

# Health Equity Status Report 2019



## What has been done?

In October of 2017, the Department implemented its first Health Equity Policy. In January of 2018, the Data Management & Health Equity program was created, and implementation of the policy began. Work in 2018 focused on developing and implementing strategies within existing organizational processes to incorporate health equity into department functions (see Appendix A).

In 2019, work focused on developing demonstration projects to illustrate the value of health equity in public health initiatives, and laying the groundwork for normalization of health equity in the IDPH organizational culture.

## Demonstration Projects

### Substance Use in Iowa Families

- **Description:** The purpose of this project was to strengthen surveillance of substance use and social determinants impacting use and recovery in Iowa, with particular attention to intergenerational impacts through an ethnographic assessment of active and former substance users. This project used integrated data and qualitative interviews, as well as design thinking to translate novel surveillance into policy decision-making. A final report will be submitted by the end of January 2020. See Appendix B for more information.
- **Ongoing work:** Work will continue to translate project findings into policy decisions across Iowa’s executive branch. Program teams including home visiting, substance abuse, child welfare, Early Childhood Iowa, and Department of Human Rights staff members are working to incorporate findings into program strategies.

### ASTHO Place-Based ECHO – Harnessing the Power of Iowa’s Libraries Project

- **Description:** Iowa was selected as a team for ASTHO’s Place-Based ECHO to further partnerships between local health departments and libraries in Iowa. Iowa’s case example for this learning community is a pilot project to develop Pay for Success contracting strategies to support and equip Iowa’s libraries with the tools, resources, and programs that will improve population health in Iowa. This type of social impact partnership between public health and libraries provides the potential for measurable and equitable outcomes for families and individuals in need and government savings. See Appendix C for more information.
- **Ongoing work:** The ECHO will continue through Spring 2020. The project has also been funded by a Telligen grant to further library/public health partnerships and test Pay for Success payment models.

## Internal Capacity Building and Culture Change

### Public Health Associate Program (PHAP)

- **Description:** In 2019, IDPH received a PHAP fellow, Dhanya Menon, to support health equity work within the Department. Over the course of the 2-year placement, Dhanya will work to meet PHAB requirements for the Department related to health equity, further the implementation of the health equity policy, and work with programs and the Health Equity Drivers' Forum to support their health equity work.
- **Ongoing work:** Dhanya will continue her work at the Department until October 2021. Over the course of this placement, her key priorities will be to (1) support health equity-related PHAB work, (2) facilitate Health Equity Drivers' Forum work, and (3) support programmatic health equity work.

### Health Equity Drivers' Forum

- **Description:** This forum includes representatives from all bureaus and other organizational units in the Department. The group has identified key priorities on which they would like to focus, with the first being self-assessment and culture setting. Workgroups have been developed to address the following topics:
  - employee evaluation,
  - training,
  - hiring/recruitment,
  - leadership support,
  - branding,
  - contracting, and
  - employee and organizational assessment.

These workgroups will develop strategies to increase use and understanding of health equity resources developed in 2018 and 2019, and incorporate new ideas and national best practices.

- **Ongoing work:** Workgroups are developing 12-month project plans to be executed in 2020 for each topic area.

## Workforce Development

### Health Equity Training

- **Description:** All new employees continued to receive an introductory health equity training. This training was refreshed, and active learning strategies were incorporated. Internal trainings were also held on topics related to health equity. A health equity-specific training calendar was created to help staff easily identify health equity-related trainings. A standard section was added to the IDPH Professional Development Insider to regularly update staff on health equity-related department activities and resources.

Health equity was also incorporated into other standard trainings, such as the required finance series, and quality improvement trainings. In addition, several Data Day sessions related to health equity, including a series on focus group methodology, and data communication. The Bureau of Family Health also implemented a professional development series related to health equity and racial equity for bureau staff members.

- **Ongoing work:** Health equity trainings continue at IDPH. The Health Equity Driver's Forum has organized a workgroup for workforce development and health equity. They are in the process of

developing a formal training structure for health equity within the department to incorporate into the Workforce Development Plan.

## Data

### Data Standards

- **Description:** In 2018, the IDPH Data and Informatics Community of Practice created standards for collecting and analyzing data to identify disparities. In 2019, the Community of Practice provided technical assistance and worked to expand their use.
- **Location:** IDPH Intranet -> Employee Resources -> Data Standards
- **Ongoing work:** The Community of Practice will review and expand the data standards in 2020.

### Iowa Public Health Tracking Portal – Improved data availability

- **Description:** The Iowa Public Health Tracking Portal conducted a quality improvement adventure to refine the process of putting data on the portal. The new process allows us to get more data posted more quickly, and ensures that data are disaggregated where possible. In 2019, 26 new visualizations were added to the portal, and 5 were updated.
- **Location:** <https://tracking.idph.iowa.gov/>
- **Ongoing work:** The tracking team continues to work to expand data availability, and improve our ability to assess multiple health factors impacting priority populations.

### Health Equity Data Collection

- **Description:** The department continues to support inclusion of health equity-related questions in the BRFSS questionnaire. Technical assistance is provided to expand other data systems and surveys related to health equity as well.
- **Ongoing work:** Iowa BRFSS Coordinator Joyce Mbugua, and others using BRFSS data, continue to analyze key health outcomes against policy, systems and environmental factors, in addition to demographic variables included in standard analysis.

## IDPH Processes and Procedures

### Service Procurement Templates

- **Description:** All appropriate IDPH service procurement templates were updated with guidance for incorporating health equity into IDPH procurement and service contracting processes. This helps programs create strategies to provide funding through a health equity lens, and helps our contractors develop strategies to support health equity in their work.
- **Location:** IDPH Intranet -> Finance Hub
- **Ongoing work:** The HEDF has created a work group to expand the use of a health equity lens in contracting, and is currently working on developing staff capacity in this area.

## Selected Examples of Working toward Health Equity at IDPH

The following are a few of the many examples of this work in the Department.

### **Example: Bureau of Environmental Health Services – Spanish-Language Radio Outreach**

IDPH staff member Rossany Brugger created a partnership with the two major Spanish-language radio stations, and a Spanish-language magazine in Iowa to promote lead poisoning awareness. From this initial outreach, she created an ongoing monthly segment on both radio stations, which also broadcast on their Facebook pages. IDPH has been using the video recording on its Facebook page as well. She has worked with IDPH communications staff, program staff, and her supervisor to identify topics and develop scripts. Other topics she has addressed include diabetes prevention and tobacco cessation. A 2020 schedule of topics is being strategically developed to support awareness activities of other public health issues. IDPH presence on the radio stations La Ley and La Reina, their Facebook pages, and the magazine, La Reina, is free to the Department. With this partnership, the Hispanic community and IDPH programs will continue to benefit.

### **Example: Iowa Board of Medicine – Administrative Rule Updates**

Through the Health Equity Drivers' Forum, Iowa Board of Medicine and other IDPH staff identified the need to ensure equitable access to competent healthcare providers. This includes working to inform providers trained outside of the US on how to achieve licensure requirements in Iowa and ensuring that all Iowans are able to appropriately identify provider misconduct and lodge complaints. The Iowa Board of Medicine has provided approval to review current rules, and staff are working to identify strategies and draft new language.

### **Example: Bureau of Family Health – Title V Needs Assessment**

Title V funding requires that a statewide needs assessment regarding maternal and child health be conducted every five years. This needs assessment will then drive planning for maternal, child and adolescent health programming in the state. For the 2020 Needs Assessment, eight priority populations were identified as having higher and/or unique needs. An advisory group of community representatives was developed to inform the entire needs assessment process. Key informant conversations were conducted with communities experiencing disparities. Special attention was paid to people eligible for, but not accessing, current services. In addition to informing the Title V needs assessment, these data will continue to be analyzed and used to make course corrections or enhancements to MCH programs on an ongoing basis. This process will result in tailored strategies to ensure equitable outcomes across all populations.

### **Example: Office of Disability, Injury and Violence Prevention - RFP for Statewide Sexual Violence Prevention & Education**

The Sexual Violence Prevention Program required that applicants for the Statewide Sexual Violence Prevention & Education RFP promote health equity in their proposed strategies. Applicants were required to demonstrate their experience with the integration of a health equity and trauma-informed lens into prevention and education efforts, including their history of meaningful partnerships with communities experiencing health inequities. Additionally, a needs assessment was included in the application which required applicants to assess disparities, inequities, and unintended consequences of issues and interventions addressed through the funding opportunity. Applicants were required to demonstrate an understanding of social determinants of health and factors resulting in health inequities in their proposed service area. Ongoing equity-related activities and reporting are required in the resulting contract.

## Appendix A – 2018 Activities

### Workforce Development:

- All employees received health equity training
- Other internal and external health equity-related trainings conducted
- Guidance and examples for including health equity into performance plans were developed
- Guidance and examples for ensuring hiring practices that support health equity were developed

### Data:

- Standards for data disaggregation developed
- Iowa Public Health Tracking Portal expanded to include more disaggregated data
- Social determinants of health questions added to the BRFSS

### IDPH Processes and Procedures:

- Health equity concepts added to the RFP template
- Guidance for assessing administrative rules and proposed legislation through a health equity lens developed
- A statement regarding diversity and inclusion was added to all job postings; postings distribution list created to include DHR committee
- Quality Improvement Adventure related to translation services was conducted

### Programming and Outreach

- Guidance was created to support staff in including health equity in the program lifecycle
- Health Equity Resource Library was developed

## **Appendix B – Substance Use Among Iowa Families Part 1 & 2 Overview**

### **Part 1 Project Overview**

The purpose of this project was to strengthen the Iowa Department of Public Health's (IDPH) surveillance of substance use in Iowa, with particular attention to intergenerational impacts, through the deployment of an ethnographic assessment of active and former substance users. The goal of these activities is to help IDPH develop strategies to proactively identify and support children and families who have experienced harmful effects of substance use, either directly or indirectly. This report reflects the findings from the ethnographic assessment carried out by Iowa State University (ISU) between October 15, 2018-August 31, 2019. Four goals guided this work:

1. To better understand multi-generational impacts of substance use and family risk prediction.
2. To conduct a qualitative evaluation of substance use behavior, risk reduction, and sociodemographic and health characteristics in rural communities.
3. To better understand the dynamics of opioids and other substance use in Iowa, with special attention to substance use in rural areas.
4. To leverage ethnographic interviews to provide information that supports and enhances IDPH efforts to address substance use, with special attention to the two generational framework.

### **Part 2 Project Overview**

The purpose of this study was to test the capacity of Iowa's Early Childhood Integrated Data System (IDS) to understand cross-systems characteristics and service utilization patterns of families with substance use histories. It focused on families with young children who are involved in state-funded home visiting programs and was designed to investigate whether or not there are different risk factors, services patterns, or service outcomes for families with histories of substance use. Data from the DAISEY home visiting system were integrated with Vital Statistics Birth records and included any family who participated in home visiting for one calendar year in the federal MIECHV program. Prior environmental scans of existing state administrative data about families with substance use histories revealed this was a high value source of available data that included substance use histories and could be accessed through legal data sharing agreements between the Iowa Department of Public Health and Iowa State University.

Analyses included a sample of 755 families in the final integrated dataset that included home visiting records and vital statistics birth records. The majority of children in this sample were under age 3, though the range included 0 – 71 months, with 305 (40%) having been enrolled prenatally. Caregiver reports indicated that 22% (n=171) of families had a history of substance use/abuse prior to enrollment in home visiting programs. Three primary questions guided the work:

1. What characteristics differentiate families in home visiting programs who do or do not have histories of substance use?
2. Are there different home visiting service utilization patterns and outcomes for families with histories of substance use compared to those without such histories?
3. What are the primary factors that affect successful home visiting program completion?

Findings from this study are intended to inform cross-systems outreach and intervention for families facing challenges associated with substance use. As a test of Iowa's Early Childhood IDS, they also inform future IDS development efforts by highlighting strengths and challenges in existing administrative data about families with substance use histories.

## Appendix C – Harnessing the Power of Iowa’s Libraries

The “Harnessing the Power of Iowa’s Libraries” is a current project of The Iowa Department of Public Health (IDPH) that focuses on supporting and equipping Iowa’s libraries with the tools, resources, and programs to collaboratively address social determinants of health (SDH) gaps and improve population health. Public libraries, along with local public health agencies, are at the heart of Iowa’s communities and are well positioned to be partners in building a culture of health through efforts that address SDH. IDPH has received funding from Telligen to pilot two project sites in Iowa- one urban community and one rural community. IDPH has contracted with the local public health agencies in these communities to partner with their local libraries to expand the services currently being offered with a focus on SDH and population health. The two pilot sites will utilize their [Community Health Needs Assessment and Health Improvement Plan \(CHNA & HIP\)](#) to determine what services to offer at the public library(ies) in the community. Iowa has assessed community health needs through a CHNA & HIP process for more than thirty years. Every five years, local boards of health lead community-wide discussions with stakeholders and residents about their community’s needs and identify strategies to address those needs. This CHNA & HIP process is a fundamental piece of statewide health planning and represents local action to promote and protect the health of Iowans. Public health agencies and libraries are trusted places in communities with broad reach, touching where people live, learn, work, and play. Both entities have established strong relationships with a wide variety of community partners, such as schools, workforce agencies, food systems, providers, transportation services, businesses, and employers.

The pilots are still in the planning phase but public health activities to address SDHs in their communities may include such activities as:

- Oral Health Education and Screenings
- Assistance in social program applications such as health insurance and unemployment
- Early literacy and school readiness
- Health Literacy Education
- Integration of social workers/community health workers into library hours
- Iowa’s chronic disease management programs
- 5-2-1-0 Healthy Choices Count Initiative
- Immunization promotion and education
- 211 Iowa App and referral services
- Health Kiosks
- Maternal health support
- Tobacco cessation support
- Housing assistance
- Mental health/substance abuse programming
- Healthy cooking classes
- Cross-generational programming and events
- Classes and support for children with special health care needs
- Healthy lifestyle programs and events
- Lending wellness equipment

Key activities of the project include;

- 1) Award two pilot projects and have signed contracts with the local public health agencies.

- 2) Pilot sites will utilize their CHNA/HIP to determine at least three new programs to be offered at the library.
- 3) Conduct a survey of library staff in the two pilot communities to understand the knowledge and gaps related to the available resources in their community to refer patrons.
- 4) Convene local advisory teams that will include members of populations served by the program to help guide the project.
- 5) Increase the numbers of patrons accessing SDH programming within the library.
- 6) Conduct a patron satisfaction survey in collaboration with the contracted local public health agencies and library staff to identify how individuals interact with the library, the quality of services provided, and any desired services.
- 7) Develop valid and reliable outcome indicators to measure short and long-term program success.
- 8) Develop a qualitative success story showcasing rural/urban landscape.
- 9) Create a toolkit summarizing the project, including best practices, lessons learned, and ideas and inspiration of innovative services that Iowa's libraries could offer to address SDH needs in their communities.

Iowa's landscape is made up of both rural and urban communities. SDH impacts can have different effects in different settings from urban to rural, and failure to acknowledge, and more importantly, to understand the role of SDH in health will hamper any effort to improve the health of the population. Urban and rural communities have unique characteristics which require different strategies to make innovative programs to address SDH successful. Rural communities lack the services provided in larger communities and may struggle to sustain a basic health and human service delivery system. For instance, while transportation is a barrier in both urban and rural settings, the lack of public transportation is a major barrier in rural communities. Urban communities face other challenges, such as meeting the needs of a diverse array of racial, ethnic, and other identities. Listening and learning from the two pilot communities will be imperative to not only be able to make these projects a success in their own communities but to build a project that can be expanded to other communities. This is a one-year project from December 1, 2019 - November 30, 2020. IDPH is exploring additional funding for potential expansion.