

- I. **Purpose:** The purpose of this policy is to provide guidance for the inclusion of health equity principles in Imperial County Public Health Department policies, procedures, programs and services. It aims to create institutional changes in Department culture, program activities, and contracted work. This policy aligns with the [mission, vision, and values](#) of the Imperial County Public Health Department, its [Strategic Plan](#) and [Code of Conduct Policy #1011](#), as well as with the national [Ten Essential Public Health Services](#).
- II. **Policy:** The Imperial County Public Health Department is committed to promoting and improving health for all by working to reduce health inequities where people live, learn, work, and play by incorporating equity principles when developing, implementing, and evaluating policies, procedures, programs, and services for the Department.
- III. **Procedures:** Use health equity principles when developing, implementing and evaluating policies, procedures, programs, and services for the Department. Examples include, but are not limited to the following:
 - Integrate health equity skills and corresponding competencies/sub-competencies (i.e., [Core Competencies for Public Health Professionals, October 2021](#)) into Department onboarding and workforce development processes to support health equity and cultural competency.
 - Establish multi-sector collaborations and relationships with diverse communities.
 - Build in principles of health equity into the Department's Strategic Plan in order to institutionalize such work throughout the organization.
 - Establish organizational structures, such as a department-wide equity work group, to support the Department in attaining its goals and objectives and to ensure continued competency and capacity building.
 - Conduct staff assessments to determine needs, gaps and areas of competency around health equity and cultural competency topics, including but not limited to understanding the impact of individual biases on practice and how societal and structural biases, racism, and diversity impact health status.
- IV. **Definitions** [Source: [ICPHD Key Concepts and Terms](#)]

Anti-racism: The active process of working to dismantle ideas, structures, practices, and policies that promote racial hierarchies or result in different outcomes or treatment of people based on race. This work can be accomplished at the individual, social, and institutional levels. Racism is a driving force of the social determinants of health (e.g., housing, education, employment, etc.) and is a barrier to health equity.

Cultural Competence: The integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of health services with the intention of producing better outcomes.

Determinants of Health: The range of personal, social, economic, and environmental factors that determine the health status of individuals or populations.

Diversity: The existence of differences and similarities including the psychological, physical, and social differences that occur among all individuals, such as race, ethnicity, nationality, socioeconomic status, religion, economic class, education, age, gender,

gender identity or expression, sexual orientation, marital status, mental and physical ability, and learning styles. Diversity is all-inclusive and supportive of the proposition that everyone and every group should be valued. Greater diversity of experiences and perspectives supports greater innovations in public health approaches.

Health Inequities: Differences in health determinants and health outcomes that are the result of social and structural imbalances and are thus avoidable and preventable. Health disparities exist in all age groups.

Health Equity: A fair and just opportunity for all to achieve good health and well-being. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.

Implicit Bias: Unconscious attitudes and stereotypes towards individuals and social groups that affect our understanding, actions, and decisions. These biases, which encompass both favorable and unfavorable assessment, are activated involuntarily and without an individual's awareness or intentional control that can be addressed to improve our positive impact on population health.

Inclusion: The act of welcoming, respecting, supporting, and valuing all people, all voices, and truly engaging them, listening to, and valuing their experiences and perspectives, to inform and drive decisions on collective priorities. Inclusion requires sustainable and meaningful engagement with people and organizations that represent diversity in experience, thought, and culture. Social inclusion plays a key role in promoting health and well-being, particularly among those experiencing greater isolation or marginalization.

Social Determinants of Health (SDOH): The conditions in the environments where 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. SDOH can be grouped into 5 domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context.

Socioeconomic Status (SES): Socioeconomic status is a measure of the relative influence wielded by an individual, family, or group as a result of their income, education, and occupation. Socioeconomic status is linked to a wide range of health problems, including low birth weight, cardiovascular disease, hypertension, arthritis, diabetes, and cancer.

Structural Barriers: Obstacles that collectively affect a group disproportionately and perpetuate or maintain stark disparities in health outcomes. Structural barriers can be policies, practices, and other norms that favor an advantaged group, while systematically disadvantaging a marginalized group.

- V. **Background/Authority:** The Imperial County Public Health Department strives to embed diversity, equity, inclusion, and accessibility in all aspects of its work. The Department seeks to raise understanding and awareness through its research, policy, and/or practice about the inequities that are further exposed and widened by the lack of equitable access to public health-related services. The Public Health Department also strives to amplify the voices of under-represented communities or those who were historically excluded by

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removing barriers that result from racial and social injustice and inequities. The Imperial County Public Health Department values and embraces diversity and mutual respect both internally and externally among the people and organizations with whom it works and serves. The Department acknowledges that diversity, equity, inclusion, and accessibility are a shared responsibility, and it seeks to elevate community perspectives and voices into broader dialogues with the wide range of programs and services that the Department provides. The Public Health Department is committed to creating, implementing, and continually improving its organizational policies and practices to support and encourage diverse leadership and staff at all levels, value individual lived experiences, and promote opportunities for all to thrive. The Department is committed to being transparent and will continually evaluate and update its strategies when identified goals and objectives are not being achieved and/or sustained.

VI. References

- [ICPHD Core Values & Code of Conduct Policy](#)
- [Ten Essential Public Health Services](#)
- [National Public Health Performance Standards Local Implementation Guide, NACCHO](#)
- [Health Equity Policy #AD 10-17-005. State of Iowa, Department of Public Health](#)
- [Health Equity Policy, Harris County Public Health & Environmental Services](#)

APPROVAL



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