


INGHAM COUNTY HEALTH DEPARTMENT POLICY

Name:	Health Equity	Policy #:	ADM 038
Category:	Administration	Effective Date:	8/24/2018
Last Reviewed:	8/24/2018	Last Revised:	8/24/2018
Next Review:	8/24/2020		
Applicable To:	All ICHD Staff		
Approved By:	Linda S. Vail, Health Officer	Signature:	

1. POLICY

1.1. It is the policy of the Ingham County Health Department (ICHD) to advance health equity and social justice (HESJ) by working toward a fair and just distribution of opportunities needed to attain optimum health among all county residents.

2. PURPOSE

2.1 This policy strengthens and amplifies ICHD’s work to eliminate and measurably reduce health inequities and disparities rooted in historical and contemporary injustices and discrimination including racism, ethnic discrimination, heterosexism and genderism. The policy seeks to provide employees, volunteers, students and interns procedures for taking preventative and responsive actions that reduce persistent differences in conditions and opportunities for health between target/traditionally marginalized groups and non-target/ traditionally dominant groups.

3. DEFINITIONS

3.1. **Ethnicity:** Affiliation with or membership in a social group that shares a common and distinctive culture, which can be defined by language or dialect, history, homeland, religion, mythology and ritual, cuisine, dressing style, and other common beliefs and practices.

3.2. **Gender Expression:** External appearance of one’s gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

3.3. **Gender Identity:** One’s innermost concept of self as male, female, a blend of both or neither; how individuals perceive their gender and what they call themselves. Gender identity can correlate with assigned sex at birth, or can differ from it. Common identity labels include man, woman, genderqueer, trans, and more.

3.4. **Gender Variance/Gender Non-Conformity:** a state in which a person’s physical characteristics, behavioral characteristics, and/or sense of identity do not correspond with those typically associated with the person’s biological sex, typical male/female characteristics or distinct masculine/feminine norms.

- 3.5. **Health Determinants:** The range of behavioral, biological, socio-economic and environmental factors that influence the health status of individuals or populations.
- 3.6. **Health Disparity:** Variation in rates of disease occurrence, disability and premature death between racially, ethnically, socioeconomically, sexually, and/or geographically defined population groups.
- 3.7. **Health Equity:** A fair, just distribution of the resources and opportunities need to achieve well-being.
- 3.8. **Health Inequity:** Difference in distribution of health determinants between different population groups.
- 3.9. **Non-target groups** - Groups most likely to receive unearned privileges and benefits because of group membership. In the United States, non-target groups include “white” people, people born into family wealth, people with high incomes, cisgender men (men born with male sex organs who present as “masculine”), heterosexuals, people without disabilities, Christians, young people, older adults, people with college degrees or high status in an organization, veterans of wars besides the Vietnam war, and people who speak English as their first language.
- 3.10. **Social Determinants of Health:** conditions in which people are born, grow up, live and age, including: household income and wealth, educational opportunities, neighborhood characteristics, social inclusion, and access to medical care.
- 3.11. **Race:** In the United States, the concept of race was created by descendants of European colonizers and merchants to assert that skin color, facial structure, eye shape and hair shape are linked with propensity for behaviors, abilities and attitudes. At its origins, the concept of race in the U.S. assigned the most desirable propensities toward European-looking people with light-colored skin. While race is a human-made idea without actual scientific foundations, ideas of racial inferiority and superiority have perpetuated racial stereotypes and unequal access to land, resources and government decision-making for the entirety of U.S. history.
- 3.12. **Sexual Minority:** A person whose sexual identity or orientation differs from the majority of the surrounding society.
- 3.13. **Sexual Orientation:** An inherent or immutable enduring emotional, romantic or sexual attraction to other people.
- 3.14. **Social Justice:** The absence of unfair, unjust advantage or privilege based on racial classifications, ethnicity, gender, sexual orientation, gender expression or other forms of difference.
- 3.15. **Target groups** – Groups that are historically targeted as “less than” because of their race, ethnicity, gender, gender identity, sexual orientation, role, class, ability and other factors. In the

United States, target groups include people of color, people born into families with low incomes, people with low incomes, women, transgender people, non-binary and other gender non-conforming people, lesbian, gay and bisexual/pansexual people, Muslims, Jews, atheists, agnostics, people without college degrees, people with low status in an organization, Vietnam war veterans, recent immigrants, and people who speak English as a second language or do not speak English.

4. PROCEDURE

4.1. Health Equity Report & Planning

4.1.1 Commencing January 1, 2019, ICHD will complete and publish an annual report of Health Equity in Ingham County that examines health equity considerations of specific populations (ie racial/ethnic minorities, sexual minorities, those who live in poverty).

4.1.2 Commencing January 1, 2019, ICHD will utilize the analysis provided by the annual Health Equity Report of Ingham County to prioritize its programs, services, grant applications, and other efforts related to Health Equity and Environmental Justice.

4.1.3 Commencing January 1, 2019, ICHD will utilize the analysis provided by the annual Health Equity Report of Ingham County to inform updates to the department's strategic plan.

4.2. Public Participation in program development, planning processes and other ICHD decision-making

4.2.1 ICHD employees are encouraged to use the [International Association for Public Participation \(IAP2\) Public Participation Spectrum](#) and the Working Conceptualization of Historically Excluded (Target) and Historically Included (Non-Target) Groups by Valerie Batts of Visions, Inc. to engage county residents, and particularly racial/ethnic minorities, sexual minorities, those who live in poverty and other target groups in prioritizing and designing ICHD programs.

4.3. Health Equity Impact Reviews

4.3.1 ICHD will complete at least two reviews every three years of health laws or laws that have public health implications to ensure that they are consistent with evidence-based public health and newly emerging public health issues and information, including health equity considerations.

4.3.2 Reviews may be of a law that ICHD enforces or of a law it does not have authority to enforce, and the review may address the law itself and/or enforcement protocols of a law or adherence to protocols.

4.3.3 Procedures for completing at least two reviews every three years are attached to this policy. (Health Equity Impact Review Procedure)

4.4. **HESJ-Informed Recruitment & Hiring Practices.** The following practices will be followed by ICHD managers, supervisors, team leads and any others involved in recruitment and hiring of department personnel and/or contractors:

4.4.10. **Recruitment.** The following will be upheld in order to ensure diverse applicant pools for ICHD job postings:

- Job postings for ICHD job openings will be explicitly shared with racial, ethnic and sexual minority groups in Ingham County by establishing and maintaining partnerships with these groups and organizations to promote ICHD job openings with their members.
- ICHD managers, supervisors and team leads will work to establish, prepare staff for, and support successful job-shadowing and student internship programs targeting students and other people ages 16-24 who are considered to be racial, ethnic and sexual minorities.

4.4.11. **Hiring.** The following will be upheld during all ICHD hiring efforts:

- All interview panels for ICHD job openings are expected to be racially, ethnically and/or sexually diverse.
- Commencing on March 1, 2019, members of interview teams will have completed the department's in-person and/or online learning module on Implicit Bias prior to being authorized to serve on an interview panel.
- Members of all interview teams will complete refresher exercises provided on the potential for Implicit Bias to impact hiring decisions no more than 30 days prior to beginning interview sessions.
- All interview sessions will include at least one health equity-related question designed to assess applicants' understanding of and ability to uphold the ICHD Core Value of Health Equity and Social Justice.
- Pursuant to The Civil Rights Act of 1964, the Americans with Disabilities Act, the Age Discrimination in Employment Act, the Pregnancy Discrimination Act, the Age Discrimination in Hiring Act, federal protections for military status, and the City of Lansing Human Rights Ordinance, ICHD job interviewers are prohibited from asking applicants questions pertaining to these topics prior to, during or following a formal or informal interview.

Prohibited questions include, but are not limited to:

- “What country are you from?”
- “What is your nationality?”
- “You have a strong accent. Where are you from?”
- “You have an interesting name. Where is it from?”
- “What are you?”
- “Will you need time off for religious holidays?”
- “What is your religious affiliation?”
- “What church do you belong to?”
- “Are you/ When are you planning to have children?”
- “What kind of childcare arrangements do you have in place?”
- “Are you pregnant?”
- “What are your plans if you get pregnant?”
- “What is your sexual orientation?”
- “What is your gender identity?”
- “Are you married?”
- “What does your spouse do?”
- “Do you have any physical or mental disabilities?”
- “What prescription drugs are you currently taking?”
- “Have you ever been treated for mental health problems?”
- “Do you drink socially?”
- “How old are you? / What is your age? / What year were you born?”
- “How long have you been working?”
- “Will you be deployed any time soon?”
- “How often are you deployed for Army Reserve training?”
- “What type of discharge did you receive from the military?”

If you have any doubts about a question that you are considering asking in an interview, please forward to Human Resources for review and opinion prior to commencing interviews.

- 4.5. **HESJ Employee Learning in Onboarding & Orientation.** Effective January 1, 2019, all new and/or returning ICHD employees will complete the following learning and training modules within the first 30 days of employment:

4.5.10. Reading/review of ICHD Health Equity Policy

4.5.11. Viewing of video and quiz on *Unnatural Causes: Bad Sugar*

4.5.12. Viewing of video and quiz on *Episode 2 (Excerpted): The Story We Tell*, from the video series *Race: The Power of An Illusion*

4.5.13. Reading, video and quiz on *LGBTQIA Health Equity*

- 4.6. **Ongoing HESJ Employee Education.** Effective January 1, 2019, all new and/or returning ICHD employees will complete the following learning modules as described below:

4.6.10. Annual review of ICHD Health Equity Policy

4.6.11. Within the first 90 days of employment, and as an annual review, all ICHD staff will complete a learning module related to public participation and target/non-target group engagement. This module will use the [International Association for Public Participation \(IAP2\) Public Participation Spectrum](#) and the Working Conceptualization of Historically Excluded (Target) and Historically Included (Non-Target) Groups by Valerie Batts of Visions, Inc.

4.6.12. Within the first 180 days of employment, all new and/or returning ICHD employees will participate in and complete all of the learning modules of the ICHD Health Equity & Social Justice workshop.

4.6.13. All supervisory and non-supervisory staff will be required to participate in at least two continuing education learning modules and/or events each year to continue increasing understanding of health equity and social justice. These can be completed from among the HealthStream/online options provided by ICHD or they can be other learning modules (webinars, seminars, etc.) or events, with proof of completion uploaded into HealthStream.

4.6.14. Commencing October 1, 2019, managers, supervisors and team leads will also be required to participate, in an in-person *Introduction to Health Equity Facilitation* workshop.

4.6.15. Commencing January 1, 2020, managers, supervisors and team leads will also be required to participate in at least one continuing education learning modules and/or event each quarter to maintain and increase proficiency in health equity and social justice dialogue facilitation and HESJ-informed employee coaching. . These can be completed from among the HealthStream/online options provided by ICHD or they can be other learning modules (webinars, seminars, etc.) or events, with proof of completion uploaded into HealthStream.

4.7. HESJ-Related Complaints. Complaints in relation to HESJ-proximate issues are to be made in a manner consistent with existing Ingham County, ICHD and/or City of Lansing complaint procedures.

Nothing contained in this section or policy shall be construed to prohibit any cause of action based on any other local, federal or state law.

4.7.10. Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color, or national origin, in any program, service or activity that receives federal assistance. Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)," provides that no person shall be subjected to discrimination on the basis of race, color, or national origin under any program or activity that receives Federal financial assistance.

- Any individual may file a Title VI complaint or an LEP complaint in relation to their employment with Ingham County and/or the services, practices and any individual interaction with an Ingham County employee, elected official or Ingham County agency.

- Complaint procedures are described in Ingham County General Administrative, Management and Operations Policy No. 202, established by Resolution 16-090, "[Title VI Non-Discrimination Policy, Plan and Complaint Procedure](#)".

4.7.11. The [Ingham County Equal Opportunity Employment Plan](#) ("the Plan") was established in 2004 with the goals of promoting a diverse county workforce and providing complaint procedures for issues related to discrimination and/or harassment.

- Applicants: "If an applicant for employment believes that he/she has not been treated fairly, or been discriminated against in any way, in the hiring process by any segment of Ingham County Government, he/she has the right to contact the Human Resources Department or the EOC about such treatment." Procedures for complaints of this nature are described in the Plan.
- Employees: If a County employee believes that he/she/they has/have not been treated fairly, or been discriminated against in any way, he/she/they has/have the right to file a complaint according to the grievance procedures of their collective bargaining unit.
- Employees: Additionally, every County employee can also avail himself or herself of the complaint procedure outlined in the Plan.
- Employees: Ingham County prohibits sexual harassment in the workplace by any person and in any form. Complaint procedures for any employee who believes they have experience sexual harassment are described in the Plan.

4.7.12. ICHD Policy #ADM 033, "Client Complaints," was established on September 27, 2004 and revised on February 28, 2017. This policy states:

- It is the philosophy of the Ingham County Health Department (ICHD) that each client should be treated in a manner consistent with the ICHD Core Values (Accountability, Continuous Mutual Learning, Health Equity & Social Justice, Innovation, Respect for Others, and Service Excellence). ICHD has established a process for clients to resolve situations where they believe they have been treated in a manner that is inconsistent with these values and for clients who do not feel they have received appropriate services.
- Complaint procedures are described in ICHD Policy #ADM 033.

4.7.13. [Chapter 297 of the Codified Ordinances of the City of Lansing, "Human Rights Ordinance"](#) prohibits discrimination or harassment based on irrelevant human characteristics and discrimination in employment, housing, healthcare, public accommodations and other services. (attached)

- The ordinance states, “It is the intent of the city that no person be denied the equal protection of the laws; nor shall any person be denied the enjoyment of their civil rights or be discriminated against because of their actual or perceived race, color, religion, national origin, sex, age, height, weight, marital status, physical or mental disability, family status, sexual orientation, gender identity or expression, veteran status or HIV status, source of income, ancestry, student status, housing status, political affiliation or belief, or service in armed forces in sovereign nations as all forms of discrimination adversely affect Lansing citizens and the quality of life and opportunities available to all people.
- Complaint procedures are described on the City of Lansing website as follows:
 - If you have experienced discrimination or harassment, contact Lansing’s Department of Human Relations and Community Services 4th Floor City Hall, 124 W. Michigan Ave. Lansing, MI 48933 (517) 483-4477

5. REFERENCES/ATTACHMENTS

5.1.1. [International Association for Public Participation \(IAP2\) - Public Participation Spectrum](#)

5.1.2. Working Conceptualization of Historically Excluded (Target) and Historically Included (Non-Target) Groups by Valerie Batts of Visions, Inc.

A Working Conceptualization of Historically Included (Non-Target) and Historically Excluded (Target) Groups

Types of Oppression	Variable	Historically Included Groups	Historically Excluded Groups
Racism	Race/Color/Ethnicity	White	People of Color (African, Asian, Native, Latino/a Americans)
Sexism	Gender	Men	Women/Transgender
Classism	Socio-Economic Class	Middle, Upper Class	Poor, Working Class
Elitism	Education Level	Formally Educated	Informally Educated
	Place in Hierarchy	Managers, Exempt, Faculty	Clerical, Non-Exempt, Students
Religious Oppression	Religion	Christians, Protestants	Muslims/Catholics, and Others Jew
Anti-Semitism		Christians	
Militarism	Military Status	WW I&II, Korean, Gulf War Veterans	Vietnam Veterans
Ageism	Age	Young Adults	Elders
Adultism		Adults	Children/Youth
Heterosexism	Sexual Orientation	Heterosexuals	Gay, Lesbian, Bisexual
Ableism	Physical or Mental Ability	Temporarily Able-Bodied	Physically or Mentally Challenged
Xenophobia	Immigrant Status	US Born	Immigrant
Linguistic Oppression	Language	English	English as a Second Language Non-English

© VISIONS, Inc. 2011

5.1.3. Health Equity Impact Review Procedure

5.1.4. [Ingham County General Administrative, Management and Operations Policy No. 202, Title VI Non-Discrimination Policy, Plan and Complaint Procedure](#)

5.1.5. [Ingham County Personnel Policy No. 103, Equal Opportunity Employment Plan](#)

5.1.6. ICHD Policy #ADM 033, “Client Complaints”

5.1.7. [Chapter 297 of the Certified Ordinances of the City of Lansing, “Human Rights Ordinance”](#)