Office of Community Partnerships & Health Equity

LDH Health Equity Plans: Phase I & II
Operationalizing Health Equity

- LDH Professionalism
  - Improved Services
  - Improved Health/Health Outcomes
Executive Summary

This document serves as the Executive Summary, which outlines the specific findings from the Division of Community Partnerships’ Health Equity Assessment Summary Report.

Issue/Need

An assessment of all Office-level (i.e., offices, bureaus, divisions) LDH leaders’ knowledge and operationalization of health equity concepts to evaluate the fairness and reach of programming, policies, and measures within the Department.

The Process

Via the Centers for Disease Control and Prevention’s health equity “Paving the Road” resources and Rene Dubes Professor of Behavioral Sciences - Rutgers University’s Dr. David Mechanic’s insight, assessment tools were created to execute key informant interviews with 19 LDH Office-level leaders.

Results

From the responses during the key informant interviews, the following questions/responses were recorded and used to develop strategies, action steps, and recommendations to be outlined in the Phase-I & Phase II Health Equity Plans:

Advancement Opportunities identified:

1. Familiarity with the term “health equity”: 22% indicated a solid understanding
2. Familiarity with the term “social determinants of health”: 39% indicated a solid understanding
3. How Offices’ (i.e., offices, bureaus, divisions) work are advancing health equity: 50% tackling health equity (via voluntary training); 23% using resilience tactics & interventions; 46% enhancing capacity; 15% executing all tactics, interventions that address inequalities
4. Data collection: six agencies did not indicate racial demographic data were a priority or that it was collected or assessed
5. Community Outreach and follow-up: 29% indicated they either: never or rarely conduct follow-up with community after services/resources are delivered
6. 47% of the Offices did not provide a clear indication of how they used demographic data to inform their work

This document was prepared by the Division of Community Partnerships’ Dr. Earl N. Benjamin-Robinson and Joyetta Kelly. It is a 1-page summary of the 2019 Community Partnerships Health Equity Assessments. September 2019
Health Equity Action Teams (HEAT)
Data/Needs Assessment Repository
Community Engagement Framework
  “Nothing About Me Without Me”
Community Based Participatory Research
Culturally and Linguistically Appropriate Services Standards
Inclusion and Diversity Statement/Clause
<table>
<thead>
<tr>
<th>Program Office</th>
<th>HEAT 12-month health equity Primary Priority Activity</th>
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<tbody>
<tr>
<td>Medicaid</td>
<td>Incorporate Health Equity into the MCO RFP process and contract</td>
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<tr>
<td>24 Hour State Facilities</td>
<td>Review of nondiscrimination policy for inclusive of different sexual orientation, foreign language (different languages) and treatment philosophy</td>
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<td>Office for Citizens with Developmental Disabilities</td>
<td>Conduct ongoing review of data regarding case closures (reasons for case closures, regions across the state, child service needs, etc.) within the EarlySteps program.</td>
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<td>Office of Aging and Adult Services</td>
<td>To complete several data analyses to help us identify areas of apparent inequity and identify and prioritize potential projects for the following year.</td>
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<td>Office of Behavioral Health</td>
<td>Develop a health disparities data collection plan and analyze data to detect and address any disparities.</td>
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<td>Office of Public Health</td>
<td>Support, inform State Health Assessment/State Health Improvement Plan activities</td>
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Phase-II Health Equity Plan

RAI Board

- Review, Advice, & Inform (RAI) Board
Operationalizing Health Equity

- LDH Professionalism
- Improved Services
- Improved Health/Health Outcomes