

Advancing
health equity,
the attainment
of the highest
level of health
possible for
people of
all ages and
backgrounds in
Ramsey County



SAINT PAUL – RAMSEY COUNTY PUBLIC HEALTH

Health Equity Plan

2016 - 2018

Health Equity Plan

A. Purpose

Ramsey County is committed to taking focused actions towards economic prosperity and eliminating concentrated poverty. As a major service provider, Ramsey County is focused on ensuring youth, families and communities learn, grow and succeed. It is also committed to ensuring that equity, including health equity, is at the core of the organization. The vision “A vibrant community where all are valued and thrive,” and mission, “A county of excellence working with you to enhance our quality of life,” sets the foundation for equitable progress and opportunity.

The Saint Paul – Ramsey County Public Health (SPRCPH) Strategic Plan includes a goal of “Advancing health equity, the attainment of the highest level of health possible, for people of all ages and backgrounds in Ramsey County.” The purpose of the Health Equity Plan is to provide a framework including context, guidance, and resources for SPRCPH to advance health equity.

Equity Lens

This document presents an “equity lens” for use by staff to address health equity. To understand the lens, we need to start with “equity.” Equity is treating everyone fairly by acknowledging their unique situation, and addressing systemic barriers. The aim of equity is to ensure that everyone has access to equal results and benefits (Equity and Inclusion Lens Handbook, 2015). Inequity results from systemic barriers, in which institutions are structured so that inequity results. These barriers are obstacles that exclude groups or communities of people from full participation and benefits in social, economic and political life. Along with structural barriers, inequity is enhanced when personal assumptions and stereotypes reinforce those barriers.

An “equity lens” is a tool used by an organization to identify and remove barriers and reinforce best practices in the planning, development, implementation and evaluation of policies, services and programs. Using an equity lens helps people in the organization understand how race, ethnicity, gender, sexuality, culture, class, religion/ spirituality, wealth, abilities, and inequities affect and shape day-to-day work. An equity lens allows one to improve quality of work and remove barriers created by policies and practices.

“Health equity” is directly related to equity, and is treating everyone fairly by acknowledging their unique health situations and addressing systemic barriers to good health. The goal of health equity is to reduce or eliminate disparities in health outcomes among people. The Minnesota Department of Health’s 2014 *Report to the Legislature, Advancing Health Equity in Minnesota* is a good reference for working on health equity. An equity lens will help SPRCPH as it addresses health equity in Ramsey County, and will help staff to better understand how the root causes of structural inequities (systemic barriers) affect health outcomes for residents of Ramsey County.

Using an equity lens in applying SPRCPH policies, services and programs will advance health equity in Ramsey County. According to the Equity and Inclusion Lens Handbook (2015), it is important to ask several questions when using an equity lens to evaluate the Department’s work:

- Who is not included in the work you do?
- What could contribute to this exclusion?
- What are you already doing to promote inclusion?
- What can you do differently to ensure inclusion?

See Appendix A for more information about using an equity lens.

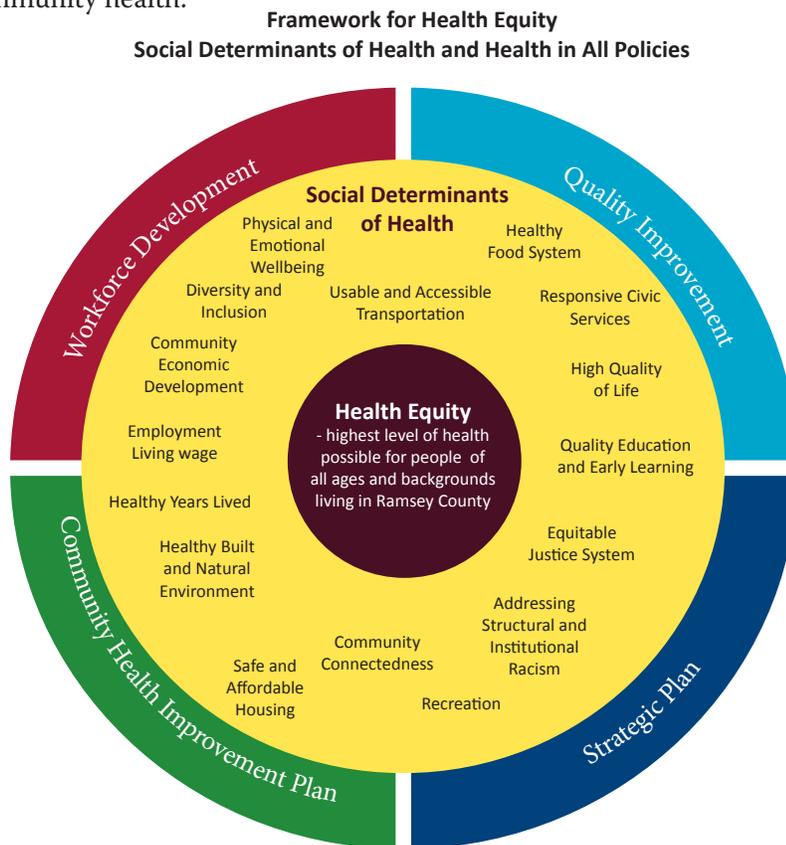
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Health in All Policies Approach (HiAP)

SPRCPH is charged through its role, responsibility and authority to assure that the health of Ramsey County residents is protected, maintained and improved. One strategy for accomplishing this is the Community Health Assessment. Staff can use data from the assessment to identify health disparities. Once indentified, department leadership and staff can use an equity lens to understand health trends and create strategies for identifying and addressing inequities through a cross-sector approach.

In order to reach SPRCPH strategic planning goals, health equity must be at the core of all programs and services. The health equity framework shows attaining health equity at the center of work in the department. Understanding a “Health in All Policies” approach, – a collaborative approach to improving the health of all people by incorporating health equity considerations into decision making across multiple sectors and policy areas – is a key element to advancing health equity in Ramsey County. When possible, it is important to work within and across service teams to ensure that health is at the forefront of policy and decision making. Social determinants of health such as, recreation, transportation, affordable housing, education, food security, economic development, income equality, climate/ environment and employment shape the health and lives of people living, working and playing in Ramsey County. In order to advance health equity and economic prosperity and positively impact social determinants of health, SPRCPH staff must use an equity lens when:

- Planning and implementing the performance management system,
- Implementing quality improvement strategies within public health programs and procedures,
- Maintaining and improving workforce development,
- Planning department strategies, and
- Investing in community health.



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B. Staff Structure, Roles and Responsibility

Health Equity Leadership Team (HELT)

The Department Leadership Team (DLT) has charged the Health Equity Leadership Team (HELT) with providing guidance in the planning, implementation, and integration of intentional health equity work in SPRCPH. The HELT, representing all divisions within the public health department, are leaders in the department and have strong cultural connections in the community. HELT members are experienced and knowledgeable around issues of health and racial equity. The HELT understands how systemic inequities create barriers for access and use of public health programs and services which must be addressed to advance health equity in Ramsey County.

The HELT consists of 10-15 members appointed by the DLT. At least 2 members of the DLT are also part of the HELT and provide guidance and a connection to the Department Leadership Team. A staff coordinator facilitates HELT meetings and moves the work of the HELT forward. The HELT meets on a monthly basis. Meeting notes are recorded and stored on the Health Equity Sharepoint page.

The HELT is responsible for:

- Development of a health equity plan and framework,
- Monitoring and implementation of the goals of the health equity and strategic plans,
- Providing support and education for SPRCPH staff to advance health equity,
- Recommending and identifying staff training needs and provide technical assistance as needed,
- Developing and maintaining a department-wide health equity toolkit,
- Reporting progress of 2014-2018 advancing health equity strategic plan goal,
- Advocating for staff to advance health equity, and
- Communicating health equity progress between divisions and HELT.

The HELT is not responsible for addressing staff behavior related to racism or discrimination. Supervisors and managers will decide when mediation or performance evaluations are necessary.

Staff

Public health staff use their equity lens each day. Whether it's answering phones, securing contracts, improving the client intake process, creating public health policies, working with colleagues or connecting with businesses and community, all public health staff must work to advance health equity.

Staff will:

- Be provided a safe and respectful space to engage in health equity learning opportunities with their teams and/or supervisors on a quarterly basis to learn how to advance health equity,
- Have a basic understanding of health disparities in their public health work, (corresponds with workforce development goal)
- Engage individuals, families, and community in identifying and planning culturally relevant strategies related to advancing health equity work,
- Use an equity lens to identify barriers in processes which hinder advancing health equity,
- Participate in cultural/affinity groups to advance health equity and facilitate community engagement (for interested staff who identify with and advocate for specific communities represented in Ramsey County), and
- Understand how SPRCPH programs and services foster economic prosperity.

Supervisors and Managers

Supervisors and managers have an important role in guiding and engaging staff in opportunities for advancing health equity. Supervisors and managers can work with HELT members for guidance on specific public health programs and services to learn how those services advance health equity.

Health Equity Plan

Supervisors and managers are expected to:

- Initiate and engage in health equity learning opportunities to better understand roles of advancing health equity for themselves and department staff,
- Have an in-depth understanding of health disparities both within public health divisions and programs, and throughout Ramsey County,
- Understand how health equity fits within a social determinants of health and health in all policies framework,
- Promote staff engagement in community (when appropriate) to identify and plan culturally relevant strategies related to health equity work,
- Provide staff with a safe and respectful space to engage in health equity learning opportunities on a quarterly basis to learn how to advance health equity,
- Evaluate each individual staff member's current health equity knowledge and increase understanding of health equity through employee performance appraisals, and
- Provide updates to the HELT on health equity activities by using the Health Equity Action Report Form. (See Appendix F)

Department Leadership Team (DLT)

The DLT provides oversight to the HELT. The DLT staff person(s) on the HELT will regularly update the DLT on HELT activities and progress of the health equity plan.

The DLT will:

- Represent public health on the Senior Management Team's Racial Equity Leadership Team (RELT),
- Designate members to the HELT,
- Review and approve the department 2016-2018 Health Equity Plan and subsequent plans,
- Provide new staff orientation including overview of health equity,
- Ensure health equity strategies meet public health accreditation board process and Planning and Performance Measuring System (PPMRS),
- Work with staff who engage community members in identifying and planning culturally relevant strategies related to health equity work and embed community needs into strategic planning,
- Allocate (staff and funding as needed) resources to HELT processes and activities,
- Incorporate health equity strategies into succession planning and public health leadership development,
- Create a plan to increase diversity and inclusion in the hiring and retention process (work with Human Resources and County Manager's office) by December, 2018,
- Assign time on the DLT agenda for updates on HELT work,
- Select at least one budget, division strategy or program process item (per division) every 2 years to analyze for equity impacts, and
- Report on health equity activities to the County Board.

C. Training

Health equity should be embedded into every aspect of public health. Further, health equity should be incorporated into the policies of all sectors (transportation, education, housing, criminal justice, etc.) using a health in all policies approach. Inequities must be removed in order to address health disparities affecting people in Ramsey County. The HELT has created a powerpoint presentation located in Sharepoint, which provides a foundational overview of health equity at SPRCPH. It is recommended that department managers and supervisors provide (at least) quarterly learning and/or health equity training sessions.

Opportunities for learning about health equity include but are not limited to:

- Health Equity Toolkit (found on Sharepoint, See Appendix E),

Health Equity Plan

- County-wide learning opportunities provided by Human Resources,
- Public health all-staff meetings,
- Division/program quarterly learning sessions,
- Health equity overview learning sessions provided by HELT,
- County-wide cultural sensitivity and racial equity trainings, and
- Articles and stories in the public health online newsletter (the LINK).

D. Internal Capacity and Resources

Saint Paul – Ramsey County Public Health is committed to advancing health equity through the development of the 2014–2018 strategic plan goal of advancing health equity. SPRCPH has also designated key staff leaders to represent divisions and programs on the HELT. SPRCPH continues to invest in advancing health equity through allocating resources towards increasing knowledge of all staff in the department and providing foundational education through all-staff meetings, division learning sessions, and the health equity toolkit. In order for staff to continue developing their skills of using an equity lens to advance health equity and to invest in capacity building, divisions and programs may need additional resources including staff time, financial support, and permission to assess day-to-day work to reduce inequities created by SPRCPH. All staff should be encouraged to work across divisions to share specific health equity knowledge and resources to broaden the scope and understanding of public health programs and services.

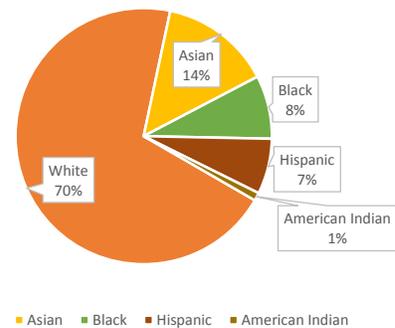
Hiring and Retaining Staff

According to the SPRCPH Workforce Development Plan, in 2016 SPRCPH employed 250 people representing 51 job classifications within six federal equal opportunity job categories: administrative support; officials and administrators; para-professionals; professionals; service and maintenance; and technicians. Eighty-four percent of employees were females and 70% were white. In 2015, forty percent of employees were the age of 55 and over. As positions become vacant, supervisors and managers who hire staff should address gaps between percentages of people of color and American Indians and white people at all job levels and classifications of the SPRCPH workforce. In order to engage community, SPRCPH workforce must work to reflect the demographics of people living in Ramsey County.

Strategies include but are not limited to:

- Provide public health 101 sessions in high schools with students experiencing disparities to garner interest in public health careers, increasing efforts to attract, recruit and retain a prepared, diverse, and sustainable workforce (staff from many divisions provide outreach to students on public health topics),
- Extend opportunities for internships and temporary employment to people experiencing barriers to jobs
- Participate in the Ramsey County U Lead: Young Adult Employment Program, City of Saint Paul's summer Right Track or Youth Apprenticeship programs,
- Be open and available to provide informational tours/informational interviews for students, paying special attention to students with income disparities and/or people of color and American Indians who are interested in various public health programs and services,
- Use an equity lens when success/succession planning to advance equity in the workforce, and
- Create a public health plan to increase diversity and inclusion in the hiring process by December, 2018.

Percentage of employees by race/ethnicity, Saint Paul - Ramsey County Public Health January 1, 2016



Health Equity Plan

Working with County Manager's Office and Human Resources, policies and strategies should be developed that improve opportunities for staff within divisions at all levels and job classifications to be eligible for promotions into leadership positions. Staff should have opportunities to learn from one another through cross-training, mentorships and job shadowing throughout the department. HELT recommends creating a program that allows senior level staff to mentor other staff interested in learning about leadership roles in public health.

E. Community Impact and Engagement

Effectively engaging in community requires an understanding of culture. People want to make good choices. It is important that staff's understanding of community helps to make the healthy choice a possible choice. When working with community, it is important that staff are transparent and engage with community as early as possible. Staff should also work to engage underserved communities to make better connections and create valuable, and sustained working relationships. Community engagement improves health promotion and health research, such as the Community Health Assessment. Understanding the 9 principles of community engagement will help guide staff through the process for understanding community capacity around health equity (www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf).

Equity in Contracts, Grants and Programs

The DLT along with managers, supervisors and staff will work to identify barriers to accessing services and programs through grants and contracts provided by SPRCPH. The grants and contracting process must be looked at with an equity lens to ensure all people wanting to do business with SPRCPH are not denied access due to inequities in Ramsey County's grant/contract application or implementation process. Ramsey County Community Human Services addressed barriers created by the contracting system by teaching vendors how to navigate the application process. Public Health staff have provided additional instructions to the request for proposal process by using plain language for easy to follow instruction. (See Appendix A for Equity Lens) It is recommended that staff continue to work across service teams and provide feedback to contracting and procurement services that will reduce barriers to doing business with SPRCPH.

F. Performance Management System

SPRCPH operates under Minnesota's Local Public Health Act – Minn. Stat. § 145A which outlines local public health responsibilities including a performance management system. The performance management system embeds performance management practices into SPRCPH to improve public health work. Through the use of performance standards, performance measurements, reporting progress and quality improvement, SPRCPH can improve lives, be cost effective and get better results. It is recommended that all staff who create, maintain and evaluate each of the department plans (including performance management, quality improvement, strategic and community health improvement plans) incorporate an equity lens into each level of the performance management system. To advance health equity, staff must question what data is collected, how it is collected, why it is collected, who the data collection impacts, how policies are created and who they are created for, and whether or not performance goals reflect the needs of the community.

Evaluating Budgets for Health Equity

When developing the department/division budgets and work plans, it is important to understand how outcomes of health equity are impacted by process and budget allocation. While aspects of the SPRCPH budget and work plans will be assessed with an equity lens, each division will pick at least one budget, division strategy or process item every 2 years to analyze for equity impacts. Here are questions to help in the development of division and program budgets and strategies in order to advance health equity:

(questions based on City of Saint Paul Racial Equity Assessment Toolkit)

- Does the budget, division strategy or process item advance health equity and community health needs?

Health Equity Plan

- Does the budget, division strategy or process item impact areas of Ramsey County that have shown to have income, education, access to transportation, access to public health programs and services, racial disparity gaps, and/or chronic disease gaps?
- How have you involved staff and community members in the goals of this budget item?
- What benefits may result from the budget, division strategy or process item?
- How will this budget, division strategy or process item be held accountable?
- Are there unintended/negative consequences that disproportionately affect low income communities and/or communities of color? Who has been left out? How will they be included?

G. Monitoring and Evaluation

Through SPRCPH's strategic plan, staff are charged with increasing the knowledge of all department staff by at least 10% above baseline of health inequities, the effects on the public's health, and relevance to their job roles and responsibilities. Staff took the pre-test in the summer of 2015 and will take the post-test fall of 2016. A Health Equity Action Report form has been developed and implemented for use by staff to document quarterly equity learning sessions. The report form provides the HELT with feedback to continually improve the Health Equity Toolkit. Health equity strategies and progress are documented in the strategic planning reporting form.

The HELT will evaluate and revise the health equity plan annually to reflect the department's performance measurements, community needs, department plans, changing priorities and progress towards advancing health equity.

The following sources of data will be collected to analyze the department's progress towards advancing health equity:

- Baseline survey,
- Health Equity Plan progress reports,
- Workforce development staff demographic updates,
- Health Equity Action Report forms,
- Division/staff learning session attendance and evaluations, and
- Health equity toolkit feedback.

Communication

Staff can follow HELT meetings by accessing the health equity Sharepoint page. There, staff will find archived meeting notes, the health equity plan and a connection to the Health Equity Toolkit. The Sharepoint site is updated monthly. The Health Equity Toolkit is updated as needed based on staff recommendations, updated data, activities, videos and other relevant resources. When communicating externally, it is important to be transparent and share department plans, survey results, and data that come from the community or are created with the community in order to create/maintain trust and positive relationships with community members/leaders.

Sustainability of Health Equity

The HELT recommends that advancing health equity continue to be a foundational goal of all of SPRCPH's policies, practices, programs and services at every level of the department. The Public Health Accreditation Board contains multiple domains, standards and measures for cultural competency and health equity and will continue to be a guide (See Appendix G for PHAB domains). The strategic plan will continue to reinforce the need for advancing health equity through many of its goals (See Appendix D for Strategic Plan details). Department staff are charged with incorporating health equity into all aspects of public health (See Appendix C for Staff Roles and Responsibilities chart).

Appendix A - Using an Equity Lens

Using an Equity Lens

An “equity lens” is a tool used by an organization to identify and remove barriers and reinforce best practices in the planning, development, implementation and evaluation of policies, services and programs. Using an equity lens helps people in the organization understand how race, ethnicity, gender, sexuality, culture, class, religion/ spirituality, wealth, abilities, and inequities affect and shape day-to-day work. An equity lens allows one to improve quality of work and remove barriers created by policies and practices.

Below is a list of questions to you use an equity lens when creating a new program, updating an old one, assessing the quality of a policy or procedure, etc.:

- Who is not included in the work you do?
- What could contribute to this exclusion?
- What are you already doing to promote inclusion?
- What can you do differently to ensure inclusion?
- Briefly describe the proposed action (policy, program, planning, budget, etc. decision) and the desired results.
- Who are the racial/ethnic/income groups affected by this action? How will each group be affected? What are the health disparities related to this project and how will you track progress towards reducing health disparities?
- How does the proposed action expand or limit opportunity and access for individuals to Saint Paul – Ramsey County Public Health programs and services?
- How does the proposed project promote racially and economically diverse inclusivity and engagement? Is there community support for or opposition to the proposal? Why?
- How does the proposed action affect systemic change (address institutional racism and advance health equity?) and what is your method for tracking progress?
- How does the proposed project support workforce equity and/or contracting equity?
- Are there any unintended consequences for certain populations and/or communities? Are there strategies to mitigate any negative impacts?

(Based on work of City of Portland Racial Equity Strategy Guide and Seattle’s Racial and Social Justice Initiative and City of Ottawa Equity & Inclusion Lens Handbook)

City of Ottawa Equity & Inclusion Lens Handbook

Use the Equity and Inclusion Lens Handbook to help you see things from a new perspective.

You can use the handbook to:

- Become more aware of diversity and disparities around you,
- Incorporate equity to strengthen work teams and community work, and
- Address systemic barriers and inequities people face.

The Equity and Inclusion Lens Handbook is for everyone including, staff, management, elected officials and community members/partners. Go to http://documents.ottawa.ca/sites/documents.ottawa.ca/files/documents/EI_Lens_Handbook_2015_FINAL_EN_WEB_2.pdf to find the action building toolkit.

Appendix B - General Definitions

General Definitions

Health Equity

The attainment of the highest level of health possible for people of all ages and backgrounds, with focused attention to the needs of those at greatest risk of poor health, based on social conditions. (Braveman, 2014)

Social Determinants of Health

Living and working conditions that influence individual and population health, such as your zip code, occupation, race, ethnicity, education, income, gender, and sexual orientation.

Economic Prosperity

Ramsey County is working to cultivate economic prosperity and invest in neighborhoods with concentrated financial poverty through proactive leadership and inclusive initiatives that engage all communities in decisions about the future of residents.

Health Inequities

A health difference based in unjust, socially-determined circumstances (for example, American Indians have higher rates of diabetes due to the disruption of their way of life and replacement of traditional foods with unhealthy commodity foods). (MDH, 2014)

Health Disparities

A particular type of health difference that is closely linked with economic, social, or environmental disadvantage. Health disparities unfavorably affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. (Healthy People 2020)

Health in All Policies (HiAP)

A way to integrate health into all sectors of society that create policies, including but not limited to transportation, criminal justice, economics, housing, employment and wages, recreation, and education. Doing this ensures that policy, system and environment changes have a neutral or beneficial impact on health outcomes (NACCHO, 2014).

White Privilege

The system of advantages and benefits that white people receive as a result of whiteness. “White skin privilege is not something that white people necessarily do, create or enjoy on purpose. White skin privilege is a transparent preference for whiteness that saturates our society. White skin privilege serves several functions.” (Teaching Tolerance, project of Southern Poverty Law Center, 2015)

Structural Racism

The normalization of an array of dynamics — historical, cultural, institutional and interpersonal — that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color and American Indians. **Structural Inequities** are systems of society — such as finance, housing, transportation, education, social opportunities, etc. — that are structured in such a way that they benefit one population unfairly (whether intended or not). (MDH, 2014)

Appendix C - Staff Roles and Responsibilities

Role / Responsibility	Goal	Objective	Timeline
Health Equity Leadership Team (HELT)	Develop a department wide health equity plan and framework.	HELT will research national, state, local plans and combine 2012 Health Equity Plan and 2014-2018 Strategic Plan to revise dept HE plan.	April 2016
	Develop an Equity and Inclusion Lens Handbook based on the 2015 City of Ottawa Handbook.	Adapt the 2015 Equity and Inclusion Lens handbook for SPRCPH practices.	December 2017
	Implement and report progress on the goals of the Health Equity Plan and the Advancing Health Equity Strategic Plan goal 2014-2018.	HELT will monitor plans and provide updates on a division and team level.	Quarterly 2016-2018
	Identify staff training opportunities and staff development needs. Provide technical assistance as needed.	HELT members report division needs and assist in identifying training resources.	Quarterly 2016-2018
	Maintain the department-wide health equity toolkit.	HELT updates and maintains toolkit.	Monthly
	Communicate HE progress/updates between HELT and each division.	HELT member acts as liaison and advocate for advancing health equity.	Ongoing
Staff	Have basic understanding of how health disparities impact public health work.	New employees will participate in orientation session and learn about advancing health equity.	Orientation and Ongoing
	Participate and engage in health equity learning sessions with teams and/or supervisors.	Staff will identify topics and participate in quarterly health equity learning sessions.	Quarterly 2016-2018
	Engage individuals, families, and community in identifying and planning culturally relevant public health strategies related to advancing health equity.	Staff will identify health disparities through public involvement (i.e. community health assessment, home visits, patient contact, focus groups, and various public health agencies).	Ongoing
	Identify each individual staff member's current HE knowledge and increase each individuals understanding of HE.	During annual employee performance evaluation, staff will identify how they engaged in advancing health equity and determine their health equity goals for the coming year.	Yearly
	Use equity lens to identify barriers in processes which hinder advancing health equity.	Use quality improvement strategies to identify public health system inequities that create barriers for clients and community and implement recommended changes to minimize barriers.	Each QI project

Appendix C - Staff Roles and Responsibilities

This chart does not include division-specific trainings or trainings required for professional licensing.

Role / Responsibility	Goal	Objective	Timeline
Supervisors and Managers	Initiate and engage in health equity learning opportunities to better understand roles of advancing health equity for themselves and department staff.	Provide staff with safe and respectful space to engage in health equity learning opportunities to advance health equity.	Ongoing
		Sups/Mgrs/Staff will identify topics and participate in quarterly health equity learning sessions and provide updates to HELT using Health Equity Action Report Form.	Quarterly 2016-2018
	Understand how health equity fits within a social determinants of health and health in all policies framework.	Read Health Equity Plan, MDH's Advancing Health Equity Report to Legislature, and STRIDE toward Health Equity: Health in All Policies in Minnesota report from Public Health Law Center/BCBS.	New supervisors and managers need to accomplish within first 6 months. Current Staff: Read by Dec. 31, 2016
	Promote staff engagement with community to identify and plan culturally relevant strategies related to health equity work.	Help staff to identify health disparities through public involvement (i.e. community health assessment, home visits, patient contact, focus groups, and various public health agencies).	Yearly
Evaluate each individual staff member's current HE knowledge and support each individual's increased understanding of HE. (example: reading an article about health equity as well as trainings count toward advancing health equity)	During annual employee performance evaluation, supervisors will identify how each staff member engaged in advancing health equity and assist in determining their health equity goals for the coming year.	Yearly-Beginning 2018	

Appendix C - Staff Roles and Responsibilities

This chart does not include division-specific trainings or trainings required for professional licensing.

Role / Responsibility	Goal	Objective	Timeline
Department Leadership Team (DLT)	Designate members to the HELT.	As staff rotate/end terms on HELT, DLT will designate new members based on staff experience and cultural connections to the community.	When vacancies occur
	Review and approve the department 2016-2018 Health Equity Plan.	Provide edits/approval to the department 2016-2018 Health Equity Plan.	April 2016
	Allocate staff and budgetary resources to HELT process and activities.	Allow portions of division budgets to be used for health equity training and resources.	Ongoing
	Ensure health equity strategies meet Public Health Accreditation Board process and MDH requirements.	Guide development and maintenance of health equity work towards integration of Performance Mgmt System.	Ongoing
	Address health equity at department leadership team meetings.	Assign time on DLT agenda for HELT updates .	Monthly
	Provide health equity updates to the County Board.	Report on health equity activities to the County Board.	Include with program updates
	Assess and update job descriptions to incorporate equitable hiring strategies.	Review job descriptions with and equity lens. Make adjustments to job description language to reflect current roles and education for the position.	Yearly
	Create a plan to increase diversity and inclusion in the hiring process by December 2018. (With assistance from MDH, HELT and HR)	Write and implement a plan to ensure public health workforce hiring practices reflect diversity and inclusivity of Ramsey County community.	December 2018
	Incorporate health equity strategies when succession planning.	Use an equity lens when success/succession planning to advance equity in the workforce.	Ongoing
	Select at least one budget item, division strategy or process (per division) each 2-year budget cycle to analyze for equity impacts.	Identify at least 1 budget item, division strategy or process to analyze in order to determine if the item creates barriers to advancing health equity. (See page 6 of this document)	Each budget cycle

Appendix D - Strategic Plan

Advancing Health Equity

To guide its strategic focus through 2018, Saint Paul - Ramsey County Public Health (SPRCPH) established five overarching goals with related objectives. The goals capture priority needs and/or opportunities that were identified during the data-gathering phase, and use the best available evidence for making informed public health practice decisions.

The strategic plan is not intended to be comprehensive of all programs or functions carried out by the department. Nevertheless, all areas of SPRCPH will contribute in defined ways to achieving the plan's goals and objectives, and the department will continue to carry out mandated and other critical ongoing public health programs and services.

Goal 1:
Advance health equity – the attainment of the highest level of health possible – for people of all ages and backgrounds in Ramsey County.

Health Equity Objectives

1. Increase knowledge by at least 10% above baseline for all department staff of health inequities, the effects on the public's health, and relevance to their job roles and responsibilities, by July 1, 2016.
2. Create and implement an organizational framework within the department to ensure a focused approach to health equity, by December 31, 2015.
3. Identify one health disparity with a concentrated department-wide focus every two years beginning December 31, 2014.
4. Establish annually a clear policy and advocacy agenda for the department to advance health equity and address structural racism, beginning July 30, 2014.
5. Identify and implement up to three department strategies that promote economic prosperity in Ramsey County, by December 31, 2015.

Appendix E - Health Equity Toolkit

What is the Health Equity Toolkit?

The toolkit is a collection of resources made up of activities, articles, data, reports, websites, and video clips about bias, health disparities, health equity, housing, poverty, race, racism, and white privilege. The purpose of the toolkit is to expand all department staff knowledge around health equity and inequities and meet the requirements of the 2014-2018 strategic plan goal of Advancing Health Equity.

Who Should Use the Health Equity Toolkit?

Division managers and supervisors can search the toolkit for topic related resources based on the needs of each program/division. Staff will also find available resources to use on an individual or small group basis. Health Equity Team members are available to assist with connecting resources to specific public health work.

How Often Should Divisions Use the Health Equity Toolkit?

Health equity should be embedded into every aspect of public health through a Health in All Policies* approach. Health disparities and inequities are present in our everyday work. Whether it's through how safe people may be during an extreme weather event, how moms and children obtain WIC services or how the department issues grant funding to the community, equity plays a key part in how well the department lessens barriers and helps to create, maintain and sustain healthy communities. It is recommended that department managers and supervisors address health equity with staff on a quarterly basis. One way to accomplish this is to use resources from the toolkit. Sample guides with suggested learnings including the amount of time needed are available in the toolkit.

Health Equity Toolkit Action Report Form

The Health Equity Toolkit Action Report form is a way for the Health Equity Team to learn from staff and divisions about how the toolkit is being used. It's a way to gain feedback about toolkit activities and resources and make changes and recommendations for future use. Staff will be asked to provide details regarding which piece of the toolkit they used, the amount of time spent on the learning activity, how the tool related or was relevant to their public health work, and whether or not there will be action taken.

* A Health in All Policies (HiAP) approach is a way to integrate health into all sectors of society that create policies, including but not limited to transportation, criminal justice, economics, housing, employment and wages, recreation, and education. Doing this ensures that policy, system and environment changes have a neutral or beneficial impact on health outcomes (NACCHO, 2014).

Appendix F - Toolkit Action Report Form

The Health Equity Toolkit Action Report Form is a way for the Health Equity Team to learn from staff and divisions about how the toolkit is being used. The report form is a way to gain feedback regarding toolkit activities and resources and make changes and recommendations for future use.

Name of staff person facilitating the toolkit discussion:

Date:

Division Name:

Program Name:

Name/title of resource used:

Number of people attending the learning session:

Amount of time spent on the learning resource:

In a few sentences, how can you connect the learning session you used to your public health work?

What additional tools and resources would be helpful for your division/workgroup to continue to learn about health equity or better understand your role of advancing health equity?

Will there be any action taken (change in practice, program, policy, system or environment) based on the resources used/learning session?

Email the completed form to kathy.hedin@co.ramsey.mn.us.

Appendix G - PHAB Standards

Public Health Accreditation Board Standards

Excerpted Domains and Measures for Cultural Competency and Health Equity

There are a total of eight domains, 12 standards, and 20 measures related to cultural competency in the Public Health Accreditation Board Standards. The following domains and measures would be addressed by this proposal.

Domain 5: Develop public health policies and plans

- Standard 5.2 Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan
 - Measure 5.2.1 L Conduct a process to develop community health improvement plan

Domain 7: Promote strategies to improve access to health care services

- Standard 7.1 Access Health Care Service Capacity and Access to Health Care Services
 - Measure 7.1.1 A Convene and/or participate in a collaborative process to assess the availability of health care services
 - Measure 7.1.2 A Identify populations who experience barriers to health care services
 - Measure 7.1.3 A Identify gaps in access to health care services
- Standard 7.2 Identify and implement strategies to improve access to health care services
 - Measure 7.2.3 A Lead or collaborate in culturally competent initiatives to increase access to health care services for those who may experience barriers due to cultural, language, or literacy differences

Domain 11: Maintain Administrative and Management Capacity

- Standard 11.1 Develop and Maintain and Operational Infrastructure to Support the Performance of Public Health Functions
 - Measure 11.1.3 A Maintain socially, culturally, and linguistically appropriate approaches in health department processes, programs, and interventions, relevant to the population served in its jurisdiction.