

HEALTH EQUITY AND PUBLIC HEALTH DEPARTMENT ACCREDITATION

Health equity is commonly [defined](#) as “the attainment of the highest level of health for all people...Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historic and contemporary injustices, and the elimination of health and healthcare disparities.” Health equity is [achieved](#) when everyone in our society has the same opportunity to be as healthy as possible, regardless of race, ethnicity, gender, sexual orientation, economic status, or geographic location. According to the World Health Organization, good health is a fundamental human right, and everyone should have the opportunity to attain it. By addressing inequities, public health leaders can create opportunities for all people and communities to feel empowered to achieve the highest level of health.

This report examines the link between state health departments’ activities to advance health equity through the public health department standards set by the Public Health Accreditation Board (PHAB) to embrace a system-wide approach toward a culture of health equity. The health department plays an essential role, leading the comprehensive strategies needed to address health inequities.

Throughout the report, you will find public health programs and organizational strategies to integrate health equity into state, local, territorial, and tribal public health through the lens of PHAB accreditation. Health department staff provided each example, offering reflections on practices and approaches specific to that jurisdiction.

Why is Health Equity Important?

Addressing avoidable inequities for all groups, with an intentional focus on those who have experienced socioeconomic disadvantage, historical injustice, or other forms of oppression, provides an opportunity for all people and communities to feel empowered to achieve the highest level of health.

Health Equity and Public Health Department Accreditation

According to the public health accrediting body, PHAB, one goal of accreditation is to help state health departments develop a system-wide approach to developing a culture of health equity. Drawing on input from the field and subject matter experts, PHAB strengthened attention to health equity requirements in the standards and measures from Version [1.0](#) to [1.5](#) and for reaccreditation. Additionally, PHAB established a Health Equity Think Tank to support further health equity integration into Version 2.0.

PHAB hopes that health equity becomes a department-wide commitment for all state, local, territorial, and tribal health departments undergoing accreditation, rather than a series of projects used as examples to show conformity with the PHAB Standards and Measures. Through accreditation, health equity is a lens through which departments view their internal and external work in the community.

Ideally, after health departments have identified the health disparities that exist in their communities, they will dig deeper to identify the cause of the disparity and ensure they deliver services through an equitable approach.

CDC's [Paving the Road to Health Equity](#) framework aligns with and reinforces public health accreditation, through its key components of organizational infrastructure, measurement, policy, and programs (Figure 1).



Figure 1: Centers for Disease Control and Prevention's Paving the Road to Health Equity Framework

An **infrastructure** that advances health equity implements supportive organizational policies, encourages cross-sector partnerships, and is responsive to emerging priorities. **Measurement** and data practices that support the advancement of health equity as part of the state health assessment inform health improvement policies and programs. The development and enforcement of public health laws and **policies** should be data-driven and be given special consideration on how they impact certain populations to ensure they are appropriate and not perpetuating existing disparities. **Programs** should be developed with input from the community to ensure they're community driven and culturally appropriate and work to address the root cause of a problem. **Partnerships** with entities outside of public health, such as housing, transportation, and education, allow for a multi-disciplinary approach that addresses the social determinants of health and can better inform public health policy and program development.

Health Equity is the Responsibility of the Entire Health Department

Health equity cannot be achieved if it is contained solely within an office of health equity or assigned to specific staff. Everyone from department leadership to frontline programmatic staff play a critical role in reducing health disparities and cultivating a culture of health equity, including:

- **Senior Leaders and Executives:** By ensuring health equity is integrated into department policies and procedures, leaders can facilitate a culture of health equity. Leaders set the tone by including health equity in the department strategic plan, mission, vision, and guiding principles. Health officials and executive staff advocate for and prioritize health equity through strategic partnerships with other governmental agencies, establishing a strong infrastructure for health equity, and by securing resources needed to support health equity efforts.
- **Health Equity Staff:** Health equity staff serve as internal experts and a resource to staff and peers within the department. They guide others to operationalize health equity in everyday health department work and develop resources and trainings on how and the department can integrate health equity in programs, policies, and plans. Health equity staff assess workforce and department cultural competency and identify trainings.
- **Performance Improvement and Accreditation Staff:** An accreditation coordinator or performance improvement manager leads department-wide quality improvement and accreditation efforts. These staff coordinate with department leaders, health equity staff, and program staff to develop and track health equity performance metrics, ensure quality improvement opportunities are implemented using a health equity lens, and identify health equity examples that can be used for accreditation documentation.
- **Programmatic Staff:** Project and program staff are critical to promoting health equity. They are tasked with designing and executing public health programs, interacting with the public, and delivering public health services. They ensure interventions are culturally appropriate for the target population, evaluate the effectiveness of program interventions, form partnerships, and collaborate with diverse community members and stakeholders. Programmatic staff also provide significant examples of the department's health equity efforts during the accreditation process.

Health Equity in the PHAB Standards and Measures

During the accreditation process, public health departments must demonstrate how they have prioritized and integrated health equity into programs, policies, plans, and practices, especially when specifically [identified](#) in the Standards and Measures. Through focus group discussions and key informant interviews with state health department staff, ASTHO has aggregated example strategies health departments have used to meet health equity requirements throughout the PHAB domains. These strategies are summarized in the following sections.

Assess

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

A state health assessment (SHA) is a result of a collaborative process between health departments, partners, and the community. It involves data collection, analysis, and dissemination of results and includes systematic monitoring of health status. The SHA can provide insight into potential root causes of higher health risks and poorer health outcomes. The SHA must include information on **the existence and extent of health inequities between and among specific populations or areas of the state: populations with an inequitable share of poorer health outcomes must be identified.**

(Measure 1.1.2)

- **Oklahoma** and **Ohio** held listening sessions, focus groups, and key informant interviews with underrepresented populations, such as American Indians, Alaska Natives, and other racial minorities to inform their SHAs. Primary data collection from underrepresented groups helps ensure a comprehensive, data-driven approach is taken to assess the needs of the entire population, especially when existing data is lacking. Additionally, **Oklahoma's** interactive [SHA](#) includes a specific [demographics](#) section to examine disparities by race.
- **Connecticut** held public forums and traveled to every county to gather data for inclusion. The final [SHA](#) included indicators that impact underrepresented populations such as the homeless, rural communities, veterans, the incarcerated population, the lesbian, gay, bisexual and transgendered (LGBT) community, and those with disabilities. Connecticut also stratified SHA data by social determinants of health to examine upstream risk factors.
- **Minnesota's** [SHA](#) was developed with a health equity lens by the Healthy Minnesota [Partnership](#), a collaborative made up of community-based organizations, the department of transportation, department of corrections, local public health departments, health plans and others. A multi-sector collaborative approach offers an opportunity to examine various social determinants of health.
- **Washington state** examines various indicators such as race, ethnicity, socioeconomic status, disability and sexual orientation and develops reports, such as the Health of Washington State Report's section on [Social and Economic Determinants of Health](#) to inform agency programs and policies. The [SHA](#) aligned with the Washington State Plan for Healthy Communities (Domain 5) to [identify](#) priority health issues and populations to highlight communities at greater risk for specific public health problems.

Inform and Educate

Domain 3: Inform and educate about public health issues and functions.

The community relies on the health department to provide accurate and reliable information and educate citizens on public health issues and functions of the department. Health departments must have the **capacity to engage in culturally sensitive and linguistically appropriate communication with the target population(s)**. **Public health strategies and interventions should be informed by the community, address social and environmental factors that contribute to poorer health outcomes, and include internal policies that include health equity considerations in program development.** (Measure 3.1.3)

- **Washington state** developed a [Community Engagement Guide](#), which maps out the agency's approach to meaningful and culturally appropriate engagement, and provides resources, tools, and ideas for program staff to implement.
- **New Mexico** conducts a cultural and linguistic competence [assessment](#) to examine factors that may enhance, enable or impede the effectiveness and performance of its service delivery system, and to help identify ways to consider physical, social, cultural, language and literacy variables in the provision of services and education. After completing the assessment, New Mexico incorporated cultural and linguistic self-assessment [results](#) into the policy development process at the program, division, and department level.
- To support appropriate communication with Spanish-speaking target populations, **New Mexico** also ensures that department staff have access to Spanish classes. Translators are also consistently available to residents who receive services from the health department.

Community Engagement

Domain 4: Engage with the community to identify and address health problems.

Health departments should engage and collaborate with community partners to accomplish public health goals, promote community resilience, and advance the improvement of the public's health. Engagement with the community helps to identify and address health problems. **Partnerships and coalitions may address broad public health issues, for example, health equity or access to community resources.** (Measure 4.1.1)

- **Mississippi** has worked closely with the local Vietnamese-American population on [Hepatitis B](#) education and screening. The health department tailors messaging and programming to the community, provides cultural competency training to department staff, and collaborates with community members, and non-traditional health partners to identify and recruit interpreters. These efforts allow the state to improve its ability to serve a diverse population.

- **Minnesota** collaborates with Tribal communities to develop innovative and culturally appropriate strategies that build on cultural [assets](#) to create health. The agency supports the Tribal Nations to implement practice-based strategies that integrate culture into tobacco prevention and cessation work, as well as obesity prevention.

Policies and Plans

Domain 5: Develop public health policies and plans.

Department policies, strategic plans, health improvement plans, and emergency operations plans play critical roles in guiding the work of the health department. A State Health Improvement Plan (SHIP) must **include statewide health priorities, including the consideration of addressing social determinants of health, causes of higher health risks and poorer health outcomes of specific populations, and health inequalities. Policy changes within the SHIP must include those that are adopted to alleviate identified causes of health inequity and may address social and economic conditions that influence health equity and the needs of all citizens in the state.** (Measure 5.2.2)

While a strategic plan includes the department’s mission, vision, and guiding principles, many states have incorporated health equity as a cross-cutting priority.

- **Oklahoma** is among several states that specifically include Health in All [Health in All Policies](#) in its strategic plans. Other states, such as [Washington](#) and [Colorado](#), have a specific a strategic goal to address health equity and population health.
- **Minnesota’s SHIP**, Healthy Minnesota 2022, specifically indicates an [approach](#) to advancing health equity that focuses on improving the conditions that create health. The priorities include assuring that the opportunity to be healthy is available everywhere and for everyone, design places and systems for health and well-being, and make it possible for all to participate in the decisions that shape health and well-being.
- Integrated throughout **Connecticut’s SHIP**, Healthy Connecticut State Health Improvement Plan 2020, are green “=” icons that identify objectives and strategies targeted towards disadvantaged or vulnerable populations that experience significant health disparities. The state also follows a Health Equity Policy and Procedure to [guide](#) the implementation of its SHIP.
- **New Mexico** is on its twelfth edition of the Health Equity in [New Mexico](#) report as a tool for community, state, and tribal partners and policymakers to use in the design and implementation of effective strategies to decrease health disparities for all people in the state. They have also developed [Addressing the Health Needs of Sex and Gender Minorities](#) in New Mexico which provides background information and data on the population, as well as strategies to address disparities impacting them.

Public Health Laws

Domain 6: Enforce public health laws.

Health departments play a role in enforcing and educating the public on public health laws, regulations, statutes, and executive orders. Health departments must evaluate laws for consistency with public health evidence-base and/or promising practices, as well as **consider the impact of the law on health equity**. (Measure 6.1.1)

- **Washington state** supports the Washington State Board of Health's [Health Impact Reviews](#). The department provides data as part of the Health Impact Review [tool](#) used by policymakers to make data-driven decisions regarding proposed legislation and budget changes that may directly impact health disparities.
- **Connecticut** created a Health Equity Impact of Legislative Proposals [worksheet](#) to help staff determine potential positive and negative implications of legislative proposals for health equity. The worksheet features a series of questions that consider the health impact on populations, such as racial or ethnic minorities, low-income populations, those residing in underserved geographic areas, and immigrants. The worksheet also considers the impact of social factors, such as access to housing.
- **Missouri** seeks input from the community on state regulations and conducts focus groups and open meetings in rural and urban communities to solicit feedback and opinions on proposed health regulations.

Access to Care

Domain 7: Promote strategies to improve access to healthcare services.

Health departments are one piece of the larger health care system and need to ensure their population has access to quality health care services. Health departments should **identify populations who experience barriers to receiving health care and gaps in services, as well as their cause and how to address them through culturally appropriate interventions**. (Measure 7.1.2, 7.1.3, 7.2.3)

- **Idaho** developed a Community Health Worker (CHW) [Program](#) to help bridge the gap between providers and community members, especially in rural areas. [CHWs](#) work within their own community to advocate for their needs, educate them on their healthcare needs, conduct healthcare screenings and help patients navigate insurance, to name a few.
- **Massachusetts** led similar initiatives to reach its rural and frontier communities. In addition to expanding CHW programs, symposiums in rural communities were facilitated to gather input on strategies to better support frontier community health needs and hold stakeholder interviews and focus groups where existing healthcare access data was limited. **Massachusetts'** [Board Certification](#)

[of Community Health Workers](#) helps to promote health equity, quality improvement, and management and prevention of chronic disease.

- **Washington state** partners with the [American Indian Health Commission for Washington State](#) and consults with tribes to both assess the availability of healthcare services and [identify](#) and implement strategies to improve access. A result of this work includes the Commission’s Health Communities: A Tribal Maternal-Infant Health [strategic plan](#), which includes model and promising programs, as well as best practices to increase access to care for American Indian mothers and their children.

Workforce

Domain 8: Maintain a competent public health workforce.

Health departments should include health equity competencies as part of their workforce assessment to identify gaps and provide opportunities for professional development to all levels of staff. The department’s Workforce Development Plan (WDP) must be **responsive to the changing environment and includes considerations of areas where the field is advancing, such as health equity and cultural competency.** (Measure 8.2.1)

- Both **Kansas** and [New Mexico](#) developed online health equity training courses for health department staff that include specific content and information on various cultural groups within their states’ population. Identified as a need through its cultural and linguistic competence [assessment](#), **New Mexico** expanded its course offerings to include trainings on sexual and gender minorities and others.
- **Louisiana** offers the two-day [Undoing Racism](#) workshop for health department staff and community partners they frequently collaborate with. Through dialogue, reflection, and other techniques, staff and partners develop leadership skills, broaden their networks, and learn how to maintain accountability to the communities they serve while gaining a better understanding of the role of organizational gatekeeping as a mechanism for perpetuating racism and what the health department can do to dismantle it.
- In addition to addressing health equity in the new employee orientation, **Mississippi** requires all staff to take a three-part training on cultural competency, health equity, and the social determinants of health. They also include health equity competencies in its workforce assessment.
- **Alabama** partners with academic institutions to reach a diverse pool of potential health department applicants and recruits entry-level public health employees at diverse job fair settings, including those hosted by community colleges, state universities, and historically black colleges and universities.
- **Colorado’s** [Hiring Guide](#), developed to promote inclusive hiring practices that strengthen and diversify applicant pools provides six opportunities for consideration throughout the hiring process. Opportunities include integrating health equity principles into position descriptions, expanding the scope of education and experience to attract a broader array of applicants, and additional opportunities when onboarding, among others.

Quality Improvement

Domain 9: Evaluate and continuously improve processes, programs, and interventions.

Health department performance management PM systems can be used to ensure they are make measurable progress towards meeting goals, including those addressing health equity. Including metrics, such as race, gender, sexual orientation, and education level allow health departments to analyze and monitor trends that impact health equity. (Standard 9.1) Health departments must also implement quality improvement (QI) activities to improve processes, program, and interventions. QI refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which **achieve equity and improve the health of the community**. (Measure 9.2.2 and [PHAB Acronyms and Glossary of Terms](#))

- To support continuous monitoring of health equity, **Colorado** has developed programmatic health equity performance [metrics](#), which roll up to a larger department-wide performance dashboard.
- **Connecticut** has specific health disparity dashboards on [maternal](#), infant, and child health, [environmental](#) risk factors, [chronic](#) disease prevention and control, among [others](#).
- **Minnesota's** health equity metrics drive the implementation of the [strategic plan](#). As an example, some metrics have been developed to measure diversity in new hires, community engagement practices, and measure staff comfort level in discussing racism with their supervisor.

Administration and Management

Domain 11: Maintain administrative and management capacity.

Health departments need an **infrastructure to ensure that decisions, policies, plans, and programs are ethical and address health equity**. Health equity must be incorporated as a goal into the development of policies, processes, and programs and health departments must ensure that interventions and materials are **socially, culturally, and linguistically appropriate for the population**. Health departments must also **assess the cultural and linguistic competence of their workforce and provide trainings to ensure staff are aware of specific populations' values, norms, and traditions**. (Measure 11.1.4)

- **Connecticut** has developed internal policies to address health equity, such as Connecticut's Health Equity Policy and Procedures [Policy](#), which applies to all employees, programs and services. The policy on collecting sociodemographic data [defines](#) the minimum and ideal standards for sociodemographic data collection, in efforts to better monitor health disparities and ensure health related ethnicity and race data are comparable within and across public health departments and other institutions. The policy and procedures for communicating with persons of [limited English proficiency \(LEP\)](#), the implementation plan, and the [language access plan](#) are in place to help ensure

persons with LEP have meaningful access and equal opportunity benefit from the department's services and programs.

- **Minnesota's** [Creating and Updating Policies, Procedures, and Standards](#) walks employees through the process to develop policies, standards, and procedures. A key component of this [framework](#) is the health equity [worksheet](#), which includes questions to ensure subpopulations are harmed, excluded, or disproportionately impacted.
- **Mississippi** led a scan of policies and developed tools to evaluate internal program policies for health equity. The health department also developed a Health Equity Policy and Procedures [policy](#).
- **Washington state** has developed a Title VI/limited English non-discrimination [policy](#), equal access for disabilities [policy](#), and language access [plan](#) that support an agency-wide approach to culturally and linguistically appropriate services.

Governance

Domain 12: Maintain capacity to engage the public health governing entity.

It is the health department's role to ensure the governing entity is informed of the population's public health needs. They must **communicate important public health issues, such as health equity and disparities**, to ensure the governing entity can make informed, data-driven decisions that won't impede the achievement of health equity.

- **Kentucky** regularly submits biennial minority health status [reports](#) to the state legislature. These reports provide pertinent information on the unique needs of underserved populations to support data-driven decision-making.
- **Washington state** updates its governing entity on public health needs through various channels. This includes formal Governor's alerts on critical health topics, Cabinet updates, meetings with policy staff, and performance measurement [reporting](#) on the Governor's high priority health topics. Additionally, the Washington State Department of Health participates on the [Governor's Interagency Council on Health Disparities](#), which allows it to contribute to the Disparities Council's [State Action Plans to Eliminate Health Disparities](#).

State Spotlights

Colorado Department of Public Health and Environment

In 2012, the Colorado Department of Public Health and Environment's Health Equity and Environmental Justice (HE & EJ) Collaborative, with representation from each division, was formed to facilitate thoughtful and meaningful conversation about how to advance equity and justice-related activities across the agency. In addition to the collaborative, the agency has an Office of Health Equity that seeks to mobilize community power to advance equity, is working to develop [products](#) focused on the upstream determinants of health, and aims to help state agency staff imbed equity into their day-to-day work through coaching, training and its ever-growing [Sweet Tools to Advance Health Equity](#). The office also administers a health disparities grant [program](#), all part of Colorado's Health in All Policies approach.

Colorado began the path to accreditation in 2014 under version 1.0 of the PHAB Standards and Measures (S&M). With the release of updated S&M, accreditation helped to elevate HE & EJ within the agency's [strategic plan](#), which highlighted HE & EJ as one of its top priorities, leading to the agency passing an internal HE & EJ [policy](#). In addition to creating a set of tools for staff to integrate equity and justice into their daily work, the policy required all staff to participate in a HE & EJ [101](#) to raise awareness and shift the culture toward equity and justice.

Furthermore, as a result of the policy, the agency developed a planning [tool](#) to help programs incorporate the social determinants of health into their work. The agency is also exploring how to [change](#) the narrative around data and amplify the types of data collected for population health, performance evaluation, and QI analyses.

The agency has been actively building partnerships with community organizations and other state agencies, such as the department of natural resources, department of transportation, and the department of public safety to identify mutually beneficial projects that address the social determinants of health. They are creating learning opportunities to incorporate health equity into accreditation activities and worked with students to identify the linkages and overlap between health equity, accreditation, and the [Colorado Health Assessment and Planning System](#) (CHAPS). This resulted in a [crosswalk](#), [report card](#), and [presentation](#) for use by local public health agencies to identify opportunities for growth. The Colorado Department of Public Health and Environment received full accreditation on March 8, 2016, and continues to advance HE & EJ with the agency's work and across the state.

Connecticut Department of Health

Connecticut's health equity journey started in July 1998 with the creation of the Connecticut Department of Public Health Office of Multicultural Health (changed to the Office of Health Equity in 2014), which was established by state statute. The agency's efforts and investment in health equity advanced further with the decision to pursue accreditation. Accredited in March 2017, health equity was recognized by PHAB as one of Connecticut's greatest strengths.

Connecticut takes a Health Equity in All Policies approach and has incorporated it into several of the state's plans and programmatic activities. "Champion a culture of health equity" is identified as one of the department's priorities on their current [strategic map](#) and is a cross-cutting priority in the [SHA](#) and [SHIP](#). The agency's 2017 SHIP [policy agenda](#) priorities focuses on policy changes with the greatest impact on health and that address socioeconomic factors. The agency continuously monitors its progress towards addressing health disparities through the health equity [dashboard](#), a component of its agency-wide performance management system. To further advance this work, Connecticut developed a Health Equity Impact of Legislative Proposals [worksheet](#) to assess the health equity impact of legislative proposals that staff use as part of the legislative process.

In addition to Connecticut's policy work to address health equity, the agency also developed a formal leadership development program, health equity [toolkit](#), and a new employee orientation and onboarding process with a health equity module to better equip its workforce to make meaningful impacts. To support their non-English speaking residents, they developed [I Speak Cards](#), which were used for domain 4 to demonstrate engagement of specific community groups in a strategy to promote health, and domain 7 to demonstrate that the agency works to ensure access to care and that barriers are addressed in a culturally competent manner.

The agency credits the PHAB accreditation process as a driver to implement critical health equity initiatives. Staff within the agency recognize that while they've done a great deal to address inequities within their state, this is an ongoing process of continuous improvement.

Massachusetts Department of Public Health

The Massachusetts Department of Public Health (DPH) Office of Health Equity (formerly the Office of Minority Health) was established in 1989. The office plays a vital role, serving as an agency-wide resource to lead, inform, and promote principles, policies, and practices that help achieve health equity. A primary focus of the office is to ensure DPH programs and community-based service providers meet the National Standards for Culturally and Linguistically Appropriate Service (CLAS) in health and healthcare. This proved valuable when the agency decided to undergo accreditation in 2014. At that time, they developed a [crosswalk](#) of the CLAS standards and the accreditation domains to show the link between their current work, health equity and QI. By following PHAB's guidance of a high functioning health agency, Massachusetts has been able to develop meaningful and intentional performance management and QI processes that have increased their ability to improve population health through a health-equity lens.

Health equity is embedded in the DPH [mission statement](#) and is a value across all programs, bureaus and divisions within the agency. The three pillars of the agency's strategic framework are: data, determinants, and disparities. At the programmatic level, the top priority of the agency's maternal and

child health (MCH) work is to “promote health and racial equity across all MCH domains by addressing racial justice and reducing disparities.” The DPH [Immunization Equity Initiative for Reaching and Engaging Diverse Communities](#) demonstrates how partnerships with local boards of health and community health centers can reduce inequities that result in under immunized populations.

Additionally, as a part of the New England Regional Health Equity Council, Massachusetts assisted with the creation of the [New England](#) Regional Health Equity Council Profile and Call to Action, a collaborative effort among all six states in the region to address persistent and pervasive health disparities.

DPH has worked to embed health equity into their priorities and continuously strive for improvement. The agency has identified the need to be intentional with their health equity strategies as it looks toward reaccreditation.

Minnesota Department of Health

The Minnesota Department of Health has a long history of working to reduce health disparities. In 2001, the legislature established the [Eliminating Health Disparities Initiative](#) (EHDI) to “improve the health status of Minnesota’s populations of color and American Indians.” Although EHDI grantees made headway by targeting prevention, screening, treatment, and lifestyle education on identified health priorities and populations, staff recognized that these important efforts were not enough. In 2011, the governor of Minnesota appointed a new commissioner of health who brought both a strong commitment to health equity and social justice into a strong public health system. Soon after, the agency began pursuing accreditation, resulting in several initiatives to address health equity.

As a result, the agency expanded its [Healthy Minnesota Partnership](#) to broaden the sectors and partners working “to improve the health and quality of life for individuals, families and communities in Minnesota.” The Partnership drafted the 2012 Minnesota [SHA](#), which included population characteristics, social and economic factors, and health outcomes and explicitly states: “Many Minnesotans, especially populations of color and American Indians, experience inequitable living conditions and unequal treatment in many aspects of life. Historical, institutional and personal racism have contributed greatly to these inequities, which in turn lead to poorer health status.”

Following its SHA, the agency subsequently created the Healthy Minnesota [2020](#) and [2022](#) plans to lay the groundwork for collective action and to shift resources to advance health equity. In addition to traditional health indicators, its SHIP explores social determinants of health indicators related to education, income, home ownership, and incarceration. All indicators are paired with data illustrating existing inequities, an explicit statement of why the indicator is an important measure of well-being, and evidence-informed strategies to achieve their targets.

The agency has developed reports to inform the state legislature and community advocates of issues related to health equity, such as the Advancing Health Equity [report](#) and white paper on [income](#) and health, which aided in the state’s minimum wage increase. Additionally, advocates, local public health practitioners, and policy makers used the white paper on [paid leave](#) and health to successfully advocate for paid leave ordinances in Minneapolis and St. Paul, and advocate for increases in paid parental leave for State workers. The Minnesota Department of Health continues to strive toward health equity.

Conclusion

Addressing health equity requires an evaluation of a broad array of community factors to examine what might cause or promote health inequities. Health departments play a critical role in this process, as demonstrated by the abundance of requirements outlined in PHAB's Standards and Measures for accreditation, which provides a framework for health departments to evaluate their policies, procedures, and programs and to make meaningful improvements.

As demonstrated above, health equity initiatives can and should be applied across nearly all twelve domains, the 10 Essential Public Health Services, and public health administration and governance, even if the department feels it serves a relatively homogenous population. In its July-August 2018 [newsletter](#), PHAB encouraged health departments to think beyond just race and language and examine how factors, such as age, educational attainment, income levels, health literacy, neighborhood geography, and social capital, may impact health.

It is critical that everyone in the department, from leadership to frontline staff, do their part to consistently integrate attention to health equity in the department's infrastructure and in their work.

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