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<b>POLICY AND PROCEDURE</b>	
SUBJECT/TITLE:	Health Equity Policy
Distributed to:	All Employees
HEALTH COMMISSIONER	Michael E. Martin, M.D.
ORIGINAL DATE ADOPTED:	
PREPARED BY:	Traci Maloney, Accreditation Coordinator
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**POLICY:** To promote health equity through our policies, processes, programs and interventions for the benefit of our community, to minimize health inequalities and disparities.

**PURPOSE:**

The purpose of this policy is to provide a high-level guidance for crosscutting factors of health equity. The Scioto County Health Department (SCHD) supports health equity in our programs, policies, processes, partnerships and interventions so we can ensure that social, cultural, and linguistic characteristics of the various populations we serve are incorporated into our services. SCHD utilizes this policy to include social, racial, ethnic, cultural, Sexual orientation, gender identity, linguistic characteristics, including Non-English speaking populations and the disabled in our services, policies, Programs, and interventions to promote health equity. The purpose of this Document is to provide SCHD employees with information, strategies, Resources, and interventions pertaining to health equity that we can utilize and promote health equity in our policies, processes, programs, interventions, and material.

**BACKGROUND:**

Social and economic opportunities and the physical conditions of communities (social determinants of health) impact health outcomes. Many of the ongoing

disproportionate poor health outcomes occurring among specific populations relates back to the inequitable distribution of these social and environmental resources (Stillman, L. et al.2015).

Scioto County individuals with lower education levels, lower household income, or less access to health foods have a statistically lower chance of being in good health (Adler & Newman, 2002).

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

Recognizing this shift, NACCHO released, in 2009, guidelines to assist local health departments in moving from an “improvisational” approach to addressing upstream factors to one that is systemic and institutionalized by infusing a health equity lens throughout the department. PHAB included a health equity standard in the Standards and Measures for local health department accreditation. The standards note that excellence in local public health practice includes health equity incorporated in policies, processes and programs. Other national benchmarking, assessment and health improvement systems also include social determinants of health and health equity factors.

#### **KEY TERMS:**

- **Equity:** the absence of avoidable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically.
- **Health equity:** when individuals or communities reach their full health potential by overcoming barriers or inequities.
- **Health inequities:** differences in health that are avoidable, unfair or unjust. Health inequities are affected by ethnic, racial, social, economical, and/or environmental conditions.
- **Health disparities:** the inequalities that occur, in the provision of healthcare and access to healthcare, across differential racial, ethnic, and socioeconomic groups.
- **PHAB:** Public Health Accreditation Board
- **NACCHO:** National Association of County and City Health Officials
- **Social Determinants of Health:** conditions in which people are born, live, learn, work and play that affects a wide range of health outcomes. The social environment refers to social, economic, and cultural norms, patterns, beliefs, processes, policies and institutions that influence the life of an individual or community.
- **Health equity lens:** A systematic approach to viewing the current state for how it either addresses or perpetuates health inequities.

## **HEALTH EQUITY POLICY GUIDELINES**

The following are the high-level guidelines for considering health equity when developing policies/procedures and programs at the SCHD.

- A. Apply a health equity lens to new programs, policies, services and interventions to ensure they include public health actions to break the cycle of health equity.
- B. Apply a health equity lens to current and new programs, policies, services and interventions to ensure they do not create or perpetuate health inequities.
- C. Provide an opportunity for stakeholders and the community to participate in decisions regarding policies, programs, services and/or their material as appropriate.
- D. Incorporate the social, cultural and linguistic characteristics of the target population into the policies, programs, services and or material.
- E. Consider health equity and social determinants of health in assessments, improvement planning, surveillance and other monitoring efforts.
- F. Identify opportunities to increase education on the social determinants of health for program participants.
- G. Support an ongoing, all-staff professional development program that aspires to the attainment of core competencies in health equity and cultural competency.

## SOURCES

Adler NE, Newman K. Socioeconomic disparities in health: pathways and policies, Health Affairs 2002; 21(2):60-76.

Stillman, L. and Ridini, S., Embracing Equity in Community Health Improvement, Health Resources in Action, May 2015.