

POLICY & PROCEDURE	
Humboldt County Department of Health and Human Services Public Health	
Program: All PH Programs	Number: PH-22-211
Review Schedule: 1 yr. <input checked="" type="checkbox"/> 2 yr. 5 yr. Other _____ (circle one) (specify)	Reference: Health Equity Checklist Health Equity Reference
Approved by: _____ <div style="display: flex; justify-content: space-between;"> Director, Public Health Date </div> <input type="checkbox"/> Check here if additional signatures are required (Health Officer, County Counsel, etc.) Signature: _____ Title (print): _____ Date: _____	

POLICY: Health Equity is a priority for advancing public health in Humboldt County and a core value of the Public Health Branch. Public Health’s goal is to address health disparities and inequities by promoting social policies, practices, and systems-level change to achieve health equity. Public Health recognizes that to deliver health equity in our community, we must address social determinants of health through a cross-sector approach that considers social factors that impact the health outcomes of communities.

It is critical to address health inequities as differences in health and safety outcomes, which are not only unnecessary and avoidable but also unfair and unjust. Health inequities have many implications including economic costs, health care costs, quality of life, and duration of life. Policies, systems, and conditions have led to differences in health status based on race, gender, age, ethnicity, housing, education, transportation or socioeconomic standing.

To advance health equity and justice, Public Health will improve health outcomes for all by focusing on how the structural drivers of inequity, like the cross-cutting factors racism and income inequality, disproportionality impact communities and make good health unattainable. When we have successfully achieved health equity, everyone will have the opportunity to reach their full health potential without disadvantages stemming from social conditions.



Public Health staff will use the Health Equity Checklist and Resource Guide (described in the procedure below) to ensure consideration and prioritization of Health Equity in decision making and development of new and revision of initiatives including relevant policies, plans, processes, procedures, programs, services, and health promotion strategies.

Examples include: writing a new grant proposal, reviewing or developing a program work plan, modifying OMTAs.

PROCEDURE:

The Health Equity Checklist should be utilized to help public health staff reflect on their application of health equity in activities and identify areas for further development and improvement. The checklist should be reviewed and referred to throughout the initiative's life cycle, including during annual planning sessions.

1. When developing or revising initiatives including policies, plans, processes, procedures, services, and health promotion strategies (initiatives), staff should consider and complete the Public Health Equity Checklist (HEC).
 - a. The Health Equity Checklist can be found in the shared files in the following location: <\\all.co.humboldt.ca.us\dhhs-files\PH Cultural Competency\PHEAT\Health Equity Checklist>
 - b. The HEC has a corresponding Health Equity Reference sheet, which can be found at the link above. Staff can use this sheet as they complete the HEC to discuss and define health equity terms and concepts.
 - c. If assistance is needed to complete the HEC, Staff can contact the Office of Performance Improvement and Accreditation (OPIA) at phqi@co.humboldt.ca.us.
2. When staff have completed the HEC, it should be submitted to supervisory staff for review.
3. Supervisory staff should review the initiative and the HEC to ensure that an equity lens has been applied.
 - a. If edits are required, supervisory staff should re-direct the product and the HEC to the original staff member or team to complete these edits.
 - b. Supervisory staff should complete and sign the final section of each approved HEC.
4. Supervisory staff are responsible for submission of the HEC. Each completed, approved, and signed HEC should be saved in the following location: <\\all.co.humboldt.ca.us\dhhs-files\PH Cultural Competency\PHEAT\Health Equity Checklist\Completed Health Equity Checklists>
5. The Public Health Equity Advisory Team (PHEAT) will review and track the priorities that programs identify in their HEC. PHEAT and OPIA processes are available to support implementation or quality improvement as needed.
6. During review of initiatives that already have a completed HEC, Staff should access the existing HEC for this product and discuss if any edits are required.



FACILITATOR GUIDE:

PREPARE:

- Schedule time to review the checklist with your team to discuss the content of the Health Equity Checklist. Recommended format: one 90-minute meeting or two 50-minute meetings.
 - Attach the blank HEC and HEC Reference Guide to the meeting invitation. Also consider linking or attaching:
 - Department Strategic Plan
 - Most recent CHIP/ CHA/data related to program area
 - Ask staff to review the documents prior to meeting.
 - Assign a staff member attending the meeting to role be the scribe/recorder of the HEC session. (Note: it may be useful to have someone less-involved in program area attend or this purpose.)
- Read through the entire document to review areas for discussion and flag areas that may be challenging for team.
- Review the content in the Health Equity Checklist Reference Guide. The HEC Reference Guide contains definitions for critical health equity concepts to support staff in completing the checklist. The facilitator should be aware enough of the content to know when to direct staff to use the Reference Guide.

REVIEW:

Outcomes: The purpose of completing the Health Equity Checklist is to provide an opportunity to reflect on how we work towards health equity and to identify opportunities for improvement.

Structure & Content: We will do that in today's meeting by reviewing several areas of our programmatic work and making observations about our strengths and opportunities for further growth. We will move through the five sections of the checklist one by one. At the end of the meeting, we will step back and consider our opportunities to realistically implement changes.

Please note: In each section, the goal is to be brainstorm creatively about ways to improve health equity. Not all ideas generated will be implemented. Many may not even be feasible—that's okay. Encourage and record all ideas generated while completing each section of the health equity checklist. At the end of this meeting, in the final program review section, there will be an opportunity for the team to select one or more of the brainstormed items to develop further. At that stage only, please encourage team members to be realistic and thoughtful about the resources required to implement changes.

Roles & Expectations: For this activity to be successful, our team must participate fully in discussion and approach with a spirit of open inquiry about how to improve. Our work



is limited in many ways. This is not an opportunity to dwell on those frustrations. This is an opportunity to uncover ways to do better. Here are the roles that should be assigned to individuals in this group:

- Facilitator- This role is to guide this group through these conversations, to keep track of our timing and to maintain open, safe space for creative brainstorming and dialogue. May need to call upon team members for feedback in some situations.
- Scribe/Recorder- This person will share their screen and record team discussion on the HEC document. This person is responsible for saving this document to a shared location and emailing out afterwards.
- Timekeeper- This role monitors time spent on each section per the agenda and encourages the group to move forward as needed to ensure the HEC is completed within scheduled time.
- Team members- Team members not assigned specific roles should participate fully in discussion activities.

Sample Agenda:

Time	Topic	Who/ Key Activities
5 mins	Intro & Review key outcomes, roles and responsibilities	Facilitator
5 mins	Health Equity Impact and Considerations: Why Equity Matters	Facilitator/ ALL- ask team members to read aloud one section each
10 mins	Section 1: Using Public Health Data	Facilitator- review area & direct to Reference Guide as needed. Team- discussion of questions Scribe/ Recorder- type up notes
10 mins	Section 2: Community Involvement and Engagement	Repeat as in Section 1
10 mins	Section 3: Communication	Repeat as in Section 1
10 mins	Section 4: Partnerships	Repeat as in Section 1
10 mins	Section 5: Program Design, Monitoring and Evaluation	Repeat as in Section 1
25 mins	Summary & Decision making: Program Review	Scribe- Recap the opportunities identified in each section. Facilitator- Lead the team using a decision-making tool of choosing (ex: Prioritization Matrix)
10 mins	Next Steps	Facilitator ensures that completed HEC is sent to supervisor and shared with PH Admin



Section 1-5: Brainstorming and Discussion: Once the team is clear on the overall purpose of the HEC, they are ready to begin brainstorming and discussion in each of the five key areas:

1. Using Public Health Data
2. Community Involvement and Engagement
3. Communication
4. Partnerships
5. Program Design, Monitoring and Evaluation

In each section, the facilitator should read the group the question and encourage group to discuss topics that arise. Conversations will likely surface:

- Strengths- areas where program is currently working on/fulfilling an activity prompted by the questions.
- Opportunities- areas where more work could be done to move forward with regards to health equity.

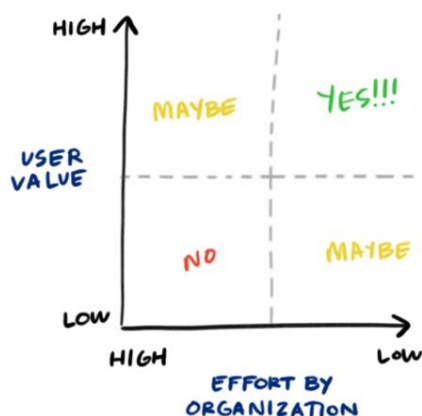
Recorders/scribes will record these conversations as they are taking place. Facilitators may wish to monitor scribes and provide direction to ensure that ideas are being recorded appropriately. These notes will be critically important to the success of the final activity in the Program review section. They are not optional.

Certain fields are specific to certain areas of discussion (ex: “Data Source” in the *Using Public Health Data* section. Please complete these. They are not optional.

Repeat this process for each of the five areas.

Program Review: This is the final section in the Health Equity Checklist. The goal of this section of the review is to determine how and where we can make changes to our operations to improve our health equity, based on the discussions we’ve had moving through the checklist.

We’ve looked at many different aspects of our program development and implementation, and likely have a long list of ideas about ways to improve those areas. Our goal in this next exercise to analyze some of the options available and to choose one improvement to move forward with over the next year or grant cycle. (Not one from each area, just one.)



To support this decision-making, let’s use the Prioritization Matrix found on page 7 of the QI Tools Handbook: <\\all.co.humboldt.ca.us\dhhs-files\Quality Improvement Resources\1. New QI Project Resources\QI Tools Handbook.pdf>



Next Steps:

Use the end of the meeting to finalize decisions made by team and to plan for how/when to move forward next. Save any documents related to discussion to shared drive.

AFTER:

After the HEC meeting, the recorder/scribe should email out the completed HEC and tools to members of team.

The Program Supervisor should review the document for completion. Afterwards, they should complete the questions on the final page of the document documenting their own reflections before submitting the final document to the OPIA Team via email at phqi@co.humboldt.ca.us and save to the shared drive at <\\all.co.humboldt.ca.us\dhhs-files\PH Cultural Competency\PHEAT\Health Equity Checklist\Completed Health Equity Checklists>

Completed HECs will be kept on file and used to record department-wide progress towards health equity initiatives.

