

Review Rubric for Health Equity Lens

Instructions: HHS Equity Committee members, please complete the following tool. If you select “No” for any item, please include a comment with rationale and recommendations.

1. Proposed program/policy described satisfactorily. Yes No
2. Purpose of program/policy described satisfactorily. Yes No
3. Program Recipients:

The intended beneficiaries of the program/policy have been identified. Health, social, economic and environmental impacts have been considered.	<input type="checkbox"/> Yes <input type="checkbox"/> No
People who disproportionately benefit from the program/policy have been identified. Health, social, economic and environmental impacts have been thoroughly considered.	<input type="checkbox"/> Yes <input type="checkbox"/> No
People experiencing unintended impacts, greater burden, or being left out by the program/policy have been thoroughly considered.	<input type="checkbox"/> Yes <input type="checkbox"/> No
People who are facing inequities impacted by the program/policy have been thoroughly identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Data used to come to conclusions, and missing data has been thoroughly described.
Yes No

5. Community Stakeholders:

The extent to which community stakeholders were involved in this process is sufficient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Of community stakeholders have not been involved, a rationale for why and/or plans for future input has been sufficiently described.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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6. Actions Needed:

Changes needed in the program/policy to ensure equity have been sufficiently identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sufficient recommendations have been proposed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A person responsible for these changes has been identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next steps to implement changes has been thoroughly described.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Findings from this program/policy review that can be incorporated into other related processes to advance equity has been identified.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Should this program/policy move forward as proposed:

<input type="checkbox"/>	No Revisions Needed
<input type="checkbox"/>	Some Revisions Needed
<input type="checkbox"/>	Major Revisions Needed

Overall comments and recommendations:

Health Equity Team Review _____ Date _____

Health Officer Review _____ Date _____