## What is Equity? What is Health Equity?

*Equity* recognizes that because different individuals or groups have different histories and circumstances, they have unique needs and unequal starting points. Using an equity approach, individuals and groups receive different resources, opportunities, support, or treatment based on their specific needs. By providing what each individual or group needs, they can have equal or fair outcomes.

*Health Equity* describes circumstances in which all people have the opportunities and resources necessary to lead healthy lives. Efforts to achieve Health Equity often require giving special attention to the needs of those at greatest risk of poor health, including historically oppressed or marginalized racial or ethnic groups.

*Equity Infrastructure* is the set of processes, staff, and resources built and sustained in an organization to deliver services with an equity lens.

## How does this organizational assessment intersect with Public Health Accreditation Board (PHAB) work?

The assessment can potentially be used as documentation to [meet certain standards for Public Health Accreditation](). Some examples are as followed:

- Standard 5.3.2A- Adopted Department Strategic Plan
  - Assessment can be used to help inform c) Goals and objectives with measurable and time-framed targets and f) Assessment of health department strengths and weaknesses in the development of Departmental Strategic Plan
- Standard 8.2.1A- Workforce Development Strategies
  - Assessment is a state-developed, specialty-focused document that focuses on equity competencies. It can be used to inform the health-department specific workforce development plan

Additionally, the assessment can be used to determine readiness for accreditation, as many standards have integrated equity into their requirements.

## What was the rationale for each of the domains and competencies identified in this assessment?

Domains and competencies identified in this assessment were informed by a July 2021 Local Health Jurisdiction (LHJ) survey where we asked how LHJs would like to approach the organizational assessment. We also reviewed existing assessment tools and frameworks from Bay Area Regional Health Inequities Initiative (BARHII), Human Impact Partners (HIP), Coalition of Communities of Color (CCC), and the Government Alliance on Race and Equity (GARE) to determine which competencies were common between all of them. For deeper and more comprehensive organizational assessments, we recommend viewing the resources provided by [BARHII](), [HIP](), [CCC,]() and [GARE]().

## Do local health jurisdictions (LHJs) have to be doing all examples in a particular "early, established, strong" level? What if LHJs are doing some activities at one level and some at another?

The examples are meant to serve as a reference to help you reflect on how equity is potentially embedded throughout your LHJ. The examples shown under each level for each competency are not meant to be an exhaustive list or a checklist of requirements. We recommend choosing the level that you feel best reflects where your LHJ stands for that competency. An optional textbox is provided under each domain as an opportunity for your LHJ to explain your reasoning for choosing a particular level or to provide additional examples that may not have been included.

## Our LHJ believes we fall under "Established" for one of the competencies, but none of the examples apply or resonate with us. What do we do?

The examples shown under each level for each competency are not meant to be an exhaustive list or a checklist of requirements. Your LHJ activities might be completely different from the examples provided but can help you determine what level your activities fall under. If you mark "5" for one of the competencies, it does not imply that your LHJ is performing all the activity examples of "Early" and "Established," but rather that the scope and depth of activities in your LHJ is similar to the implementation level reflected in the examples.

We recognize that not all examples listed under each competency may apply to your LHJ. We have provided an optional textbox under each domain for your LHJ to explain your reasoning for choosing a particular level or to provide additional examples that may not have been captured in the assessment.

## Our LHJ is concerned about scoring mostly in the "Early" stages on this assessment. Will we be penalized?

We understand that each LHJ is in a unique position with different resources and community-specific considerations about how to expand the scope of their equity work. This assessment is not meant to put a spotlight on practices that your LHJ "should" be doing. Rather, it is meant to initiate dialogue, gather insights on the current state of your LHJ, and surface considerations that help focus internal priorities in order to strengthen LHJ capacity to plan health equity work. We will not penalize LHJs that score mostly in the "Early" stages of the various competencies. Accurate answering on this assessment will allow us to identify priorities for technical assistance.

## Our LHJ is concerned that our progress and work will not be reflected if our scores do not change. How do we properly assess ourselves and show our progress?

We have provided an optional textbox under each domain for your LHJ to explain your reasoning for choosing a particular level and provide your progress on each competency even if your assessment number remains the same. Accurate answering on this assessment will allow us to identify priorities for technical assistance. We understand that equity work takes time and are expecting that to be reflected in assessment results as well.

## Under Domain 1: Workforce and Capacity, Competency C) Training, development, and support, what is meant by "Affinity groups/employee resource groups"?

Affinity groups/employee resource groups are designated safe spaces in the workforce formed around common interests, common bonds, or similar backgrounds.

## Will I be able to save my responses on the SurveyMonkey link and return at a later time to complete the assessment?

Yes, respondents can return to the survey and pick up where they left off and/or edit previous responses until they click the "Done" button.

## Am I able to skip around on the SurveyMonkey link or will I have to answer the questions in order?

Yes and no. You will be able to go back to previous answers, but you will not be able to advance forward without responding to all the required questions on the page. We encourage you review and share the PDF or Word version of the Organizational Assessment for Equity Infrastructure before starting to complete the SurveyMonkey version.

## Can my LHJ submit more than one SurveyMonkey response?

Our team asks that your LHJ collaborates as a team to submit only ONE SurveyMonkey response per LHJ.

## Will this assessment be administered annually?

Yes, the Organizational Assessment for Equity Infrastructure will be administered annually to track progress on the domains and competencies, regardless of specific funding timeframes.

## Why is the Organizational Assessment for Equity Infrastructure going to be delivered annually?

We hope that local equity work continues long into the future and that the annual assessment will help to track your department's yearly progress, inform strategic plans, and motivate dialogue. At the state level the annual assessment will guide our technical assistance service, inform the state health equity plan, and facilitate our advocacy for future funding.

## Are we required to take the Annual Organizational Assessment for Equity Infrastructure after the California Equitable Recovery Initiative (CERI) grant is completed?

While the baseline organizational assessment was required for CERI funded LHJs, any assessments after the baseline are currently not required under any specific funding stream but it is highly encouraged for LHJs to maintain continuous data on their progress.

## I received my baseline organizational assessment results; how can I use them to fill out the assessment?

The baseline assessment scores can be used as a reference point to reflect on how your LHJ assessed itself and the work that has been achieved since then. This may be especially helpful for new equity leads/staff hired after the baseline assessment was completed and who will be taking a lead in filling out the assessment for the first time.

## Do we need to include comments for each of our competency scores?

No, comment boxes are optional after each competency, but we highly encourage LHJs to add as much detail as possible to use as a refence point the next time to fill the assessment. We will save your answers and can send them to you at any point. This can be particularly useful for newly hired staff who are filling out the assessment for the first time.

## What if our LHJ wants to change the methodology used to complete the assessment from one year to the next?

When possible, we encourage LHJs to use the same methodology from one year to the next.  If there is not bandwidth to keep the same methodology or there is increased capacity to have a more comprehensive approach to completing the assessment, please describe the change, the reason for it, and the new methodology you used. This can be added in the final question of the assessment that asks how your LHJ conducted/completed the assessment. While changing the methodology can skew data, we want to acknowledge this is not meant to be a scientific study, changes in methodology will be noted as limitations to the validity of the 2023 results, and our main objective is to facilitate discussion and capture progress as best suits your LHJ.

## What is the best way to complete the assessment?

There is no one-size fits all approach to completing the assessment. We encourage cross agency collaboration when possible but encourage you to take the assessment in a way that serves your need and capacity level. Our team can send you a Word version of the assessment as well as our SurveyMonkey template (need your own LHJ SurveyMonkey account) if you wish to tailor the survey for your LHJ. You can customize/tailor non-exhaustive examples to better fit your LHJ. Below are some of the approaches that can be used to complete the organizational assessment for equity infrastructure:

- Sending an editable Word version of the Assessment to other teams, staff, programs, etc.

- Leverage the survey by adding specific questions of interest to your LHJ and send to all staff members to complete, analyze the results, and fill out the SurveyMonkey with an average of all the staff scores.

    - Some LHJs followed the same approach but sent the assessment just to managers, specific teams, specific programs, or leadership staff only.

- Conduct Key Informant Interviews (KII) with staff from different programs and position levels. You can ask interviewees to take the assessment or to just give their perspective on their program's performance on each competency. Keep all interviews in an excel spreadsheet and have their input guide you as you complete the assessment.

- Conduct focus groups with staff from a mix of programs and position levels. You can provide the assessment as material to review before conducting the group.

- Hold an agency or department meeting and do polls to allow people to individually vote. You can complete the assessment based on majority voting or an average of the votes.

# How does the State Health Equity Plan (SHEP) connect to this Organizational Assessment for Equity Infrastructure?

The SHEP is a statewide *equity strategy* that is being developed by State, Local, Community, and Tribal partners to provide a shared vision and framework for advancing health equity and improving community health, especially for populations disproportionately impacted by the pandemic and long-standing inequities. The SHEP aims to align state and local strategies with shared population results in a common equity framework that consists of four domains representing broad-based areas of public health practice.

While the *organizational assessment* provides a tool for identifying local health jurisdiction (LHJ) infrastructure needs and priorities, it also informs development of the *Equity Infrastructure (EI): Asset and Capacity Building* domain which ensures an infrastructure is in place to support LHJ efforts to advance heath equity. The organizational assessment and SHEP provide a continuous process to identify and recalibrate equity-focused strategies and actions to improve population health outcomes and sustain systems-level change.

| SHEP Domain<br>Equity Infrastructure (EI): Asset and Capacity Building | Organizational Assessment for Equity Infrastructure |
|---|---|
| **Areas of Focus and Strategies** | **Domains and Competencies** |
| **Workforce and Capacity Building (EI-1):**<br>• Diverse and Inclusive Workforce<br>• Dedicated Equity Staffing and Capacity<br>• Training and Development | **Workforce and Capacity (Domain 1):**<br>• Diverse and Inclusive Workforce Reflects Population Served<br>• Dedicated Equity Staff<br>• Training, Development, and Support |
| **Organizational Policies and Practices (EI-2):**<br>• Organizational Equity Assessment<br>• Embed Equity Principles<br>• Inclusive Decision-Making | **Equity in Organization Policies and Practices (Domain 3):**<br>• Organizational Commitment<br>• Embed Equity Principles in Plans, Policies, and Procedures<br><br>**Planning and Shared Decision-Making (Domain 4):**<br>• Inclusive Decision-Making and Power Sharing |
| **Funding and Resource Allocation (EI-3):**<br>• Contracting and Financial Assistance<br>• Funding Methodology and Distribution | **Equity in Organization Policies and Practices (Domain 3):**<br>• Funding and Resource Allocation |
| **Legislative and Governmental Policy (EI-4):**<br>• Local Policy and Planning<br>• Tribal Health | **Collaborative Partnerships (Domain 2):**<br>• Partner Across Sectors<br>• Structures to Support/Develop Collaboration |
| **Data and Information Collection, Utilization, and Dissemination (EI-5):**<br>• Community Health Assessment<br>• Social Determinants of Health Data | **Planning and Shared Decision-Making (Domain 4):**<br>• Data Collection and Use |

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| **Cross-Sector Partnerships and Collaboration (EI-6):**<br>• Shared Analysis and Integrated Planning<br>• Cross-Sector Collaboration | **Collaborative Partnerships (Domain 2):**<br>• Partner Across Sectors<br>• Structures to Support/Develop Collaboration<br><br>**Planning and Shared Decision-Making (Domain 4):**<br>• Shared Analysis<br>• Inclusive Decision-Making and Power Sharing |
| **Community Engagement (EI-7):**<br>• Community Partnerships<br>• Foster Community Relationships and Resilience | **Collaborative Partnerships (Domain 2):**<br>• Community Based Organization and Resident Engagement<br>• Structures to Support/Develop Collaboration |
| **Health Education, Communications, and Outreach (EI-8):**<br>• Equitable Communication<br>• Language Access and Cultural Competency<br>• Health Equity Awareness | **Workforce and Capacity (Domain 1):**<br>• Diverse and Inclusive Workforce Reflects Population Served<br>• Dedicated Equity Staff<br>• Training, Development, and Support<br><br>**Equity in Organization Policies and Practices (Domain 3):**<br>• Organizational Commitment |