



Creating an Internal Structure to Address Policy and Procedural Barriers to Health Equity

Michigan Premier Public Health Conference
Scott P. Janssen, Health Equity Coordinator
Kalamazoo County Health & Community Services Department
October 4, 2017

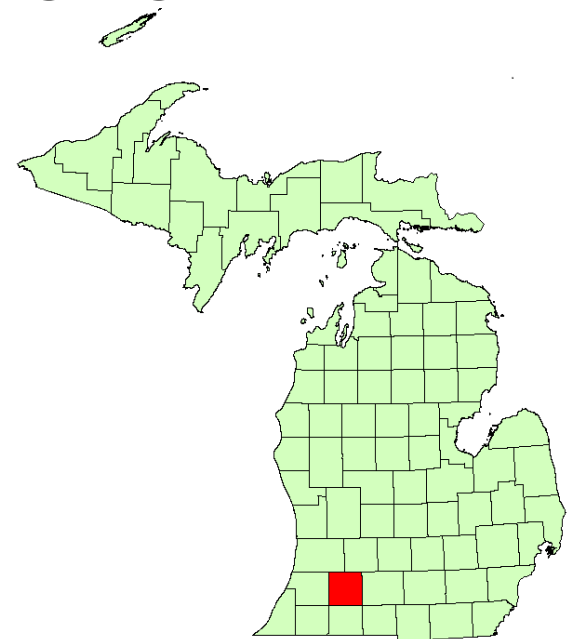


Health & Community Services Department

The Kalamazoo Community

- Population: 256,752
- Racial Makeup: 81.6% White, 11.0% African American or Black, 4.5% Hispanic or Latino
- Population 5 and Over Speaking Language other than English at Home: 7.0%
- Home to Kalamazoo Promise

Data Source: American FactFinder, 5-Year Estimates (2011-2015)



Role of the Health Equity Coordinator

- Develop methods and practices for equitable health outcomes and determine how they can best be implemented
- Strengthen competency and capacity to address pathways for health equity, such as policies, regulations, institutions, systems, etc.
- Coordinate training to provide education, training and technical expertise to traditional and non-traditional public health partners, groups and individuals
- Develop a learning culture within KCHCS that supports equity and recognizes and honors cultural differences



Health Equity Council: Mission Statement

“The Kalamazoo County Health & Community Services Department’s Health Equity Council strives to utilize a health equity framework to identify and address any and all barriers to equitable health outcomes for Kalamazoo County residents through the provision of program services, and to serve as a model to other institutions.”



Council Creation & Structure




Definitions

- **Social Determinants of Health** – The economic and social factors that impact the health of individuals. How economic and social resources – such as where people live, what education level is attained, and what employment status and income level can be achieved – are allocated, as well as the advantages it bestows upon some to the detriment of others through bias, injustice and inequality, plays a central role in health inequities.
- **Health Equity** – When all individuals have the resources necessary to attain their full health potential.
- **Health Inequities** – Differences in health outcomes that are avoidable and unjust, and differences in resources that are closely connected to social, economic or environmental vulnerability. The inequities in health outcomes are influenced by the social determinants of health.
- **Health Disparities** – Differences in health outcomes among different groups that lack a social justice component.
- **Cultural Humility**– An openness and willingness to learn about other cultures and to be sensitive and mindful to cultural differences. A professional commitment to cultural humility is a commitment to lifelong learning and self-reflection, recognizing the existence of power imbalances, and institutional accountability toward such power imbalances.




Health Equity Poster

**Kalamazoo County:
Striving for Health Equity**



Equality *does not mean* **Equity**

© 2015, Saskatoon Health Region

 **Health Equity Council**
Promoting Health For All
CONTACT US: healthequitycouncil@kalcounty.com



Council Creation: Lessons Learned

- Flexible and pragmatic charter
- Be mindful of power dynamics
- Recruit frontline staff
- Give credit where it is due

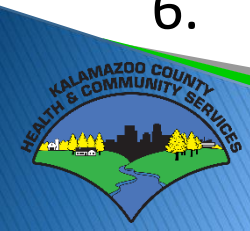


Health Equity Scans



Health Equity Scans: The Process

1. Transparency with leadership
2. Identify program to be scanned
3. Contact selected program supervisor
4. Conduct the scan
5. Share results with Council
6. Write report



Health Equity Scans: Questions



Health Equity Scan: Community Services Questions

1. Why do people use your program?
2. Are people coming back for your program's services more than once? If so, why? When people come back multiple times, what does that mean to you?
3. Do you believe you understand your clients' needs? Why do you feel that way?
4. Are people ever turned away from your program? If so, why? How do you feel about turning people away?
5. If you could change aspects of your program, what would they be?



Health Equity Scan: Health Services Questions

1. Why do people use your clinic as opposed to going elsewhere?
2. Are people coming back for your clinic's services more than once? If so, why? When people come back multiple times, what does that mean to you?
3. Do you feel your clients have needs beyond your clinic's services? Why do you feel that way?
4. Are people ever turned away from your clinic? If so, why? How do you feel about turning people away?
5. If you could change aspects of your clinic, what would they be?



Health Equity Scan Results

1. Recommended the creation of a bilingual community outreach worker
2. Created Spanish resource webpage
3. Revised dress code
4. Letter for bilingual home visitor
5. Universal form color



Health Equity Scans: Lessons Learned

1. Separate questions for Community/Health Services programs
2. Two Council members conducting Scans
3. Patience
4. Openness to future contact



Strengthening Cultural Awareness



Department Survey

Example Program

Name	Job Title	Trained	1/2.5	Training Funds	Date of Most Recent Training	Client Interaction
Doug Burkey	Manager	Y	1	N	2014	2
Neil Fredrick	Administrative Assistant	N		N		8
John Smith	Care Coordinator	Y	2.5	N	2016	4
Joan Smith	Care Coordinator	N		N		5



Cultural Humility Policy



Creating an Inclusive Culture





Scott Janssen, MA
Health Equity Coordinator
spjans@kalcounty.com
(269) 373-5368

