An Organizational Readiness Assessment to Build Health Equity within the Organization

The Building Health Equity Initiative of the UI College of Public Heath

The BHE training team's principles that guide our training work:

The **principles** that guide our team's work are the following:

- 'Inside' work – i.e., work that we each do as individuals to understand our positionality with respect to Building Health Equity – is critical to moving forward in just and equitable praxis in our jobs and lives. This inside work requires deep reflexivity.
- We are not experts, rather co-learners in a lifelong process of understanding historical and present oppressive structures and systems, and our positionality with respect to the current status quo. In the space of this training, we consider ourselves facilitators of this process of co-learning.
- In line with the above, we do not have the answers. There is no checklist we can give participants that they can check off in their quest to be 'equitable' or apply 'equitable' practices. The hard work of figuring out how to apply the ideas/approaches/tools we cover in the training is on the participants individually and in groups within their units/departments/or larger health department.
- Although changes in policy and procedures at the health department level can co-occur with the inside work, the former cannot be done well without a real commitment to the inside work. Otherwise, it is tokenistic work.
- Commitment to Building Health Equity requires time (it is not a fast process) and willingness to question/explore almost everything, and to sit with discomfort. It also requires being willing to imagine and implement transformational approaches. We understand that transactional approaches may need to also occur in the short term, but they alone will not build health equity.
- Commitment to Building Health Equity is inclusive of all staff at the health department. Often those that may 'see' the impact of disparities the most are the front-line staff. Their stories thus become powerful drivers in the quest for equitable practices.
- In this work, we center the narrative, stories, and comfort of communities that historically have and currently are experiencing oppression, marginalization, and stigma. This means that we do not prioritize comfort of dominant social identities.
- Finally, *at an organizational level*, engaging in BHE requires some basic building blocks of readiness that we highlight below. If the organization is not currently at high readiness, then we may not be able to move forward with the basic BHE training. However, the readiness assessment can also suggest places for the organization to emphasize to increase their readiness for this work.
    - We acknowledge that this need for readiness before implementing the basic BHE training has the potential to further inequities between organizations. Our goal is to decrease these inequities. A list or resources to support organizations is lower phases of readiness will be shared, including other potential trainings by teams at the UI or elsewhere.
- We acknowledge that readiness in smaller health departments may look different from readiness at larger health departments due to the limits of human and other resources, and we are committed to working with both larger and smaller health departments to do this work. The readiness assessment described below is specific to larger health departments.

Process for exploring organizational readiness:

The process includes:

(1) *Assessment tool with leadership of the health department:* an assessment of the general commitment to BHE at the level of leadership of the health department, and

(2) *Assessment survey of employees:* an assessment of the environment of trust from the perspective of employees. The survey must be completed by at least 70% of employees, in a range of departments and ranks.

I. Assessment tool with leadership:

The process includes a review of work already done at the health department (HD) that we consider necessary prior to engaging in BHE training. The review requires (1) a document review by our team, and (2) a discussion with leadership. The BHE/CPH team can do the work to find the answers to these questions and/or to the relevant documents if they can be found on the website. If not, we need a point person with whom to communicate. The discussion with leadership must include the HD Director, health equity champion (if such exists), and any other top leadership the HD Director wants to include.

1) Values/Mission/Vision:
   - *a) Open ended questions (review your Values/Mission/Vision statements*)
     - i) How does the mission and/or vision include heath equity and/or social justice?
     - ii) Does organization have a statement of values? And if so, how is health equity and/or social justice?
     - iii) Is the health equity mission/vision documented and widely understood? If so, provide an example. Where is the mission/vision/values found (central on website?)
   - b) *Discussion with leadership*
     - i) Is there additional supporting documentation that highlights the HD's commitment to health equity? If so, what documentation exists.
     - ii) How do your current organizational policies and practices facilitate or inhibit the health equity goal?
     - iii) What process does the organization implement to review current policies and practices in relation to health equity? How often are these reviewed?
     - iv) Is the way the organization structures itself and engages with others consistent with its mission, vision, and values?
       - (1) How can the relationships with the staff be improved to create a safer/more inclusive/supportive work environment?

2) Commitment
   - *a) Open ended questions/document review*
     - i) none
   - b) *Discussion with leadership*
     - i) Is/Are there an identified health equity champion(s) in the organization? Or an office of health equity? Or is there another way that the commitment to health equity is imbedded in the organization? Whose job is it to always advocate for health equity?
     - ii) Is there time set aside for specific focus/discussion on healthy equity among staff? Is it, for example, an agenda item at all dept. staff meetings, and sub-department meetings? How much time is scheduled for those activities/discussions?
     - iii) Would leadership be willing to set specific time (at least two hours per week) aside for all staff to do this work every week – at the very least for the duration of training (~8 weeks)?

iv) What type of commitment does the organization have to lifelong learning on issues of health equity? Can you provide an example of that commitment? Moreover, what is the plan to ensure the continuity of health equity training for all staff/employees?
v) What comfort level does leadership have with the inevitable tensions, barriers and problems that arise in relation to this work? What is the plan to continue to be committed to the work, and to ensure a safe/brave space for communities experiencing oppression, marginalization, and stigma?
vi) What level of commitment does the leadership have to changing aspects of the organization that are found to detract from health equity work, or sustain health inequities? (As one example, Is the organization willing to change their contractors if they are found to be non-diverse)?
vii) What do the leaders in your organization usually do to support new ideas and programs addressing health equity? Can you provide examples of times your organization leaders were supportive of new ideas and programs to address health equity?

3) Knowledge – what is already known about health equity in the community that the HD serves?
   a) *Open ended questions/document review*
      i) What data is already available that indicates disparities within communities?
      ii) What axes of oppression does that data include? Race, ethnicity, gender identity, sexual orientation, ability, nationality, residency status, other?
      iii) Where is that data located? How is it shared?
      iv) What training has already been provided at the organization on healthy equity? Or social determinants of health?
   b) *Discussion with leadership*
      i) How do you use the data you have about health disparities? How does it guide programming?
      ii) How do you incorporate health equity into data practices, and policy and procedures development?
      iii) What national, state, or local structural or environmental conditions most influence health equity in your county/catchment area?

4) <u>Power/decision making</u>
   a) Open ended questions/document review
      i) None
   b) *Discussion with leadership*
      i) How are decisions made within the organization?
      ii) What type of shared leadership is present in the organization?
      iii) When employees have ideas about improving their organization's mission and work, what processes are in place to bring them to the attention of decision makers?

5) <u>Resources</u>
   a) Open ended questions/document review
      i) None
   b) *Discussion with leadership*
      i) What does your organization need to reach the health equity goal?
      ii) Is the organization currently undertaking other large projects that take up resources and time away from the health equity goals?
      iii) How can funding decisions influence your organization's health equity efforts?

iv) In what ways are your organization's budget allocations aligned with racial equity goals, plans, policies, and values?
v) What financial, material, human and other resources has the organization set aside to begin and sustain the commitment to health equity?

6) Community partnerships for social determinants of health
   a) Open ended questions/document review
      i) None
   b) *Discussion with leadership*
      i) What type(s) of community organization does your organization currently work with? Does your organization have partnerships with organizations led by communities who have historically and are currently experiencing oppression/marginalization/stigmatization?
         (1) Do you have a community partner network map or is there interest in developing one?
      ii) What resources does your organization allocate for engagement with & outreach in these communities?
      iii) What are the benefits and challenges of working with these organizations?
      iv) What roles do these community organizations play in the work of the HD?
      v) Which community voices and sources of information are trusted?
      vi) What new community partnerships should you consider to fulfill your organization's commitment to health equity?
      vii) How are those most impacted by inequity involved in the organization's decision-making?
         (1) Can you provide an example of how those most impacted were involved in the organization's decision-making?

II. Assessment Survey with all Staff

The survey with staff will assess:

- Level of trust that staff perceive in the organizational environment
- Perceptions of staff that their leadership has their back
- Perceptions of staff that the working environment is one where risks (to improve processes and outcomes) can be taken without damaging consequences to themselves
- Concerns over repercussions of saying the 'wrong' thing
- Comfort level of staff with discussions around health equity
- Commitment of staff to health equity work (or is it just the leadership pushing the agenda)
- Commitment of staff with the need for inside-work
- Perceptions of staff that the organization's leadership is willing to commit consistent time and resources to health equity for an extended period
- Level of comfort of staff with tensions that may arise in this work
- Perceptions of staff of the extent of importance of this work? What priority does it take over other work your organization does?
- Extent of time and emotional capacity for this work