

VERSION 2.0 WORK IN PROGRESS: Health Equity – What Have We Learned From Accredited Health Departments? July 2018



The Public Health Accreditation Board is a 501(c)3 nonprofit organization dedicated to improving and protecting the health of the public by advancing and ultimately transforming the quality and performance of state, local, tribal, and territorial public health departments.



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This document summarizes what PHAB has learned about how accredited health departments are engaging in health equity work and where they are facing challenges. It compiles information from the following sources:

- An analysis of the Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) of accredited health departments;
- Performance on Measure 3.1.3; and
- Descriptions provided in Annual Reports.

CHA/CHIP Analysis

PHAB reviewed the CHAs and CHIPs of 216 accredited health departments. The CHAs incorporate data about the social determinants of health; most commonly they include data about education, crime, employment and transportation. While CHAs most frequently cite federal sources for data on these topics, they also include state and local governmental data sources, particularly related to education and, to a lesser degree, law enforcement.

PHAB extracted the exact text of the priority areas listed in the CHIPs. Several explicitly reference “equity” (e.g., “To increase awareness of health equity and address social determinants of health”) or equitable access to care (e.g., “Align efforts of health systems stakeholders to achieve sustainable, equitable, and optimal population health.”) Other priority areas address some of the root causes of health inequities. Examples include:

- “Increased resilience in trauma-impacted communities;”
- “Improved health outcomes through education, employment, and transportation policies;” and
- “Advance economic development, in ways that support community health, to address the root causes of poor health and increase access to opportunities to improve health.”

Looking at the specific indicators that are included in the CHIPs to monitor communities’ progress, there are many that relate to health equity and social determinants of health. The following list provides the most common topics of related CHIPs, with the number of indicators in parentheses:

- Crime and homicide (53)
- ACEs, domestic violence, child abuse (50)
- Housing (42)
- Education (37)
- Poverty (25)
- Employment/unemployment (20)

In addition, there are many indicators that track disparities in particular outcomes (e.g., infant mortality, obesity, etc.) by race and socioeconomic status.

Performance on Measure 3.1.3

A measure specifically focused on health equity was added to Version 1.5 of the Standards & Measures. Measure 3.1.3 addresses “Efforts to specifically address factors that contribute to specific populations’ higher health risks and poorer health outcomes.” Below is the distribution of assessments among the first 80 health departments to be reviewed under Version 1.5 of the Standards & Measures.

	Fully Demonstrated	Largely Demonstrated	Slightly Demonstrated	Not Demonstrated
Measure 3.1.3	45%	36%	16%	3%

PHAB reviewed the Site Visit Report comments of health departments that were assessed as having Fully Demonstrated Measure 3.1.3 and/or were noted by the Site Visitor Team as having an “Area of Excellence” related to the Measure. These health departments described a variety of strategies for collecting and analyzing data focused on the factors that contribute to inequity. Several described health department engagement in health impact assessments about transportation projects or an ordinance related to mobile home residents. Another health department provided documentation about a collaboration with a Tribal nation to address tobacco use and equitable access to healthy foods and exercise opportunities.

PHAB also reviewed the Site Visit Reports for those health departments that were assessed as Not Demonstrated or Slightly Demonstrated. The most common challenges were:

- Requirement 1c: Internal policies and procedures for the inclusion of health equity considerations of specific populations in program development (12 health departments);
- Requirement 1a: Lack analysis of health equity (11 health departments); and
- Requirement 1b: Lack plans and/or efforts to address social change, social customs, community policy, level of community resilience, or the community environment to impact on health (8 health departments).

Annual Reports

As part of the required annual reporting process, accredited health departments are asked to describe their work in an emerging public health area. Forty health departments opted to discuss their efforts related to health equity. (Seven of these health departments reported on health equity in multiple years.) The following describes the types of activities that these health departments describe. (The numbers in parentheses indicates the number of times this activity

was mentioned in an Annual Report; one Annual Report could include multiple types of activities.)

- Developing and strengthening partnerships (19) & engaging community (13);
- Using data to identify inequities and evaluate progress addressing them (19);
- Training staff (17);
- Creating new offices or teams (14);
- Including equity as focus area in strategic plan (7) or CHIP (4); and
- Working on policies to embed equity in HD operations (7).