

**Cover Sheet for Example Documentation  
for PHAB Domain 11 Standard 1 Measure 4**

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the PHAB Standard and Measure **11.1.4**. This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

**Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.**

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| <b>Document Title:</b>  | Health Equity Policy and Procedures    |           |   |          |   |                         |   |
| <b>Document Date:</b>   | December 2016                          |           |   |          |   |                         |   |
| Version of Standards and Measures Used: V 1.5   |  |           |   |          |   |                         |   |
| Related PHAB Standard and Measure Number  |  |           |   |          |   |                         |   |
| Domain:   | 11                                     | Standard: | 1 | Measure: | 4 | Required Documentation: | 1 |
| Short description of how this document meets the Standard and Measure's requirements:<br><br>This policy is intended to promote health equity in all policies, practices, and processes within the MSDH. This policy will equip the MSDH's staff with the guidance needed to set priorities, take action and ensure policies, programs, services, and information are provided in an equitable and just manner for the state residents and its diverse communities. |  |           |   |          |   |                         |   |
| <b>Submitting Agency:</b>   | Mississippi State Department of Health |           |   |          |   |                         |   |
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| <b>Mississippi State Department of Health<br/>General Agency Manual 010</b> |                               | <b>Topic: Health Equity Policy and<br/>Procedures</b> |
| <b>Issue Date: 11/29/16</b>   |                               | <b>Process Owner: Policy Evaluation</b>               |
| <b>Revision Number: 0</b>   | <b>Revision Date: Initial</b> | <b>Section 14.0</b>                                   |
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## Purpose

This policy is intended to promote health equity in all policies, practices, and processes within the MSDH. This policy will equip MSDH staff with the guidance needed to set priorities, take action and ensure policies, programs, services, and information are provided in an equitable and just manner for the state residents and its diverse communities. MSDH will collaborate with partners to identify health inequities and health disparities, and their root causes in an effort to promote evidence-based solutions. MSDH is determine that these solutions will help to create a more equitable system with a focus on training, policy and program development, material review and development, staff recruitment, translation services, and community involvement. The MSDH utilizes the National Standards for Culturally and Linguistically Appropriate Services (CLAS) as general guidelines in order to provide a uniform framework for developing and monitoring culturally and linguistic appropriate policies, plans, and services.

The CLAS Standards are intended to advance health equity, improve quality, and help eliminate health disparities by establishing a blueprint to implement culturally and linguistically appropriate services. The CLAS Standards are a comprehensive series of guidelines that inform, guide, and facilitate practices related to culturally and to culturally and linguistically appropriate services.

A blue print for advancing and sustaining the National CLAS Standards policies and practices can be found at: <http://www.integration.samhsa.gov/EnhancedCLASStandardsBlueprint.pdf>.

The MSDH will demonstrate a commitment to health equity by requiring all employees to become familiar with the principles of health equity through: training, integration into applicable policies, and executive and supervisory emphasis on the importance of these principles to excellence in public health.

## Definitions

Health Equity-Health equity is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions in health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

Cultural Competence-A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective working in cross-cultural situations.

Health Disparities- the differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups.

Interpretation-The verbal rendering of information from one language into another. The act of interpretation occurs in instances of oral communication, such as medical exams, therapy sessions,



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wellness groups, and health education classes, etc.

Limited English Proficiency-(LEP) A person who is unable to communicate effectively in English because their primary language is not English and they have not developed fluency in the English language.

Translation- The written rendering of information from one language into another. The act of translation occurs when written text, such as policies, consent forms, patient education materials, etc., are converted into another language.

Linguistic Competency-The capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse groups including persons of limited English proficiency (LEP), those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing.

Health Literacy-Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.

Certified Interpreter-Individual certified as competent by a professional organization or government entity through rigorous testing based on appropriate and consistent criteria. Interpreters who have had limited training or have taken a screening test administered by an employing health, interpreter, or referral agency are not considered certified.

## **Training**

Training on cultural and linguistic competency, including population specific and skills based training activities, is mandatory and is included in the Workforce Development Plan. Trainings will be provided either in person or electronically through the department's Learning Management System (LMS). The department will support staff attendance at seminars and conferences that promote health equity, health literacy and cultural competency. The department will also make reasonable efforts to identify further training opportunities in the community and share them with staff.

## **Staff Recruitment**

MSDH managers and supervisors will recruit and hire a diverse workforce by using diversity in advertisements and interviewing, i.e., recruiting for bilingual staff and assessing for cultural and linguistic competency, as appropriate. Attention will be focused on recruiting a public health workforce with core competencies and skills to work effectively within communities in which inequities are a barrier. The recruitment and identification of bilingual staff who speak the language of the community being served will be a priority. For positions that require bilingual skills, the selected candidate must pass an appropriate language assessment that uses a validated tool.



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## **Community Engagement**

MSDH is committed to engaging community organizations as a means for service enhancement and implementing best practices that provide culturally competent services to target audiences. MSDH staff will partner with the public health systems and communities to identify and address health problems through various forms of collaborative processes to include: information sharing, co-creating new projects or adopting shared goals, participating in and creating coalitions which may include advisory councils designed to gain input and provide feedback to stakeholders for the purpose of addressing health inequalities and proposing solutions. MSDH staff will work with identified priority groups during the development of health promotion strategies and other strategic planning efforts in order to increase community impact.

MSDH staff will proactively consult with the diverse community groups when developing educational materials and messages to enhance the effectiveness of its outreach and to identify and address health inequalities. MSDH will provide or contract for language translation and interpretation services at a level that ensures sufficient capacity to meet our consumers' needs. The department will provide bilingual staff training and resources for maintenance of appropriate certifications and/or qualifications. MSDH staff will conduct and assist in the community health improvement planning process to develop interventions and strategies that respond to the needs of the community as identified in the Community Health Assessment, including health disparities and inequalities, and to assess health care services capacity and access to care.

## **Policy and Program Development**

**Health Equity and Health in All Policies**-Staff will review and approve policies and procedures, strategic plans, presentations, trainings, project proposals, educational material, and other documents as needed to assure racial, ethnic, cultural and linguistic, sexual orientation and gender identity, including non-English speaking populations and individuals with disabilities or any other marginalizing characteristic that attributes to social identity or affects health.

**Grant Opportunities**-Program directors or other appropriate staff must supply Policy Evaluation with a copy of any Request for Proposals (RFP) or Program Announcement (PA) for which an application will be prepared as soon as the RFP or PA is received. Staff will review grant applications or cooperative agreement to ensure that opportunities for health equity and health in all policies are addressed. All progress reports submitted to the funding agency should follow the same process.

**HiAP-CLAS Policy Assessment, Form 115** will be used as a guide for policy review to assure that all programs and agency policies conform to a Health in All Policies framework whenever possible and to assure that National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare are included in all program and agency policies and procedures.

**Requests for Proposals** should, as appropriate, include a statement informing respondents that by



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responding to an RFP, they agree to follow federal law as it relates to nondiscriminatory practices and provide culturally competent services, including:

- Demonstrating previous experience with providing services to the diverse ethnic, linguistic, sexual, or cultural population to be served.
- The current ability of the agency’s staff, volunteers, and board to provide these specific services solicited to the diverse, ethnic, linguistic, sexual, or cultural population to be served.
- The specific outcome measures, qualitative and quantitative, which demonstrate that the program provides culturally and linguistically competent services.

Sub-grants, Contracts, and other funding opportunities for our partners will include a Health Equity Assurance Statement which reflects the language in the RFP in order to confirm our partners’ commitment to MSDH policy. The Health Equity Assurance statement, which requires a signature on behalf of the sub-grantee/contractor, is included in the Sub-grant and Contract template. The MSDH will maintain reliable, comparable, and valid data that provides information about health inequalities, contributing factors or causes of health inequalities, and potential solutions, as feasible, to assist MSDH offices and programs when seeking funding opportunities that address groups or individuals at higher health risk.

**Material Review and Development**

MSDH is committed to ensuring materials have been reviewed for cultural and linguistic competency and if appropriate, health equity considerations have been incorporated. In order to meet department requirements, the following must be implemented:

- Press releases or website /social media message targeting a specific community are published using the general and local ethnic outlets for reaching populations with disabilities, non or limited English speaking public, and other members of the public who require particular communication consideration as available.
- Information provided to the public is accurate, accessible, and actionable for the target populations, reflecting consideration of primary language spoken, Limited English Proficiency (LEP) levels, cultural competence, and health literacy.
- Test educational material during the development phase to ensure the target audience is able to understand the message, as needed and as possible.
- Use readability assessment tools test the material for literacy of a target audience.
- Assure informational resources, such as brochures and posters, are made available in the appropriate languages for the respective communities consistent with program requirements.
- Assure MSDH website content is selectively adapted and tailored to meet the needs of different cultural and linguistic groups and assure decisions on what content to publish in which language(s) are made based on an analysis of the target audience’s needs and in response to emergency situations and crisis.
- Assure multilingual information in printable material, follows the standards of the American Translators Association (ATA) for certified translators.



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- Assure textual information on the agency website (not including brochures, posters, or other prepared material) will be made available in other languages by automated online translation services, with appropriate notification concerning accuracy.

### **Health Equity Technical Assistance**

Health Equity staff will provide technical assistance to program staff in writing, reviewing and approving policies and procedures, funding opportunities, sub-grants, memorandums of understanding, strategic plans, presentations, trainings, project proposals, educational material, request for proposals, and other documents as needed to ensure that health equity and health in all policies has been adequately addressed. MSDH staff should contact Health Equity staff in the Office of Policy Evaluation for any questions and issues with respect to implementing health equity within MSDH and in order to coordinate health equity efforts across all MSDH offices and programs.

