

Equity Policy

Overview

Description:

DHS is committed to advancing equity, reducing disparities in DHS program outcomes, and improving access to human services for communities experiencing inequities. For the purpose of this policy, communities experiencing inequities refers to communities of color, American Indians, veterans, LGBT, and persons with disabilities.

DHS acknowledges and embraces the role we can play in developing policies and procedures to advance equity. DHS will utilize a health in all policies (HiAP) approach. This “is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy area. ... Ultimately the Health in All Policies approach seeks to institutionalize considerations of health, equity, and sustainability as a standard part of decision-making processes across a broad array of sectors.” (Healthy Decisions Health Places). In this context, health does not refer merely to the absence of disease, but to a complete state of physical, mental, and social wellbeing. Recognizing that Minnesota’s structural inequities cut across sectors, DHS’s HiAP approach will require solutions that both focus within DHS and also cut across agency and public-private sector boundaries and address the broad factors that make up the determinants of health (Healthy People 2020).

This policy requires that communities experiencing inequities be consulted when programs are designed, implemented, and evaluated. This policy aims to incorporate equity department-wide, ensuring that we will consider equity in all aspects of our business.

Reason for Policy:

In order to reduce inequities, it is necessary to address broad social, economic, and political factors that result in systemic disadvantages as well as the needs, assets, and challenges of communities experiencing inequities. The Department acknowledges and embraces the role it can play in developing policies, investments, and procedures that advance equity.

Failure to Comply:

The Department shall develop measures, monitor implementation, and enforce the policy on equity across the agency. The Department expects all department employees to comply with relevant provisions, but the policy is not intended to be punitive. The Department views this policy as a mechanism for all DHS employees to better understand and incorporate equity into their work.

Policy

The Minnesota Department of Human Services (DHS) will provide resources to make equity an integral part of all programs, policies and procedures it implements. This policy requires that considerations of equity, that is, fairness and justice, are embedded in decisions at all levels of DHS, including leadership, operations, programming, investments, and policy development. The goal of this policy is to institutionalize an approach to decision-making, program and policy development, implementation, and evaluation, which improves outcomes and reduces health and human services disparities and inequities for the people we serve.

The agency shall:

- Engage and empower all agency employees to advance equity through their daily work;
- Identify standards, processes, metrics and systems of accountability to advance equity goals, including:
 - Link agency service delivery of human services programs to the determinants of health;
 - Institutionalize an equity focus in decision-making;
 - Promote fairness and opportunity in agency practices;
 - Collaborate across program areas; and
 - Build community trust and capacity.
 - Invest in human, capital and infrastructures to meet the needs of communities experiencing inequities

Procedure(s) that Apply:

- Equity Committee
 - The person overseeing each administration will work on establishing an equity committee. This equity committee will be charged with advising the responsible leadership of that administration on advancing equitable outcomes for all people we serve and DHS employees.
- Equity Analysis
 - DHS managers and supervisors should consult their equity committee when reviewing administrative policies for renewal.
 - Employees who are involved in developing legislative proposals will engage in an equity analysis and consult with equity liaisons when evaluating potential equity impact.
 - Agency staff shall analyze equity impact when preparing legislative proposals, using the following questions contained in the Governor's 2018-2019 Change Item Template. Specific questions analyzed may be modified based on direction from the Governor's office and DHS's understanding of analyzing equity impact:
 - What groups are impacted by the proposed change item? (Racial and Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups, Persons with Disabilities and Veterans) What is the nature of the impact? Have representatives from these groups been consulted and collaborated with in order to determine how to address these impacts?

- Is the proposed change item submitted to reduce or eliminate any disparities for Racial and Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups, Persons with Disabilities and Veterans? Please explain how implementation of the proposed item will reduce or eliminate these disparities;
- Are there potential positive or negative impacts on the identified groups? Explain those impacts. If negative, please adjust the proposal to achieve a more equitable outcome.
- Can the change item be sustainably successful? Discuss the on-going funding, implementation strategies/opportunities, and performance measures/accountability mechanisms.
- Workforce and Leadership Development
 - Affirmative Action Officer will provide hiring supervisors and senior management with data and advice to help them increase number of underrepresented group members in all levels of workforce.
 - Human Resources Office will utilize data to inform hiring managers to increase members of underrepresented groups employed by DHS in all levels of workforce.
 - Hiring Manager shall make every reasonable effort to include at least 1 underrepresented group member on interview panels.
 - Human Resources and the Affirmative Action Officer will track and monitor data on employee separations and develop and implement interventions if there are statistically significant disparities in separation numbers between majority member employees and employees from communities experiencing inequities in all levels of workforce.
 - Enterprise Learning and Development, in collaboration with Human Resources and others, will track and monitor participation of employees from communities experiencing inequities in agency and state-sponsored leadership development opportunities.
- Contracting and Procurement
 - The Director of Contracts, Procurement, and Legal Compliance will develop and apply equity criteria throughout the contracting, grants, and procurement process, while maintaining compliance with local, state and federal contracting regulations, in order to increase vendor diversity
 - “Equity select” procurement, authorized by 2016 MN Statute 16C.08 and 16C.16, shall be utilized in order to directly select vendors owned by targeted groups for procurement up to a value of \$25,000.
 - DHS employees who engage in contracts and procurement should (a). be trained in applying an equity analysis or (b.) consult with an individual or equity committee that have been trained in applying equity analysis
- Community Engagement and Inclusion
 - When developing strategic initiatives and work plans, DHS managers and supervisors will ensure that communities experiencing inequities are engaged through the planning, program development, budgeting, program evaluation and decision-making process.
 - Managers and supervisors who oversee staff who plan community engagement activities should consult with the Director of Community Relations for support and resources, when appropriate.
- Enhanced Cultural and Linguistic Appropriate Services (CLAS) Standards:

- The enhanced National CLAS standards are intended to advance health equity, improve quality, and help eliminate disparities in health care. DHS will endeavor to pilot and implement CLAS standards in the delivery of human services.

Forms that Apply:

N/A

Training:

DHS is developing required training.

Standards:

- The following are standards to advance equity and disparity reduction work at DHS:
 - DHS will regularly engage persons from communities experiencing inequities during the agency's planning, program development, program evaluation, and decision-making process.
 - DHS human resources department, managers, and supervisors will recruit, hire, welcome, develop, promote and support a workforce, which is diverse and inclusive of people from communities that experience inequities. This includes leadership development and promotion of people from communities that experience inequities into positions of formal leadership at all levels within the agency.
 - When contracting for services DHS managers, supervisors, and staff will conduct outreach, welcome, develop, promote and nurture a diverse group of vendors capable of meeting the needs of DHS clients and in accordance with Executive Order 15-2 and recommendations of the Governor's Diversity and Inclusion Council.
 - DHS will incorporate equity analysis into the development of policies, rules, procedures, budget, and legislative proposals, as well as program design and implementation.
 - DHS will continue to provide staff support to the Cultural and Ethnic Communities Leadership Council (CECLC) in advising the agency on equity and disparity reduction efforts.
 - DHS recognizes the variety of ways that human services programs impact the social determinants of health and the role that addressing them will have in improving equity.

Definition(s):

Community Engagement: process of co-creating solutions in partnership with people, who through their own experiences, know the barriers to opportunity best. It is grounded in building relationships based on mutual respect and that acknowledge each person's added value to the developing solutions (Voices for Racial Justice).

Communities Experiencing Inequities: consist of the communities made of up the following populations:

- **People of Color:** individuals of non-Caucasian heritage who identify as non-white. Houghton Mifflin Company (2005). *The American Heritage Guide to Contemporary Usage and Style*. Houghton Mifflin Harcourt. p. 356.
- **American Indians:** Descendants of the native people of North America who identify as American Indian
- **Persons with Disabilities:** Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.

Determinants of Health: [structural determinants and conditions](#) in which people are born, grow, live, work and age.”⁶ They include factors like socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care.

Disparity: difference in health that is closely linked with social, economic, or environmental disadvantage. Health disparities impact groups that systematically experience greater obstacles including communities of color, American Indians, and persons with disabilities.

Engagement: process of collaboration and inclusion in which entities build ongoing relationships for the purpose of applying a collective vision to solve complex problems.

Enhanced National Culturally and Linguistically Appropriate Standards (CLAS: A series of standards that are intended to advance health equity, improve quality, and help eliminate health care disparities. Beyond healthcare delivery, CLAS standards should be understood as applicable to public institutions addressing individual, family, or community health, health care or well-being (National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice, HHS 2014).

Equity: achieved when every person in a community has the opportunity to reach their full health potential and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

Equity Analysis: An analysis of the impact of proposals, policies, and programs on various populations, with a particular focus on impact on communities experiencing inequities. The analysis shall address the following questions, contained in the Governor’s 2018-2019 Change Item Template. Specific questions analyzed may be modified based on direction from the Governor’s office and DHS’s understanding of analyzing equity impact:

- What groups are impacted by the proposed policy or budget item? (Racial and Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups, Persons with Disabilities and Veterans) What is the nature of the impact? Have representatives from these groups been consulted and collaborated with in order to determine how to address these impacts;
- Is the proposed item submitted to reduce or eliminate any disparities for Racial and Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups, Persons with Disabilities and

Veterans? Please explain how implementation of the proposed item(s) will reduce or eliminate these disparities;

- Are there potential positive or negative impacts on the identified groups? Explain those impacts. If negative, please adjust the proposal to achieve a more equitable outcome.
- Can the policy or budget idea be sustainably successful? Discuss the on-going funding, implementation strategies/opportunities, and performance measures/accountability mechanisms.

Health: Health encompasses many aspects, including physical, mental, social, and spiritual well-being (HHS IHS, n.d.; HHS OSG et al., 2012; WHO, 1946). Health is “not merely the absence of disease or infirmity” (WHO, 1946). How individuals experience health and define their well-being is greatly informed by their cultural identity.

Health in All Policies: “Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas...Ultimately the Health in All Policies approach seeks to institutionalize considerations of health, equity, and sustainability as a standard part of decision-making processes across a broad array of sectors.”

Inequities: Differences in outcomes that are systematic, avoidable and unjust.

Related Policies and Reference(s):

- Affirmative Action Plan
- Affirmative Action Policy
- Prohibition of Discrimination Policy
- Prohibition of Sexual Harassment Policy
- Accessible Formats Policy
- Employee Request for Reasonable Accommodation Policy
- Web Accessibility Policy
- Civil Rights Policy and Complaint Procedure
- Civil Rights Plan
- Enhanced Culturally and Linguistically Appropriate Services Standard:
 - [National Standards for Culturally and Linguistically](#) (PDF)
- Healthy People 2020 (retrieved October 14, 2016)
- 16C.08 Professional or Technical Services

Legal Authority:

- CECLC Legislation: The legislature charged the Cultural and Ethnic Communities Leadership Council with advising the commissioner of human services on reducing disparities that affect racial and ethnic groups. Laws of Minnesota 2015, Chapter 78, Article 4, Section 50 [256.041]
- Executive Order 13-10: Affirming the Government-to-Government Relationship between the State of Minnesota and the Minnesota Tribal Nations: Providing for Consultation, Coordination and Cooperation

- Executive Order 15-2: Signed in January 2015, this order affirms Minnesota’s commitment to diversity and inclusion and establishes the Diversity and Inclusion Council
- Title VII of the Civil Rights Act of 1964: Statutory Citation: 42 USC 2000e et seq; Regulatory Citation: 29 CFR 1601
- Americans with Disabilities Act of 1990, Title I: Statutory Citation: 42 USC 12111; Regulatory Citation: 29 CFR Part 1630
- Title VI of the Civil Rights Act of 1964: Statutory Citation: 42 USC 2000d et seq.; Regulatory Citation: 45 CFR Part 80
- Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons: Federal Register Citation: 68 Fed. Reg. 47311 (2003)
- Section 504 of the Rehabilitation Act of 1973: Statutory Citation: 29 USC 794; Regulatory Citation: 45 CFR Part 84
- Section 508 of the Rehabilitation Act of 1973: Statutory Citation: 29 USC 794
- Americans with Disabilities Act of 1990, Title II: Statutory Citation: 42 USC 12131; Regulatory Citation: 28 CFR Part 35
- Minnesota Human Rights Act: Statutory Citation: Minn. Stat. Chapter 363A
- Chapter 43A, State Personnel Management: Statewide Affirmative Action Program, Rules; Statutory Citation: Minn. Stat. Chapter 43A.04, Subd. 3
- Affirmative Action: Statutory Citation: Minn. Stat. Chapter 43A.19
- Affirmative Action Programs: Statutory Citation: Minn. Stat. Chapter 43A. 191

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