

Section A: Introduction

Dear Public Health Staff,

As a part of our department's ongoing work to promote health equity among Hennepin County residents we are continuing to evaluate our efforts by reaching out to public health staff through a survey. The purpose of this survey is to assess the Public Health Department's practices in promoting health equity, and to look at changes since the last staff survey that was administered in January 2018. These survey results will be used to identify opportunities for improvements.

Please allow 5 - 10 minutes to complete this survey, and thank you, in advance, for your participation. You will NOT be able to save your responses and return later, so please set aside time to respond in one sitting.

Your responses are anonymous and results will be aggregated for analysis and discussion. Thank you for your participation!

Survey source: Bay Area Regional Health Inequities Initiative (BARHII). Section: Staff Self-Assessment for Addressing Health Inequities; 2010.

GLOSSARY OF TERMS

Health Equity

When every person has the opportunity to realize their health potential — the highest level of health possible for that person — without limits imposed by structural inequities. Health equity means achieving the conditions in which all people have the opportunity to attain their highest possible level of health. (MDH)

Health Disparities

Differences in health outcomes that are linked with systematic economic, social, or environmental disadvantages based on their racial or ethnic group, religion, socioeconomic status, gender, age, or 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 are the metric we use to measure progress toward achieving health equity. A reduction in health disparities (in absolute and relative terms) is evidence that we are moving toward greater health equity. (MDH/Healthy People 2020)

Social Determinants of Health

Social determinants of health are complex, integrated, and overlapping social structures and economic systems responsible for most health inequities/disparities. Examples include:

- **Education**
- **Housing**
- **Income**
- **Employment**
- **Transportation**
- **Criminal justice**
- **Neighborhood conditions**
- **Social connectedness**
- **Racism and other forms of discrimination**
- **Healthcare access**
- **Food security**

1. Which best describes your position in the Public Health Department

- Staff
- Supervisor
- Manager/Exec Team

2. What program area do you work in?

- Administration and Public Health Practice
- Better Together Hennepin
- Communications / Strategic Initiatives & Community Engagement
- Executive Team
- Health Promotion
- Maternal and Child Health-Early Childhood
- Environmental Health
- Epidemiology / Assessment / ImmuLink
- C & TC / WIC
- Emergency Mental Health
- Emergency Preparedness
- Mental Health Center
- Public Health Clinic
- Business Operations
- Healthcare for the Homeless/ Integrated Care

3. In your opinion, how do you think Public Health is addressing health inequities?

- There is no focus on health inequities at all
- There is not enough focus on health inequities
- There is about the right amount of focus on health inequities
- There is too much focus on health inequities
- I don't know

Section B. Collaboration with Hennepin County Departments

4. I collaborate with staff in other Hennepin County programs (within Public Health and other departments) to address the social determinants that impact health.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Don't know

Section C. Working with Communities to Address the Social Determinants of Health

5. My program area has strategies in place to support the work of community groups advocating for public policies that address health inequities.

- No
- Moving in the direction
- Yes
- Don't Know / Not Applicable

6. My program area has provided resources to community residents and groups to support their self-identified concerns and needs in respect to addressing the social determinants of health.

- No
- Moving in that direction
- Yes
- Don't know/ not applicable

Section D. Supporting Staff to Address the Social Determinants of Health

7. Since you have been working at Public Health, have you ever received training about the different ways public health can address the social determinants of health?

- Yes
- No
- I don't remember

8. Within my program area, we have engaged in group discussions about how our work could address one or more of the social determinants of health.

- Not Applicable to my Job Function
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Don't Know

9. Staff I interact with in Public Health are comfortable talking about race and racism.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Don't Know

10. Senior management and supervisors in Public Health are comfortable talking about race and racism.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Don't Know

Section E: Reflection for Future Planning

11. What are the 3 most important things that Public Health can do differently to improve health equity?

1

2

3

12. What are the 3 most important things that you are currently doing within your own projects to address health equity and/or the social determinants? (Examples: Outreach, providing opportunities for community partners to provide planning input, participate on leadership team, other).

1

2

3

13. What 3 things could you do differently within your own projects to better address health equity and/or the social determinants?

1

2

3

14. Please share any final comments that you may have: (optional)

If you are interested in working on this issue or learning more about it, send an email to Jeremy.Gharineh@Hennepin.us.