

The Public Health Herald

Health Equity Edition

FROM THE DIRECTOR

With our Health Equity training kicking off this month we decided to devote a large section of the JCPH Herald to Health Equity, the training, & definitions. We hope that this will help you as you work through the initial homework items & throughout the entire training.

Please take the time to work through the initial assignments as well as the entire class. This is designed to make us better as a whole department & improve how we work with our clients day to day.

Thank you for your attention to this important subject.

Danielle

BUILDING HEALTH EQUITY TRAINING REMINDER:

With the Health Equity training starting in a few short weeks, you have homework! First assignment, a 10-minute survey is due early next week. Please see the email from Susan Vileta sent on 4/5/23 for more details, but links for all the assignments are below.

Completion checklist

- o Finish the pre-training 10 Minute assessment by **Tuesday April 11th**
- o Create account in the learning management system (LMS)
- o Complete first two modules (Introduction and Empathy, Cultural Humility & Lifelong Learning) by **Monday April 17th**

Health Equity Introduction & Terms:

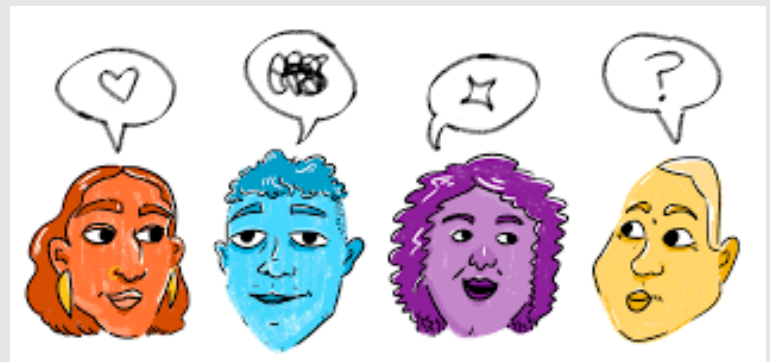
To better understand our training & the terms that will be used throughout, the Health Equity Workgroup have included some basic terms & definitions from Module 1 & 2 for the JCPH Herald this month. As you work through the first two modules on Empathy, Cultural Humility, Lifelong Learning, please use these as a resource.

Definitions:

Brave Space: a space where participants feel comfortable learning, sharing, and growing. A brave space is inclusive to all races, sexes, genders, abilities, immigration status, and lived experiences. Everyone in the space acknowledges that there may be some discomfort due to discussing topics that may be uncomfortable in nature. In the established brave space, participants honor each other's experiences and opinions with respect to achieve a place of understanding. The most important part of a brave space is inclusion of all.

Brave Spaces are not the Same as Safe Spaces!

While brave spaces encourages dialogues of uncomfortable conversations and accountability, safe spaces' goal is to provide support and not incite judgement or pressure to educate on an individual's experience.



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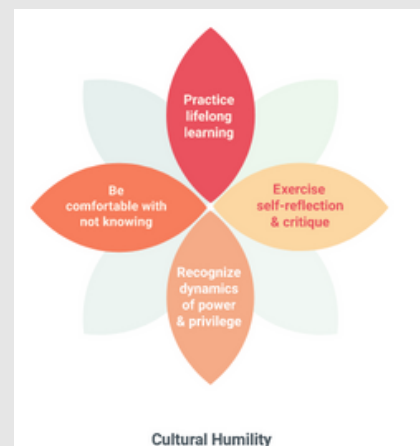
definitions continued...

CULTURE

Culture: A way of living; aspects like age, gender, religion, socioeconomic status, race, etc.; complex, dynamic, continually evolving, and constantly influenced by our experiences.

Cultural Humility: Examining own values, beliefs, experiences, and biases through self-reflection, lifelong curiosity, and openness. This may include practicing lifelong learning, exercising self-reflection and critique, recognizing dynamics of power and privilege, and being comfortable with not knowing.

CULTURAL HUMILITY IS NOT MARGINALIZATION, CULTURAL IMPOSITION, OR INTOLERANCE.



Cultural Sensitivity: The extent to which ethnic/cultural characteristics, experiences, norms, values, behavioral patterns and beliefs of a target population as well as relevant historical, environmental, and social forces are incorporated in the design, delivery, and evaluation of targeted health promotion materials and programs.

HEALTH EQUITY

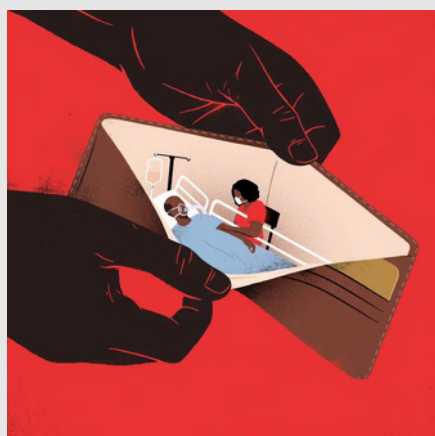
Health Equity: The attainment of the highest level of health for all people.

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address inequalities, historical and contemporary injustices and the elimination of health and health care disparities.

Health Disparities: A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion

HEALTH DISPARITIES V. HEALTH EQUITY

Disparity is a concept referring to measurable differences. Inequality is a concept expressing a commitment to social justice.



Health Inequalities: Particular types of health disparities that stem from unfair and unjust systems, policies and practices and limit access to the opportunity and resources needed to live the healthiest life possible. Disparities in health that are systematic and avoidable.

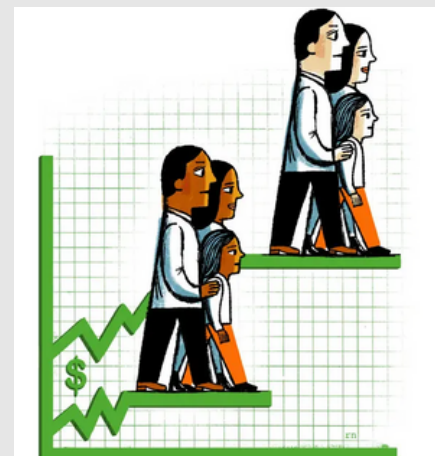
RACE

Race: Invented by scientist to support an idea that some groups of people are superior and some are inferior.

Race is a made up social construct and not biological fact. Race designations and the way it is enforced have changed over time.

Racial Inequity: When two or more racial groups are not standing on approximately equal footing, such as the percentages of each ethnic group in terms of dropout rates, single family home ownership, access to healthcare, etc.

Structural Racism: The normalization and legitimization of an array of dynamics – historical, cultural, institutional, and interpersonal – that routinely advantage Whites while producing cumulative and chronic adverse outcomes for people of color. Structural racism encompasses the entire system of White domination, diffused and infused in all aspects of society including its history, culture, politics, economics, and entire social fabric



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Community Health Updates

- Rebecca Nielsen participated in the Service Area Health Care Coalition Radiation Surge Tabletop exercise. The emergency preparedness service area is required to rotate through scenarios to exercise plans and policies to test our response.
- The HealthyJoCo team shared two virtual sessions to review the Community Status Assessment, part of the overall health assessment for the department. The sessions walked through the methods and findings of the community wide survey that was open last fall. The team is also planning several focus groups and interviews to gain insight and perspective into healthcare access across several disciplines: general health, women's health, mental health, and dental health as part of the Context Assessment, the third and final assessment of the process.
- The Disease Prevention Specialists have been selected as semi-finalists in the Domo-Ovation awards for their work during the pandemic. The team utilized the state's system to provide insight into disease transmission and vaccine planning. You can view the Domo Award finalists [here](#).
- Karrey and Rebecca have been hosting a series of COVID-19 clinics and providing opportunities for community partners to host vaccine clinics in response to the public health emergency ending. Several partners have stated they do not need a COVID-19 vaccine clinic.
- Amelia is kicking off the Certificate for Infection Control this month. Amelia was awarded a NACCHO scholarship for reimbursement and will also cover an annual subscription for infection prevention training that several other staff will be part of.
- Lisa is half way through the KEYS program for dementia prevention. She is coordinating a group of volunteers to support the training at Oaknoll to provide this evidenced-based dementia prevention training. Former Medical Director, Dr. Patty Quinlisk, is the author and received support through the Des Moines YMCA on the creation of the training.
- Susan and Mike are gearing up for the Health Equity Trainings with CPH. Both will be assisting and coordinating with CPH to hold space and conversation around the topics of health equity as the entire department embarks on this journey together.

CH did an exercise to better understand the 10 essential services of public health during their division meeting. photo credit: Sam Jarvis



Environmental Health Updates

March

- 3/6- 12 National Groundwater awareness week. Watershed program working with Sarah to create social media posts
- 3/7 & 3/8- Rob attended CPO recertification class
- 3/9- James, Ethan, and Jasmine attending a DNR approved Time of Transfer training course in Ainsworth Iowa.
- 3/17- Rob jointly worked with DIA food inspector at NL Pizza Ranch to investigate a suspected food borne (Noro confirmed) illness outbreak. Parties involved DPS, EHM, DIA inspector, DIA RRC, IHHS Epi. Rob completed the routine and illness complaint. DIA completed the NEARS EA
- 3/14- Tim James has completed food program training requirements and has started independent field work activities.
- 3/15 & 3/16- EH staff participated in 11 EHS interviews. Looking at final candidates and considering second round interviews.
- 3/20 - 3/24- Jesse attending FDA Virtual SA and Verification Audit Workshop
- 3/21- Ethan participated in a safe drinking water/private well water discussion Zoom panel through the In Depth Water Week sponsored by The Gazette.
- 3/27- James and Ethan attending an IEHA Tattoo demonstration workshop (PHCI)
- 3/29- 1:30 pm ETF presenting to the College of PH Global Water and Health Dr Kelly Baker. Watershed protection in JC.
- 3/31- Area received tornado activity

Clinical Services Updates

- We have hired a Health Educator Assistant & have made an offer to a Health Educator.
- Deb finished all of the childcare immunization audits! Hooray! She's amazing!
- We are working on the 2024 Maternal Health RFA & expect the Child & Adolescent Health RFA to come out next month.

