing Substance Use Disorders** - Alcohol, marijuana, prescription medications, methamphetamines, opiates, cocaine, hallucinogens, inhalants, etc.

**Persons Experiencing Violence** - Intimate partner violence, physical, social, economic abuse, sexual violence, gang violence, elder abuse, child abuse, crime, etc.

**Persons with Limited Transportation Options** - Persons with disabilities, aging population, mobility issues, poor public transportation, lack of safe sidewalks and infrastructure

## Appendix 2: Key Definitions

**Equity** - The process of identifying and removing the barriers that create disparities in the access to resources and means, and the achievement of fair treatment and equal opportunities to thrive.

**Health Equity** - Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

**Social Determinants of Health** - Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

**Cultural Humility** - The notion that while one cannot be competent in another's culture, one can engage in self-reflection, learning of biases, and being open to others' cultures.

**Inclusion** - Creating environments in which any individual or group can be and feel welcomed, respected, supported and valued to participate fully.

**Diversity** - The presence of different and multiple characteristics that make up individual and collective identities, including race, gender, age, religion, sexual orientation, ethnicity, national origin, socioeconomic status, language, and physical ability.

**Microaggression** - Commonplace daily verbal, behavioral or environmental indignities, whether intentional or unintentional, which communicate hostile, derogatory slights toward culturally marginalized groups.

**Implicit Bias (Hidden or Unconscious Bias)** - The unconscious attitudes or stereotypes that affect a person's understanding, actions or decisions as they relate to people from different groups.

**Individual Racism** - Includes face-to-face or covert actions toward a person that express prejudice, hate or bias based on race.

**Structural Racism** - A combination of public policies, institutional practices, social forces, ideologies, and processes that generate and perpetuate inequities among races. Examples can include the racial gap in wealth, homeownership, education, historical redlining practices among other factors. (OCHD)

### References:

1. Multnomah County Equity and Empowerment Lens; <https://www.multco.us/diversity-equity/equity-and-empowerment-lens>
2. Health in All Policies: Tacoma Pierce County Health Department <https://www.tpchd.org/home/showpublisheddocument/2461/636520359312830000>
3. Voice for the Reduction of Poverty An "Equity Lens" for Nashville; <https://avoicenashville.com/equity-lens/#equity-for-metro-budget>
4. Washington State Health Care Authority; <https://inside.hca.wa.gov/sites/default/files/health-equity-lens-toolkit.pdf>
5. HIP and Big Cities Health Equity Lens; <https://www.bigcitieshealth.org/health-equity-tool/>
6. City of Madison; <https://www.cityofmadison.com/civil-rights/programs/racial-equity-social-justice-initiative/analysis-tools>
7. National Association of Counties, 2019.
8. Centers for Disease Control and Prevention, 2021.
9. American Psychiatric Association Presidential Task Force on Structural Racism.

