



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Policy Name:	Health Equity Policy and Procedures	Number:	HE- 02-000
Procedure:	(page 3)		
Applies to:	all DPH programs and services		
Position Responsible:	Director, Office of Health Equity		
Effective Date:	09/01/2016	Last Reviewed:	08/01/16
Approved		Date	08/12/16

PURPOSE:

This statement of policy is intended to carry out the following aspect of the Connecticut Department of Public Health’s (DPH) Mission concerning health equity: “to protect and improve the health and safety of the people of Connecticut by....promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.”

Fundamental to the fair administration of its programs and services is DPH’s effort to address the challenges faced by certain vulnerable populations, to ensure equitable access to resources and high quality services, and to do no harm.

SCOPE:

This policy applies to all DPH employees, programs and services.

DEFINITIONS:

Health disparities – differences in disease risk, incidence, prevalence, morbidity, and mortality and other adverse conditions, such as unequal access to quality health care, which exist among specific population groups. Health disparities refer to those avoidable differences in health that result from cumulative social disadvantages.

Health equity – refers to how uniformly services, opportunities and access are distributed across groups and places, according to the population group. Equity in health implies that ideally everyone can attain full health potential, and that no one should be disadvantaged from achieving this potential because of social position or other socially determined circumstance. Efforts to promote equity in health are therefore aimed at creating opportunities and removing barriers to achieving the health potential of all people. Health equity involves the fair

distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill.

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards) – a set of 15 standards promulgated by the U.S. Department of Health and Human Services, which are based in non-discrimination laws that promote cultural and linguistic access to health and health care. The CLAS Standards provide a framework for health, healthcare, and social service organizations to advance health equity, improve quality, and help eliminate health disparities.

Vulnerable populations – subgroups that may be at risk for poor physical and mental health and social well-being. Subgroups may be based on one or more of the following statuses: racial, ethnic, age, gender, refugee/immigrant, limited English proficiency, low socioeconomic, sexual or gender minority, disability, homeless, mental illness, veteran, incarcerated, and geographic area of residence. These vulnerable populations are considered DPH “priority” populations.

POLICY:

It is the policy of the Connecticut Department of Public Health to conduct the following ten essential services for all Connecticut residents, with special attention to the needs of vulnerable population groups:

- Monitor health status to identify and address community health problems and health disparities.
- Identify and investigate health problems and health hazards in communities with emphasis on environmental equity.
- Inform, educate, and empower people about health issues with special attention to the health literacy needs of vulnerable population groups.
- Engage and convene broadly diverse groups of statewide and community-level partners to identify and solve health problems.
- Support individual and community health efforts through culturally and linguistically appropriate plans and policies, which adhere to the national Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards).
- Enforce laws and regulations that protect health and ensure safety in a non-discriminatory manner, in accordance with the Non-Discrimination in the Provision of the Department of Public Health Programs and Services Policy.
- Link people to needed personal health services in a culturally and linguistically accessible manner, and assure the provision of health care when otherwise unavailable.
- Assure a diverse, competent public health care workforce, which is reflective of the service population, through training, learning, and development practices that continually evolve with the health, language, and cultural needs of populations served. Promote health workforce training in the CLAS Standards.

- Evaluate effectiveness, accessibility, and quality of personal and population-based health services, with special attention to broadening programs and resources for populations facing social, economic, linguistic, and/or cultural barriers.
- Research for new insights and innovative solutions to health problems and emerging health concerns, including health disparities among vulnerable population groups.

Moreover, recognizing that health disparities cannot be addressed unless they are accurately described by timely and appropriate data on the social determinants of health and indicators of social disadvantage, DPH will continue to implement and monitor the progress of its data systems toward achieving compliance with the *DPH Policy and Standards for Collecting Sociodemographic Data* (2016).

PROCEDURE:

On a regular basis, all DPH Programs will: 1) review the needs of their current and potential clients/customers; 2) review how individuals interact with those programs, activities and services; and 3) take into account the need for and access to DPH services by the priority population groups identified in this policy.

The U.S. Department of Health and Human Service’s “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons” (68 *Federal Register*, 8/8/2003) outlines “four factors” that may be used in helping programs determine their programmatic needs. These factors may also be used to determine needs of all vulnerable population groups: 1) the number or proportion of vulnerable persons served or encountered in the eligible service population; 2) the frequency with which vulnerable populations come in contact with the program, activity or service; 3) the nature or importance of the program, activity or service; and 4) the resources available to the recipient and costs.

PROCESS:

The DPH Office of Health Equity is charged with conducting a periodic review of DPH programs regarding extent to which they: review the needs of their current and potential clients/customers; review how individuals interact with those programs, activities and services; and take into account the need for and access to DPH services by the priority population groups identified in this policy. This policy and procedure will be periodically reviewed and updated as appropriate to be consistent with the agency mission and strategic planning efforts.

It is the policy of DPH to fully comply with state and federal law non-discrimination requirements, and its *Non-Discrimination in the Provision of the Department of Public Health Programs and Services Policy* specifies these statutory prohibitions. All questions and concerns regarding this policy and its application should be directed to: DPH Equal Employment Opportunity Office, at 410 Capitol Avenue, Hartford, CT, 06134; phone: 860-509-7267.