

Annual Organizational Assessment for Equity Infrastructure

Introduction

The purpose of this Annual Assessment for Equity Infrastructure is to provide a streamlined tool whereby Local Health Jurisdictions (LHJs) can collect data on their current equity infrastructure, monitor and track their progress, continue dialogue within their department, and use it to inform and modify their strategic planning for equity. Results from this assessment will continue to be used as part of a statewide process to understand local public health equity capacity, identify priorities for technical assistance, and inform the State Health Equity Plan.

Domains and competencies identified in this assessment were informed by a July 2021 LHJ survey where we asked how LHJs would like to approach the organizational assessment, as well as 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). We encourage a collaborative approach to completing this assessment, with the hope that it will spark dialogue within your LHJ that leads to a greater understanding and commitment to advance health equity. The intention of this assessment is to facilitate the sharing of information, resources, strategy design, mutual support, and improvement tools. Please note, this tool was developed as a “high level” assessment and is not meant to be exhaustive. For deeper and more comprehensive organizational assessments, we recommend viewing the resources provided by [BARHII](#), [HIP](#), [CCC](#), [GARE](#), and [Facilitating Power](#).

We understand that each LHJ is in a unique position with different levels of 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 LHJs “should” be doing.** Rather, it is meant to continue equity dialogue, gather insights on the progress and current state of each organization, and surface changing internal priorities to strengthen LHJ capacity and infrastructure. Results from this assessment will not be used to assign a LHJ more work or evaluate their current activities. We encourage each LHJ to respond without the concern of being judged or overloaded with further responsibilities.

We recommend that the LHJ’s Equity Lead or similarly positioned staff assume the responsibility of completing this assessment. We recognize that there may be a lot of variability within the organization across these domains and competencies. Therefore, we encourage the Equity Lead to engage staff, as appropriate, from across the organization (executive, human resources, communications, finance, etc.); at different positional levels (executive, middle management, program staff, etc.) and across the breadth of programs (e.g., tobacco, SNAP, MCAH, WIC, CD, STD, TB, EP, etc.) to inform the responses.

Overview

Instructions:

The following assessment is divided into four domains, sub-divided into three competencies. Each competency is measured by three levels of progression—Early, Established, and Strong—on a scale from 1 through 6 (see below for the meaning of the scale numbers). Please select the number in the level that you believe your LHJ most aligns with. Each level also contains several examples of what it could look like for an organization to be in the Early, Established, or Strong stage of that competency. Please provide a response that most closely represents your LHJ. We would like to emphasize that our intention is not to evaluate your work; “Early” is not synonymous to bad and “Strong” does not mean good. We value the activities each LHJ engages with, and the time taken to complete this assessment.

There will be an optional comment box at the end of each competency where you can include more details on your selection. It is a space where you can describe progress even if your number on the scale does not change. It can also serve as a reference point for the next time the assessment is filled.

Please note:

The examples are meant to serve as a reference to help you reflect on how equity is potentially embedded throughout your LHJ at any given time; they are not a comprehensive list or checklist of permanent requirements and stages. For instance, if you mark “5” for one of the competencies, it is not implied that your LHJ is performing all the activities in the specific examples of Early and Established. Moreover, your LHJ might not be doing any of the specific examples listed below, but we hope you can compare the scope and depth of your activities to the implementation level reflected in the examples.

Early		Established		Strong	
1	2	3	4	5	6
Not yet, or learning stage	Planned but not started or in initial/pilot stages of implementation	Working towards this but not fully achieved	Fully Achieved	In place with evidence of its use (e.g., policies, procedures, robust evaluation plan)	Practices are sustainable and ongoing and may be shared with others as “best practices”

Support:

Need any help completing the assessment?

- Attend our Office Hours: 2nd Tuesday of every month at 12:30-1:30pm via Zoom (login information will be provided via email)
- Reach out to the Equity TA Team via an inquiry at the [Equity Technical Assistance and Grant Management Portal!](#)

Organizational Assessment Tool

Domain 1: Workforce and Capacity

A) Competency: **Diversity & Inclusion**

Definition: Recruit, hire, and develop a professional workforce that reflects the populations served and communities facing health inequities.

Early		Established		Strong	
1	2	3	4	5	6
<p>Promote job specifications and qualifications that emphasize value of experience in the local community and reflect the skills and characteristics desired to address health equity (language capacity, understanding of root causes, cultural humility, listening skills, willingness to learn).</p> <p>Develop inclusive job postings, that contain language such as: “We believe that all people, regardless of race, ethnicity, sexual orientation, gender identity, age, language, ability, etc., should have the opportunity to lead healthy lives.” “We work</p>	<p>Make an intentional effort to share job postings with community members/residents.</p> <p>Develop an equity question job interview bank to use during interviews (e.g, how do you define equity?)</p> <p>Develop job role descriptions that focus on specific aspects of equity work in your organization (e.g. do you have experience working with a certain population, have you ever participated in a equity-focused CHIP or CHA, etc), rather than using general examples.</p>	<p>Staff with community experience occupy community interaction positions (e.g., outreach coordinator, program specialist) and leadership roles.</p> <p>Workforce development efforts and goals incorporate the community and residents (e.g., youth career pipeline, tuition reimbursement, internal support for education and career growth).</p>	<p>Develop goals and metrics to assess progress in increasing staff diversity.</p> <p>Written procedures exist to increase recruitment, hiring, retention, and promotion of staff reflective of populations served.</p> <p>Develop an internal Workforce Development Workgroup with representatives from various teams in the organization to help guide workforce recruitment efforts.</p> <p>Add internship opportunities for different teams in</p>	<p>Staff diversity reflects the populations served at all levels of the organization.</p> <p>Work with HR to reform classification minimum requirements or qualifications to remove barriers for underrepresented groups (e.g., allowing equivalent experience to substitute for formal education, and/or broadening options for educational credentials).</p>	<p>Internal structure or hired position promotes workforce diversity (e.g., Diversity Equity and Inclusion Office/Officer) through recruitment, hiring, and retention.</p> <p>Hiring managers receive equity-related training, including implicit bias training on a recurring basis (e.g., every 2 years).</p> <p>Periodic assessment to review policies & procedures to ensure inclusion of diverse staff and prevention of turnover for staff with underrepresented</p>

to eliminate disparities through our program by <insert program objective>.”			public health and utilize equitable recruitment and hiring practices.		backgrounds.
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The examples are meant to serve as a reference to help you reflect on how equity is potentially embedded throughout your LHJ; they are not a comprehensive list or checklist of requirements. Compare the scope and depth of your activities to the implementation level reflected in the examples.

Please share any additional comments about your choice above, challenges/barriers, or successes/wins. [Optional]

B) Competency: Dedicated Equity Staff

Definition: Hire staff dedicated to equity and establish staff capacity centered on equity.

Early		Established		Strong	
1	2	3	4	5	6
Plan to recruit specific equity focused position(s).	<p>Duty statement encompasses equity activities as part of the essential job functions or as a standalone responsibility.</p> <p>Develop an equity question bank to use during interviews.</p>	<p>Dedicated Equity Lead or Equity Officer on board.</p> <p>Staff expansion to support and advance equity: bilingual staff, community engagement experts, community health workers, and policy analysts.</p>	Integration of equity as a priority in programmatic areas across the organization.	<p>Internal equity workgroup involves staff at all levels and across sectors, that address concerns related to race, diversity, equity, inclusion and belonging.</p> <p>Equity staff weigh-in during the development of program and project planning.</p>	<p>Office or program specifically focused on equity.</p> <p>Equity staff regularly engages in program development and project planning.</p>

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Please share any additional comments about your choice above, challenges/barriers, or successes/wins. [Optional]

C) Competency: **Training, Development, and Support**

Definition: Provide opportunities for staff to learn and discuss equity topics and incorporate their learning into practice.

Early		Established		Strong	
1	2	3	4	5	6
<p>Workplace policies support and generally encourage periodic training opportunities related to equity.</p> <p>Staff can do their own research on equity topics if interested.</p>	<p>Work with external partners to train department staff on their principles and practices (e.g., community outreach, organizing, cultural competency, health equity 101, implicit bias).</p>	<p>Agency-wide trainings, intra-departmental workgroups, peer learning sessions, and/or other approaches create space to reflect and discuss equity-related content during normal business hours (not lunch, breaks, or after work).</p> <p>Staff receive training to respectfully, and thoughtfully engage with communities experiencing inequities (e.g., LGBTQIA2S (Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual, Two Spirit), Racial Equity, Tribal Sovereignty, Disability Justice)</p>	<p>Build workforce development plan to include equity-supportive and equity-specific strategies for developing new and current staff (e.g., mentorship, trainings).</p> <p>Affinity groups/employee resource groups (e.g., LGBTQIA2S working group) are a key resource for equity knowledge.</p> <p>Highlight and sustain community partnerships that have led to changes in department policies, processes, and practices.</p>	<p>Workplace policies create a foundation for staff to feel supported and self-motivated to attend trainings and additional education opportunities that advance their equity skillsets.</p> <p>Affinity groups/employee resources groups (e.g., LGBTQIA2S working group) are funded to develop and carryout activities and material.</p>	<p>Advancing an approach to include equity in all policies, practices, and tools.</p> <p>All staff, including leadership, regularly attend equity focused training beyond foundational sessions (Power-mapping, Equity in Data Collection, Language Justice.).</p> <p>The organization is not only continually learning and transforming but is sharing and initiating learning processes with the community/residents and other agencies.</p>

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Please share any additional comments about your choice above, challenges/barriers, or successes/wins. [Optional]

Domain 2: Collaborative Partnerships

A) Competency: **Structures to Build Collaboration**

Definition: Establish vehicles and venues to support/develop meaningful collaboration.

Early		Established		Strong	
1	2	3	4	5	6
Networks exist for information sharing with partners.	Organize workgroups involving partners and for specific projects. Provide input and assistance through informal partnerships.	Establish CBOs/resident advisory committees or boards (or other community engagement venues).	Partnerships have clear roles, scope, expectations, and processes with adequate resources (e.g., MOUs, co-developed charters, executive sponsorship). Engagement activities are accessible and relevant for all; with intentional support (e.g., childcare, scheduling, physical accessibility, and translation) to promote CBOs/resident participation.	Structure collaborations as collective impact initiatives: leverage a common agenda, share a measurement system, reinforce mutual activities, communicate continuously. Create mechanisms to provide compensation for CBOs/resident expertise as an asset and domain of specialized knowledge and consultations (e.g., contracts, paid volunteers/interns).	Invest in capacity building for staff and CBOs/residents (e.g., leadership academies, technical assistance) to help all parties prepare for quality engagement to increase the voice and influence of CBOs/residents in policy change. The organization provides backbone support (hosting, scheduling, communication, etc) for the collaboration and is dedicated to maintaining trust and transparency between parties.

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Please share any additional comments about your choice above, challenges/barriers, or successes/wins. [Optional]

B) Competency: **Community Based Organization & Resident Engagement**

Definition: Build trust with CBOs/resident engagement through transparent and inclusive communication, respectful co-learning, and leveraging community expertise to inform equitable practices.

Early		Established		Strong	
1	2	3	4	5	6
<p>Develop community mapping strategies to learn about the landscape of resident engagement and CBOs within county.</p> <p>Develop strategies to build and sustain trust with community members by providing them with relevant information.</p>	<p>Targeted instances of active partnership and engagement in specific programs.</p> <p>CBOs/residents receive relevant information and give input in programs/projects (e.g., focus groups, forums, and surveys).</p>	<p>Establish partnerships with clear expectations; CBOs/residents clearly see how their contributions result in tangible impact.</p> <p>Regularly engage with community partners to discuss progress, challenges, and next steps, and seek feedback to improve partnerships.</p>	<p>CBOs and residents are proactively and consistently involved to ensure needs strengths, and expertise are integrated into processes and used to inform planning.</p> <p>Organizations meet regularly and consult with CBOs and residents to build an informed base of community leaders with the capacity to advocate to decision-makers (e.g. board of supervisors, organization leadership, tribal leaders, etc) on behalf of the needs and interests of the community.</p>	<p>Collaboration with residents reflects trust between community and LHJ, shared ownership, community-driven planning, organizing, and consensus building.</p> <p>Formalize partnerships (e.g., MOUs, coalition charters) with community partners.</p> <p>LHJ representative(s) routinely attends meetings and events organized by community and social justice organizations and show support by staying informed of their activities and priorities.</p>	<p>Organization’s equity policy and operations include CBOs/resident engagement.</p> <p>Partnerships with residents inform and/or lead to changes in organization’s policies, processes, and practices through community-driven decision-making.</p>

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Please share any additional comments about your choice above, challenges/barriers, or successes/wins. [Optional]

C) Competency: **Partner Across Sectors**

Definition: Collaborate with other agencies and organizations across sectors to amplify equity and address the root causes related to the environmental, social, and economic conditions which impact health (social determinants of health).

Early		Established		Strong	
1	2	3	4	5	6
<p>Identify key partners relevant to equity priorities (e.g., government agencies, health care system, tribal partners, and community-based, faith-based, grassroots and civic organizations, etc.).</p> <p>Share general information between partners to build awareness of mutually reinforcing efforts.</p>	<p>Routinely promote the work (e.g. sharing resources, toolkits, equity-related events, publications) of other partners (e.g. other departments in your organization, CBOs) to highlight the importance of investing in equity initiatives.</p> <p>Periodically request input or assistance from partners to inform planning or support targeted projects.</p>	<p>Form active working groups with agencies and partners to co-develop, adopt, and promote a shared agenda and narrative to advance equity, with clear and measurable goals.</p> <p>Establish cross-sector collaborative with external partners to identify opportunities that contribute to equity strategies and practices.</p>	<p>Joint opportunities regularly occur with external partners to address common priorities for environmental, social and economic conditions which impact health (e.g., local equity plan, community health improvement plan with equity goals, health equity in all policies initiative) to address common priorities for environmental, social, and economic conditions which impact health.</p> <p>Partners evaluate programs to determine progress, success, and new strategies needed.</p>	<p>Pursue a variety of strategies to engage with partners, map out relevant CBOs, and align the needs and interests of partners with the impacted communities to be served.</p> <p>CBOs/residents are key partners in planning local equity efforts as a result of cross-sector partnerships.</p>	<p>Develop policies with diverse community partnership and authentic collaboration.</p> <p>Shared investment strategies between agencies support CBOs/resident priorities (e.g., wellness trusts, braided funding, interagency agreements).</p>

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Please share any additional comments about your choice above, challenges/barriers, or successes/wins. [Optional]

Domain 3: Equity in Organizational Policies and Practices

A) Competency: **Organizational Commitment**

Definition: Organizational commitment to equity (race/ethnicity, disability status, age, socioeconomic status, etc.) is seen and felt internally and externally; reinforced in culture and communication.

Early		Established		Strong	
1	2	3	4	5	6
<p>Incorporate equity into mission statement, vision, and values.</p> <p>Normalize conversations about equity in the workplace.</p> <p>Share an understanding of key terms, such as social justice, implicit bias, institutional racism, oppression, and power.</p>	<p>Leadership supports efforts within the organization to identify gaps and opportunities that address equity in policies and practices. e.g., Leadership participating in listening sessions with staff.</p> <p>Organizational culture reflects value for learning and innovation necessary to develop new approaches that address equity.</p>	<p>Frequent opportunities exist for staff to voice concerns about equity within the organization (e.g., staff addressing roadblocks with human resources; diversity, equity, and inclusion (DEI) comment box, etc.).</p> <p>Include an equity lens at the development stage, implementation, and evaluation of projects and programs.</p> <p>Practice transparency with communities around equity initiatives.</p>	<p>Internal structures (e.g., committee, workgroup, teams, staff) exist to organize and implement long term equity work; supported at all levels of the organization.</p> <p>Leadership prioritizes integrating equity into future plans, (e.g., Developing an organizational internal equity action plan that is publicly shared, incorporating equity into the organization’s strategic plan etc.).</p>	<p>Communication plan disseminates consistent messages about what creates health equity in media, presentations, and other forums.</p> <p>Public communications are multilingual, ADA accessible, culturally relevant, and distributed widely in plain language, for residents (or target audience).</p> <p>Staff applies an equity lens with an emphasis on upstream system change to more budget, resource, policy, process, and data decisions.</p>	<p>Make key decisions through transparent processes that involve opportunities for input and feedback from all staff, as well as CBOs/residents.</p> <p>Regularly implement tools for equity evaluation and accountability, such as an equity assessment or matrix.</p>

The examples are meant to serve as a reference to help you reflect on how equity is potentially embedded throughout your LHJ; they are not a comprehensive list or checklist of requirements. Compare the scope and depth of your activities to the implementation level reflected in the examples.

Please share any additional comments about your choice above, challenges/barriers, or successes/wins. [Optional]

B) Competency: Funding and Resource Allocation

Definition: Strategically direct staff resources and funding to build organizational capacity to address equity and to focus resources on ways that benefit communities experiencing greatest inequities.

Early		Established		Strong	
1	2	3	4	5	6
<p>Dedicate funding to equity staff positions responsible for implementing equity throughout the entire organization.</p> <p>Equity staff provides input on equitable distribution of funds when applicable.</p>	<p>Build equity-related criteria into grant and contract requirements.</p> <p>Invest in partnerships with community-based organizations.</p>	<p>Update funding methodologies and processes to embed equity principles and intentionally invest in historically underserved communities (e.g., weighing community characteristics like % of population in poverty).</p> <p>Develop and/or fund a health equity advisory panel that provides input on an organization’s equitable allocation of resources.</p> <p>Plan or draft a funding action plan to support equitable allocation of resources.</p>	<p>Sustained, multi-year funding is available to support LHJ equity activities and collaboration with community-based partners.</p> <p>Streamline and simplify the contract process (including RFP processes) to support participation by a wider range of community partners.</p> <p>Funding action plan is implemented to support equitable allocation of resources.</p>	<p>Allocate resources toward upstream policy and systems that address community-identified root causes of health inequities.</p> <p>Allocate resources to support equitable community engagement, including to compensate or provide supportive services (e.g., simultaneous interpretation, childcare) to community members/residents for providing their time and expertise to inform planning.</p> <p>Develop metrics to track community-driven priorities in order to help align financial resources.</p>	<p>Involve community partners in shaping budgetary priorities and reviewing funding proposals.</p> <p>Use place-based models (using the CA Healthy Places Index, GIS software or other geographic metrics) to align investments across sectors, establish flexible funding for community-led efforts, and address root cause issues in focused geographic areas experiencing inequities.</p>

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Please share any additional comments about your choice above, challenges/barriers, or successes/wins. [Optional]

C) Competency: **Embed Equity Principles**

Definition: Integrate equity principles throughout the organization’s programmatic and operational plans, policies, and procedures; including budget, human resources, procurement, data, and decision-making.

Early		Established		Strong	
1	2	3	4	5	6
<p>Create internal efforts to identify opportunities to address equity in internal policies and procedures.</p> <p>Some policies and procedures integrate equity principles in select programs</p>	<p>Organization's strategic plan includes priorities for programmatic, policy, and operational strategies focused on advancing equity.</p>	<p>Organization updates several policies to embed focus on equity.</p> <p>Documented policies, procedures, and resources relevant to all staff (e.g., employee handbook, onboarding trainings) reflect equity.</p>	<p>Organization's budget allocations align with equity goals, policies, and/or values.</p> <p>Organization produces and regularly updates a Community Health Improvement Plan (CHIP), reflective of equity priorities.</p>	<p>Collect, share, and use feedback on community satisfaction with organizational equity efforts as a standard practice, through a defined policy and processes.</p> <p>Require vendors and contractors to adhere to the same equity practices and policies as the organization.</p>	<p>Organization's strategic operation plan, performance management, and quality improvement processes emphasize equity with clear and measurable goals.</p> <p>Equity-focused and community outreach staff routinely help examine organizational policies and ensure they are not reinforcing cultural bias, barriers, and inequities.</p>

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Please share any additional comments about your choice above, challenges/barriers, or successes/wins. [Optional]

Domain 4: Planning and Shared Decision-Making

A) Competency: **Data Collection and Usage**

Definition: Collect data to reflect the experience of communities impacted by inequities and make it accessible to the community for shared use in policy and program planning.

Early		Established		Strong	
1	2	3	4	5	6
<p>Acknowledge missing data, biases, and limitations of data in the organization.</p> <p>CBOs and residents inform priorities for data collection to measure meaningful progress in achieving health equity.</p> <p>Organization uses equity-related questions in data collection and measurement.</p>	<p>Collect, analyze, and report data on social determinants of health, demographic and socioeconomic characteristics, and other equity related metrics.</p> <p>Use data (primary or secondary - provided by state) about inequities to identify department priorities and information is shared back with community when available.</p> <p>Identify and provide training to internal staff that may be unfamiliar with how to interpret and utilize data to inform program planning.</p>	<p>Community assessment and data collection methods align with cultural interests and contexts (e.g., qualitative data gathered in certain communities to allow story sharing opposed to administering surveys).</p> <p>Community knows who to ask for data at the organization and can easily receive it.</p> <p>Use health equity data to inform new programs and future directions for current programs.</p>	<p>LHJ produces and regularly updates a Community Health Assessment (CHA), reflective of equity data and shares back with community.</p> <p>Share disaggregated data by multiple demographic and socioeconomic strategies to increase understanding and visibility of disproportionate impacts.</p> <p>Data is easy for communities to access and understand to support their efforts of advancing equity (e.g., including an established local policy or processes tracking and prioritizing community requests of data).</p>	<p>Conduct in-depth analysis to further investigate root causes on an institutional and systemic level.</p> <p>Execute planning processes to address social determinants (early prevention) vs. social needs (secondary or tertiary prevention).</p> <p>Engage community members in responding to, evaluating, and sharing context to help interpret data.</p> <p>Data is publicly available without needing to make a request to the organization (e.g. public data dashboard, online accessible assessment reports in plain language, etc.).</p>	<p>Develop protocols for improving equity data by strengthening culturally and linguistically inclusive data collection methods (e.g., provide categories that reflect the groups in your community, allow people to self-identify, choose more than one category).</p> <p>Programs routinely leverage data on disparities for performance tracking, assessing program outcomes, and informing policy development and evaluation.</p>

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Please share any additional comments about your choice above, challenges/barriers, or successes/wins. [Optional]

B) Competency: **Shared Analysis**

Definition: Conduct shared analysis with staff, multi-sector partners, and CBO/residents to explore root causes of problems and co-develop strategies and solutions.

Early		Established		Strong	
1	2	3	4	5	6
<p>Implement participatory research activities that involve residents in identifying and reflecting on issues that affect their lives and sharing ideas for community-driven solutions.</p> <p>Collaborate with community-based partners and leaders to organize strategic planning sessions.</p>	<p>Community advisors share insight on the local landscape, through shared dialogue examining data and information about public health challenges, to advance shared understanding of historical contributors to inequities and the role of government in repairing these harms.</p>	<p>Work with the community and other partners to develop and implement community-wide equity strategies with clear and measurable goals.</p> <p>Encourage community participation in a Community Health Assessment and/or regular strategic planning sessions, and facilitate required engagement for Community Health Improvement Plan.</p>	<p>Align equity-driven processes among community and public agencies; look for opportunities to sync timelines and build on prior efforts.</p> <p>Invest time and create space for reflective thought where community trust is established and maintained through consistent, equitable processes and problem solving with internal and external partners.</p>	<p>Through policies and practice, internal staff and community groups collaborate to develop scope of work, goals, and budget for equity projects.</p> <p>Convene community partners regularly to allow for evaluation, iteration, and refinement of community engagement activities and equity planning.</p>	<p>Internal staff, CBOs/residents, and multisector partners create formal work groups/coalitions/task forces, etc. in order to share resources and best practices and collaborate on community priorities together.</p> <p>Develop "lessons learned" document - identify ways of addressing issues from all parties involved.</p>

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Please share any additional comments about your choice above, challenges/barriers, or successes/wins. [Optional]

C) Competency: **Inclusive Decision-making**

Definition: Include CBOs/residents and multi-sector partners in key decisions about program, policy planning, and evaluation activities.

Early		Established		Strong	
1	2	3	4	5	6
Regularly consult CBOs/residents and partners on new programs and policies.	CBOs/resident advisory boards and committees meet with department and agency leaders to provide input on priorities and decisions.	Establish clear protocols with roles and expectations for shared decision-making between organization and community leaders.	<p>Design programs and initiatives with ample opportunities for CBOs/residents to inform, propose, and refine solutions.</p> <p>Leverage CBOs/resident expertise to ensure program and policy approaches are linguistically and culturally appropriate.</p> <p>Invest time and create space for reflective thought where community trust is established and maintained.</p>	<p>CBOs/residents are partners in planning and implementation of goals and activities.</p> <p>Solidifying trust between CBOs/residents and organization through creation of policies and procedures and programmatic input (e.g., invitation and attendance to Tribal meetings, MOUs, formalization of partnership, co-creation).</p>	<p>Integrate community members and other partners into the program development process; involve through every stage including evaluation.</p> <p>Formal policies include meaningful, and consistent CBO/resident engagement in public planning and decision making, with accountability measures, support, and compensation (e.g., stipends, childcare, translation/interpretations services) for community participation.</p>

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Please share any additional comments about your choice above, challenges/barriers, or successes/wins. [Optional]

Post-Assessment Reflections: Equity Goals

A) Please select 2 or 3 Competencies that your LHJ would like to improve upon:

- Diversity & Inclusion
- Dedicated Equity Staff
- Training, Development, and Support
- Structures to Build Collaboration
- Community Based Organization & Resident Engagement
- Partner Across Sectors
- Organizational Commitment
- Funding and Resource Allocation
- Embed Equity Principles
- Data Collection and Usage
- Shared Analysis
- Inclusive Decision-Making

B) Reflecting upon the survey, what do you feel are your LHJ's strengths?

C) Please describe how your LHJ conducted/completed this assessment. Did your methodology change from the last time you completed the assessment?