EAST LIVERPOOL CITY HEALTH DISTRICT

Health Equity Policy

Adopted September 26, 2018

Revised April 17, 2019

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Health Equity Policy

Effective Date: September 29, 2018

SECTION I Introduction

The purpose of this policy is to provide operational guidelines in respect to health equity goals for our health department: culturally, socially, and linguistically. Development and implementation of programs, services, procedures and policies will reflect consideration for health inequities.

According to these 2016 health rankings, Columbiana County ranks 57th out of Ohio's 88 counties for overall health outcomes, with length of life ranking 64th and quality of life ranking 52nd. Health factors are ranked 67th, with health behaviors at 56th, clinical care at 66th, social and economic factors at 66th, and physical environment at 87th.

Columbiana County is ranked 60th out of 88 counties for Personal per Capital Income.
- Over half (52.1%) of households have annual incomes less than $50,000, and according to the U.S. Census Bureau, the Median Household Income is well below the state and national averages as indicated in the graph to the right.

SECTION II Background

General access to services and affordable health care coverage are important for the achievement of health equity and improving the quality of life. Health inequities result in disparities that directly affect the quality of life for everyone. Columbiana County is identified as an underserved area with disparities related to being an Appalachian county, with a high ratio of the population to primary care physicians, dentists and mental health providers; indicating the potential for greater access to care challenges. For individuals, these barriers included deficits in income, education, lack of health insurance, increasing cost of medication, high deductibles, lack of providers and lack of transportation. The community also faces barriers to access, including economic factors and provider shortages. (2016 Community Health Needs Assessment-CHNA)

Participants surveyed for the CHNA identified low income, lack of motivation to work, low educational attainment, poor health literacy, lack of housing, mental health, lack of parenting, and increasing drug activity as social determinants contributing to community health needs.

Chronic disease is a significant population health challenge in Columbiana County, since many diseases emerge frequently are preventable conditions. Health disparities are more common among those with lower incomes as well as in Appalachian communities. In addition, chronic disease is increasing among middle-aged Ohioans, indicating that it will continue to be an ongoing challenge for Columbiana County's aging population.

Understanding social determinants of health, such as economics, education and violence; can also lead to improvements in health outcomes and reductions in health disparities. The population health model published by the Robert Wood Johnson Foundation, in the 2016 "County Health Rankings and Roadmap," emphasizes the factors that can help improve overall health outcomes. Public Health Accreditation Board (PHAB) has included a health equity standard for local health departments. A commitment for health equity needs to be a focus in health departments' development of policies and programs for improvement of health.

SECTION III Key Terms

Social Determinants of Health: Social determinants of health are 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. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. (Source: Healthy People 2020).

Health Equity: The attainment of the highest level of health for all people. (Source: Healthy People 2020)

Health Inequity: Health inequities, on the other hand, are differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust. Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups. (Source: Boston Public health Commission)

Health Equity Lens: A systematic way of viewing the current state (of health conditions, programs outcomes, agency policies, materials and messaging, etc) for how it either addresses or perpetuates health inequities. (Source: Adapted from Health in All Policies: A Guide for State and Local Governments, American Public health Association and Public health Institute. 2013)

Diverse Population Characteristics: Diverse populations will include, but not limited to, social, cultural, ethic, racial, sexual orientation, gender identity, disabled, and non-English speaking characteristics.

SECTION IV Values for a Health Equity Policy

A. Commit to eradicate health inequities in East Liverpool
B. View health equity considerations in all services
C. Practice fairness in socioeconomic and environmental resources
D. Collaborate with community partners

E. Practice tolerance and acceptance
F. Promote healthy behaviors and linkages to services
G. Reinforce equitable distribution of resources
H. Promote equitable living conditions
I. Promote equitable prevention and services
J. Promote social and institutional equity
K. Provide professional development opportunities that focus on health equity
L. Respect differences
M. Recognize barriers and look for opportunities to eliminate barriers
N. Be accountable through quality measurement

SECTION V Departmental Health Equity Policy Guidelines for Development of Interventions

East Liverpool City Health District will care for patients and clients in a respectful approach. We will take in consideration the diversity of their cultural, social and linguistic backgrounds and beliefs and consider how these affect health behaviors, beliefs and outcomes. The following will serve as guidelines when we develop policies, processes and programs in cultural competencies.

Current and New Program Development

A. View new and current programs, services and policies with a health equity lens
B. Identify opportunities to understand social determinants of health program participants

Procedure for Community Engagement

C. Engage residents and community-based groups with surveys and forums
D. Improve engagement with representatives from the target population
E. Solicit input, review, and feedback from the target audience messaging

Procedure for Data Collection

F. Include health equity considerations in program monitoring and evaluation activities
G. Include health equity in community needs assessment and improvement planning
H. Publish data back to the community

Procedure for Communications

I. Solicit feedback from representatives of the target population during development of communications message, including digital media
J. Review messages and products to ensure they are culturally and linguistically appropriate
K. Provide health education in context of health equity

Procedure for Community Partnerships

L. Collaborate with community partners to participate in interventions

M. Engage partners from multiple fields that have a role in advancing health equity
N. Apply principles that help ensure an equitable partnership
O. Assess the need for external partner engagement in order to achieve health equity goals

Section VI Policies to Address Areas of Health Inequity

A. Language Assistance Services:

East Liverpool City Health District is contracted with Language Line Solutions which provides language interpreters to our clients and patients upon request at no cost to them.

Display Interpreter Services Posters will be posted in the nursing office and the vital statistics/main office window.

ELCHD will make every effort to provide written materials in patients' preferred languages.

Actions for communicating clearly:

- Make eye contact
- Listen carefully
- Use plain, non-medical language
- Speak clearly at a moderate rate
- Repeat content
- Don't use vague terms that can be interpreted in different ways
- Draw simple pictures, use simple models
- Demonstrate how to do something
- Encourage patients to ask question
- Confirm patients understand what they need to know.

Use the resource: Health Literacy and Patient Safety: Help Patients Understand, by the American Medical Association, offers suggestions for improving oral communication and alternatives to complex medical words (pages 29-34). Once you link to the Web site, look for the Manual for Clinicians. Access to the manual is free, once you have created an account.

B. Printed Communications:

Make printed materials that are easy to follow and consistent with the abilities of participants served in each program.

Use guides such as from the Department of Health and Human Service's health literacy site to design or revise materials.

Literacy levels will be assessed on health literacy materials using the SMOG Readability Formula. The goal is to keep these materials an 8th grade reading level or less.

C. Hearing Disabilities:

ELCHD is contracted with Language Line Solutions provide in-sight video interpreters who provide American Sign Language in 35 languages at no cost to the patient/client.

D. Seeing Disabilities:

It is the policy of ELCHD to read forms to patients and clients that have a sight disability. Print materials will be printed with a large font when necessary.

E. Physical Disabilities:

Patients and clients of ELCHD will be instructed to use the handicap entrance on the side of the building. Handicap parking is available at the side entrance. Take elevator to first floor. Wheelchairs are accessible to the nursing exam room through the direct door off the nursing office reception area.

SECTION VII COLLECTING AND USING DATA

Self-identification by the patient at the time of initial appointment will be utilized. They will be asked to self-identify their racial and ethnic categories to assist our department in identifying where outreach is needed.

SECTION VIII GRIEVANCE PROCESS

All persons alleging discrimination on the basis of race, color, national origin, age, sex, or disability must fill out a discrimination complaint form that will be filed with the following entity:

Centralized Case Management Operations, U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F, HHH Bldg., Washington, D.C. 20201 1-800-368-1019, 1-800-537-7697 (TDD)www.hhs.gov/ocr

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by mail, phone or electronically through the Office for Civil Rights Complaint Portal.

If you need help filing a civil rights complaint, please email OCR at OCRMail@hhs.gov or call 1-800-368-1019. We provide alternative formats (such as Braille and large print), auxiliary aids and services (such as a relay service), and language assistance.

The above information will be included on the discrimination complaint form.

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SECTION IX Health Equity Policy Approvals

The signature below indicate the review and approval of this policy.

Carl Covert

9/26/18

Carl Covert, Chairman

Date

Board of Health

Carol Cowan

9/26/18

Carol Cowan, Health Commissioner

Date

SECTION X Review/Revision History

Review/Revision Date	Section	Signature
4/17/2019	Added II, VII, VIII	C. Cowan