



**IOWA  
PUBLIC HEALTH  
LEADERSHIP  
ACADEMY**

**Iowa Public Health Leadership Academy  
Session 4 Summary**

Session 4 of the Public Health Leadership Academy focused on health equity and gave examples of how to implement health equity in board work, along with providing specific instances of health equity work in Iowa. Betsy Richey from the Iowa Department of Public Health presented the majority of the content, while specific examples came from three public health practitioners. These included examples of breaking down data by various factors for CHNA/HIP Planning (Johnson County Public Health), participatory planning (University of Iowa College of Public Health Department of Community and Behavioral Health) and policy systems (Dallas County Public Health).

**Health Equity: Why it Matters and How to Achieve It**

- Introduction to Health Equity
  - o What is health equity?
  - o Definitions
    - Social determinants of health
    - Health inequities
  - o Challenges
  - o Impacts on public health work
- Data
  - o Health disparities examples including:
    - COVID-19
    - Illicit drug use
- Key Points
  - o Look at your county's data
    - Breakdowns by race, ethnicity, gender, SES
    - Identify populations that are not achieving the intended health outcomes
  - o Participatory planning
    - Who is or is not at the table
    - Incorporating into CHNA/HIP planning
  - o Policy systems environment
    - Structures around health for all
    - Examples from infectious disease & public health law

**Local Public Health Examples**

- Using data during the CHNA/HIP process: Johnson County Public Health: Healthy JoCo – Nalo Johnson
- Participatory planning: Active Ottumwa/Congolese Health Partnership – Rima Afifi
- Policy systems environment: Dallas County Library Project – Abigail Chihak

**Additional Questions from Participants:** No questions were posed by participants as the session was pre-recorded. This was due to COVID-19 pandemic dynamics.

